<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Ireland</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004863</td>
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<td>Centre county:</td>
<td>Galway</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Geraghty</td>
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<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Karina O'Sullivan</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>1</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 13 October 2015 10:30 14 October 2015 10:15
To: 13 October 2015 19:00 14 October 2015 15:50

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

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<td>Outcome 15: Absence of the person in charge</td>
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Summary of findings from this inspection
This was the first inspection of this centre which comprises of one house and provides a respite service for a maximum of five adults at any one time.

At the time of inspection 19 people were availing of the respite service for stays of two nights per stay. Frequency of two night stays varied depending on the needs of the respite users with a maximum of four persons accommodated at any one time. A fifth person could be accommodated if an emergency admission was required.
There were plans in place to increase the number of respite users to 25 persons and to transfer some current respite users to another respite service in the locality. This was in response to some respite users needs for more respite nights than were currently available in this centre.

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

Prior to and following this inspection the lead inspector reviewed a number of questionnaires submitted by respite users and their family members. These questionnaires outlined satisfaction with the service provided.

The respite user spoken with outlined their satisfaction with the centre and the service provided. They said they were very happy in the centre, liked the staff and were supported to take part in activities in line with their wishes.

Inspectors found that respite users were receiving a good quality service in line with their assessed needs. It was evident staff knew them well and were aware of their needs, likes and dislikes. There was evidence of good outcomes for people availing of this respite service.

15 of the 18 outcomes inspected were found to be in compliance 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 (hereafter called the Regulations) with 3 outcomes judged as moderately non compliant.

Areas identified as requiring improvement were:
- accessibility of the centre
- systems in place to ensure respite users were protected against the risk of scalding
- systems in place to ensure all respite users had taken part in a fire drill in the centre
- measures in place to ensure the provider carried out unannounced visits every six months
- consultation with respite users and their representatives as part of the annual review of the quality and safety of care and support in the centre
- the provision of a copy of the annual review to respite users

The non compliances identified 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 respite users were consulted about the running of the centre, had access to advocacy, were supported to make a complaint and received support which was delivered in a dignified and respectful way in line with their assessed needs and choices.

Respite users consultation meetings were taking place on the first evening of each person’s stay and more often where required. A respite user invited an inspector to take part in a meeting on the first day of inspection. The plan for the evening was discussed and staff supported the respite user to choose what they would like to do for the evening.

Appropriate communication aids such as pictures were used to support respite users to participate fully in the training and information sessions. Their personal plans contained user friendly guides of the complaints procedure and financial management.

Respite users were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Respite users had been supported to refurbish the garden and garden shed which provided extra space for them to meet with visitors in private.

Support provided and language used by staff was respectful and in line with the respite user's assessed needs and wishes. It was evident staff and the respite user knew each other well. An inspector observed friendly interaction and the respite user appeared relaxed and happy in the presence of staff.
Respite users were encouraged to maintain their own dignity and privacy. There were intimate care plans in place to identify the support they required in areas such as personal hygiene.

There was a policy on residents’ personal property, personal finances and possessions. Respite users retained control over their own possessions and were supported do their own laundry if they wished.

The centre did not support respite users to manage their finances. All respite users were supported by family members in regard to financial management.

There was enough space for each respite users to store and maintain his/her clothes and other possessions. Each respite user had an individual bedroom when they stayed in the centre.

There was an organisation advocacy for people using the organisations services and external advocacy was sourced from the national advocacy service. It was evident staff perceived their role as one of advocating for people when required. The person in charge told inspectors that respite users would be supported to access external advocacy if required.

There were policies and procedures for the management of complaints. The complaints process was user-friendly, accessible to all respite users and displayed in the centre.

There was a nominated person to deal with all complaints and all complaints were recorded and fully and promptly investigated. There was an appeals process and respite users were made aware promptly of the outcome of any complaint.

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. Staff were aware of the different communication needs of respite users and an inspector observed staff communicating with a respite user in line with their assessed needs and wishes.
Those requiring assistance had a communication profile outlining their preferred way of communicating. These profiles were comprehensive and clearly outlined the preferred style of communication and how the respite user communicated when he/she was happy, sad, angry or experiencing pain.

Personal plans contained detailed hospital passports for each person which outlined their support needs and communication style and preference.

Information in the centre was available in a format which was assessed as suitable for respite users’ needs.

Each person had access to radio, television, internet and information on local events.

**Judgment:**
Compliant

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**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:**
There was evidence that respite users were supported to develop and maintain relationships with family and friends when staying in the centre.

Families were invited to attend and participate in meetings to discuss and identify goals for respite users and in multi disciplinary meetings. There was evidence that families were kept informed and updated of relevant issues where the respite users wished for their family to be involved.

A number of questionnaires were reviewed by an inspector. These outlined respite users’ and family members’ satisfaction with the service provided.

Staff spoken with outlined the ways respite users were supported to spend time and participate in community events which were used to increase opportunities to get to know other members of the community and to become part of community groups.

For example, respite users had set up a walking group which was availed of in the centre, residents living in other centres in the town, family members and members of the wider community. The walking group had ceased for the winter months and there
were plans for it to recommence the following summer.

Respite users had been supported by staff to redesign the garden in the centre. This included a patio area to make the garden more accessible for people who used wheelchairs and other mobility aids. Each stage of the project was recorded and a user friendly document had been compiled. Respite users were involved in all areas of the project including sourcing funding and painting the back wall. When the project had been completed the centre had held an open day which was attended by respite users, families and members of the community.

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 were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

There had been no recent admissions or transfers to the centre. The person in charge told the inspector that some respite users may transfer to another service in the locality as they require more respite than could be provided in the centre. She said this would be carried out in line with the centre’s procedures and individual transition plans would be put in place. An inspector viewed transition plans as part of another inspection in the locality and found the transition plans were comprehensive.

It was evident the centre was meeting the needs of respite users in regard to the support provided. Parts of the physical premises required improvement to ensure it could meet the needs of respite users. This is discussed further under Outcome 6: Safe and Suitable Premises.

Each person had a written agreement which outlined the service provided and the fees being charged. The written agreement included an outline of any additional charges payable by the respite user.
Judgment: Compliant

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

**Theme:**
Effective Services

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

**Findings:**
Respite users 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. Respite users had been supported to be actively involved in the assessment to identify their individual needs and choices.

Plans outlined the supports required and included an outline of the input of multi-disciplinary professionals where relevant. For example, respite users had been supported to attend physiotherapy and psychology.

Respite users had been supported to identify goals on an annual basis and were supported to achieve these goals. Short term goals were identified and it was evident the goals were improving outcomes for the resident. Progress on the achievement of goals was maintained and reviewed on a regular basis.

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 respite users' personal files.

Judgment: Compliant

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

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

**Findings:**
The centre was comprised of one house located near a town centre. The premises was owned by the service. Staff spoken with were vocal regarding the benefit to respite users of having the house as a permanent base and showed inspectors the ways in which respite users had decorated the house.

This included extensive artwork in the garden which all respite users had a part in painting and the renovation of a garden shed as a ‘hang out’ space for respite users.

Respite users had individual bedrooms when they stayed in the centre. Inspectors were told each person chose their bedding and any decoration they would like when they are staying in the centre. This was evident when an inspector viewed a respite user’s bedroom with them on the evening of the inspection as they said they had chosen the colour of their bedding as it was their favourite colour.

Bedrooms had appropriate storage and there was lockable storage if respite users wanted to lock valuables in their rooms. Each room had individual keys which could be used to lock bedroom doors.

One bedroom, located on the ground floor, was accessible for wheelchair users and had en suite facilities while the remainder of the respite users shared the two bathrooms upstairs. There was a bath in one of the bathrooms and inspectors were told that one respite user likes to have a bath when staying in the centre.

The shower in an upstairs bathroom was not adequately accessible for all respite users. The opening was narrow and staff outlined the difficulty a respite user had in accessing the shower as a result of this.

There was a garden which could be accessed freely by residents. Improvement had been made to the garden area to ensure wheelchair users could access part of the garden. Some further improvement was noted as required in this area as parts of the garden remained inaccessible to wheelchair users. The person participating in management said they would like to put a path around the garden to make it more accessible.

Although the house contained adequate private accommodation for respite users some improvement was required to the communal accommodation. It was acknowledged by the person in charge and the person participating in management that the house was limited in the size of the communal rooms for the number of respite users and staff present on some days.
Appropriate assistive equipment was available, for example grab rails in the bathrooms, wheelchair accessible shower facilities and adjustable height beds.

Improvement was required to the accessibility of the house. The house was not adequately accessible for residents who used wheelchairs or other mobility aids. The doorways were narrow and there was damage evident to door frames from wheelchairs rubbing against them. In addition, a respite user who used a mobility aid was unable to use it in the house as the doorways were too narrow to accommodate the aid.

**Judgment:**
Non Compliant - Moderate

**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:**
There were systems in place to promote and protect the health and safety of respite users, visitors and staff. Improvement was required to the system in place to protect respite users from the risk of scalding and to the system to ensure all respite users had taken part in a fire drill in the centre.

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy identified the procedures for the identification and management of risk in the centre.

Inspectors were told there were thermostatic controls in place to regulate the temperature of the water in to ensure respite users were protected from risk of scalding. Inspectors were told the thermostatic control was regulated to ensure water did not exceed 43 degrees Celsius. The team leader and an inspector tested the water in three bathrooms and found the water exceeded 43 degrees Celsius in all three bathrooms. For example, in one bathroom the temperature was recorded as 46.5 degrees Celsius.

There were individual risk assessments which outlined the risks individual to each person and the measures in place to control the risks. This included individual missing person profiles for each respite user.

Individual plans were in place which outlined respite users’ support needs in regard to moving and handling.
There were arrangements in place for investigating and learning from accidents and incidents. An inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge and staff.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency.

There were systems were in place for the prevention and detection of fire. Although regular fire drills were carried out the documentation maintained did not identify the respite users who had taken part in a fire drill. It was therefore not evident if all respite users had taken part in a fire drill. This was brought to the attention of the person in charge who showed the inspector a separate list of fire training which had been carried out with respite users. Of the 19 respite users 5 had not taken part in this fire training.

Staff had received training in fire safety and staff spoken with were knowledgeable of the evacuation needs of respite users.

A respite user spoken with outlined how they would respond if the fire alarm was activated. They were clear that they must leave the centre if the alarm was activated.

The centre had a fire and intruder alarm and emergency lighting. The inspector reviewed the maintenance and servicing records for the fire alarm and fire equipment and found that they had been serviced at the required routine intervals.

Individual personal evacuation plans outlined the support required in the event an evacuation of the centre was necessary. A sample of these were viewed and provided adequate guidance for staff in regard to supporting respite users to evacuate the centre if necessary.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

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

Findings:
The centre had implemented measures to protect respite users being harmed or suffering abuse.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

There was a policy and procedures in place for the provision of intimate care and respite users had individual intimate care plans which identified the supports they required.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

Respite users who required support with behaviours that challenge had support plans in place and staff spoken with were knowledgeable of how to support respite users. Staff outlined the way respite users were supported to ensure that their behaviours that challenge did not escalate.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint.

The use of restrictive measures was monitored and reviewed at regular intervals. The reduction in the use of a restriction was evident and the centre had tried to remove a restriction for a respite user. It was evident the centre was responding to respite users’ needs and ensuring that all restrictions were in line with national legislation and best practice guidelines.

Judgment:
Compliant

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

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

Findings:
A record of all incidents occurring in the designated centre was maintained and all incidents had been notified to the Authority as required.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Respite users were supported to access education and training programmes and all respite users were accessing day programmes. New areas for development were identified within respite users’ personal plans pertaining to skill development.

Day programmes were provided by the provider and by other service providers. There was evidence of good communication between the residential centre and the day centres.

A timetable of the training programme respite users were partaking in was maintained in the centre. The inspector viewed a sample of these and saw that respite users were taking part in pottery, baking, social outings and music programmes.

Respite users were supported to access activities in the evenings and at weekends in line with their wishes. On the days of inspection a respite user was being supported to go shopping in line with their wishes.

The team leader and staff arranged and facilitated training for respite users in a variety of areas including rights, fire safety, home safety and the management of medication. Some respite users had received training in carrying out interviews for staff and personal plans outlined the qualities respite users identified as important for working with them.
**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
Respite users were supported to achieve and enjoy the best possible health. The inspector viewed a sample of respite users’ personal plans which showed that respite users’ health needs were being identified and responded to.

Respite users lived with family members and attended the centre for respite breaks and therefore their healthcare needs were supported by their families. The centre had relevant information such as the results of appointments and any supports the respite users required.

Respite users were supported to access their general practitioner (GP) and allied health professionals as required.

Food was available in adequate quantities and respite users were supported to make healthy food choices. Some respite users required modified diets and staff had information and training to support them to meet respite users' needs in regard to the modified diet.

An inspector found a respite user's healthcare plan was not adequately specific in regard to the support required by the respite user. This was rectified on the day of inspection and the inspector found the revised plan provided specific guidance for staff to ensure they could meet the respite user's needs.

**Judgment:**
Compliant

**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

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

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to respite users.

Staff outlined the process in place for the handling of medicines, these were safe and in line current guidelines and legislation.

Individual medication plans were appropriately reviewed and put in place. A sample of these were viewed by inspectors.

Respite users had received training and information on their medication, its use and why they were prescribed the medication. A respite user showed an inspector their medication and spoke of the tablets and the time of day they receive the medication.

There was a system for staff to check and count medication when respite users arrived in the centre and were leaving the centre.

Audits were carried out on a monthly and annual basis. Corrective action was implemented where required.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

An inspector viewed a sample of prescription sheets and found they contained all required information.

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):
This was the centre’s first inspection by the Authority.
**Findings:**
There was a written statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflected the diverse needs of respite users.

The inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

**Judgment:**
Compliant

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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:**
There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked full time Monday to Friday and was also participated in the management a number of other designated centres. She outlined the systems in place to ensure her participation in the management of other centres did not impact on this centre.

The person in charge was a suitably skilled, qualified and experienced manager. She demonstrated sufficient knowledge of the legislation and her statutory responsibilities. She outlined the ways she is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was a registered nurse and was committed to her own professional development. She told the inspector she had undertaken all mandatory training, was undertaking a management development course which was facilitated by an external trainer for staff working in the organisation and was planning to complete training in multi-element behaviour support.
A person participating in management of the centre was present on the days of the inspection. This person held the roles of team leader of the house. An inspector interviewed this person and found they were knowledgeable of their responsibilities and of the respite users and their needs.

Unannounced visits by the provider had been carried out in this centre and areas for improvement had been identified and responded to. However, improvement was required to the frequency of these visits as they had not taken place six monthly as required by the Regulations. Documentary evidence showed that visits had taken place in September 2014 and March 2015. There was no evidence a visit had taken place in the 10 month period between November 2013 (when the Regulations were enacted) and September 2014.

An annual review had taken place and areas for improvement had been identified and were responded to or were in the process of being responded to. Although this review outlined how respite users were consulted in the centre they did not consult with respite users or their representatives as part of the annual review. In addition, a copy of the review had not been made available to respite users.

**Judgment:**
Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge had not been absent from the centre for a period which would require notification to the Authority.

A person participating in the management of the centre was the person identified as the person who would act as person in charge of the centre in the absence of the person in charge. This manager was interviewed as part of another inspection and was knowledgeable of the person in charge role should she be fulfilling the role. She was person in charge of other designated centres in the organisation.

The provider was aware of the requirement to notify the Chief Inspector 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 her absence.
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 inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre’s Statement of Purpose.

The inspector noted appropriate staff numbers available and respite users were supported throughout the two day inspection.

Some aspects of the premises required improvement. This is discussed further under Outcome 6: Safe and suitable premises and was brought to the attention of the provider at the feedback meeting which took place at the end of the inspection.

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 staff rota was arranged around the assessed needs of respite users. Formal supervision and support meetings had commenced and minutes of meetings and actions
agreed was maintained. The team leader worked alongside staff providing informal support and supervision on an ongoing basis.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, catheter care, moving and handling and the safe administration of medication.

Inspectors found staff were committed to enhancing the lives of the respite users and it was evident staff, team leaders and the person in charge viewed their role as one of supporting the respite users to have the best possible life.

**Judgment:**
Compliant

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**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

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

**Findings:**
Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to respite users, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to respite users which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for respite users involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

There was a directory of respite users which contained the information required by the Regulations.
The centre was adequately insured against accidents or injury to respite users, staff and visitors.

**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:**

Lorraine Egan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Ireland |
| Centre ID: | OSV-0004863 |
| Date of Inspection: | 13 October 2015 |
| Date of response: | 9 November 2015 |

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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not adequately accessible for residents who used wheelchairs or other mobility aids.

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 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:**

**Garden**
A quote has been sought to put a path from the patio area at the rear of the building up through the garden to provide access for wheelchair users. This has been designed in consultation with the individuals who have mobility issues. Due to the nature of the work to be completed we have been advised to hold off completing works until springtime due to weather elements.
This will be completed by May 30th 2016

**Accessibility**
In order to comply with accessibility issues within the house 2 doors will be widened for greater access to individuals who have mobility aids. The door from the hallway into the living room will be widened and a fire door inserted. The doorway from the dining area into the kitchen will be widened and a replacement fire door will be inserted. Due to the design of the house it is not possible to widen all doors. This work will allow better accessibility to living/kitchen areas of the house. This work will be completed by 31st January 2016

**Proposed Timescale:** 30/05/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some aspects of the premises did not meet the requirements of Schedule 6.

2. **Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

**Upstairs Shower**
The existing square shower will be removed and replaced by an 800mm quadrant shower with sliding doors. This will lower the step into the shower and increase the shower door opening space for easier access to all users. The shower area will be retiled and the existing flooring will be replaced by marmoleum to provide for a more hygienic area. A second grab rail will be fixed to the wall. This work will be complete by 31st January 2016.

**Proposed Timescale:** 31/01/2016
Outcome 07: Health and Safety and Risk Management

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system to ensure residents were protected against the risk of scalding was ineffective.

3. 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:
Water Temperatures
The designated centre is currently fitted with thermostatic controls. Monthly checks will be carried out on water temperature in all taps/sinks/showers and bath. A record of this will be kept in the Health and Safety folder. A plumber will be called immediately if there is any recording of temperatures above 43 degrees Celsius and corrective action will be taken. This will commence in November 2015

Proposed Timescale: 30/11/2015

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some respite users had not taken part in a fire drill in the centre.

4. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
The 5 individuals who had not taken part in a fire drill up to the time of inspection will have completed a fire drill by 30th November 2015. From this date a fire drill log will be maintained. This log will include the individuals name and the date of participation in fire drills.

Proposed Timescale: 30/11/2015
**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:
There was no documentary evidence that residents and their representatives were consulted with as part of the annual review of the quality and safety of care and support in the centre.

5. **Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
Questionnaires were sent out to all families in April 2015 and reviewed on return. Any action required was followed up at this time. Copies of returned questionnaires are held on individuals personal profiles. Summary of feedback from this consultation will be included in a new report to be generated by the PIC from the annual review.

**Proposed Timescale:** 31/01/2016

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A copy of the annual review had not been made available to residents.

6. **Action Required:**
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
A copy of the Annual Review is available in the house and will be discussed with the individuals who use the service. A user friendly version of the revised annual review will be made available in conjunction with the advocacy co-ordinator.

**Proposed Timescale:** 31/01/2016

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documentary evidence that the provider, or a person nominated by the provider, carried out an unannounced visit to the centre at least once every six months.
7. **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:**
The provider had carried out an unannounced visit in January 2014 but this was not included in documentation provided to inspectors on the inspection date. This review can be made available to the inspectorate should it be requested. All twice yearly provider visits have taken place since September 2014 and the provider undertakes that visits will continue to take place 6 monthly.

**Proposed Timescale:** 06/11/2015