

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0005023
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
22 March 2016 12:45	22 March 2016 18:30
23 March 2016 09:30	23 March 2016 17:15

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

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

**Summary of findings from this inspection**

This was the centre's first inspection; the purpose of which was to inform a registration decision. As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, fire safety records, risk management documentation and medical records. The inspector also reviewed pre-inspection questionnaires completed by residents' families, which indicated a high level of satisfaction with the service provided.

The centre comprised of two houses which provided residential accommodation for eight male and female adults with intellectual disabilities. The centre was comfortable, appropriately furnished and well maintained.

Good practice was found throughout the inspection and the inspector found a high level of compliance with the regulations, with fifteen of the outcomes reviewed being assessed as compliant and three as substantially compliant.

Areas of substantial compliance where some improvement was required included, the statement of purpose, service contracts and documentation of lap belt assessments.

Evidence of good practice was found throughout the service. Residents' health and social care needs were well met. There were comprehensive assessments and personal plans for each resident and residents had good access to general practitioners (GP) and health care support services. There were safe systems for administration of medication.

Staff and residents knew each other well, residents were observed to be relaxed and happy in the company of staff.

The provider and person in charge had developed measures to promote the safety of residents. There were robust fire safety controls, health and safety and risk management processes in place and other procedures for safeguarding residents from abuse.

Findings from the inspection and actions required are outlined in the body of the report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that there were measures in place to ensure residents' participation in how the centre was run.

There was a process for the management of complaints, details of which were clearly displayed. There was also a clear complaints and compliments booklet, which was available to residents to express if they were happy or not happy with the service or any other issues. There was a complaints policy which provided guidance on the management of complaints. It identified who to make a complaint to and included an independent appeals process which could be used in the event of a complainant not being satisfied with the outcome of a complaint. Although there had been no recent complaints, there was a suitable system for recording and investigating complaints.

The team leader and staff had introduced weekly meetings during which meal planning for the following week took place. Staff confirmed that they established residents' views and preferences through observation and by responding to residents' responses to choices offered to them. Staff were observant of residents' needs and advocated for them as required. Staff also liaised with residents' families who also advocated for them. Residents had access to an advocacy service and contact details for this service were readily available. The organisation also had a charter of rights which was displayed in the centre. A copy of the organisations charter was available to each resident and/or his/her representative.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All doors were closed when personal care was being delivered. All residents had single bedrooms. An intimate personal plan had been developed for each resident to ensure that privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Residents' belongings were respected and safeguarded. There was ample storage and wardrobe space in each bedroom, in which residents could store personal belongings. There was an option for residents to lock their bedroom doors.

Residents' religious rights were respected. All residents were Roman Catholic and there were churches nearby which residents could visit and staff accompanied any residents who wished to go to Mass or visit the church to light candles. At the time of inspection, none of the residents chose to exercise their right to vote.

The inspector found that residents' finances were managed in a clear and transparent manner. All money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed. Receipts were maintained for all purchases.

**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 were systems in place, appropriate to residents' abilities, to assist and support residents to communicate.

Resident had communication profiles documented in their personal plan which detailed their specific communication needs. Objects of reference and pictures were in use to communicate with some residents. For example, a selection of colour picture cards and cues had been developed for residents by which staff communicated everyday activities, such as a picture of a bunch of keys to indicate to one resident that she was going out in the car. Coloured picture cards had also been developed to assist residents in planning and choosing their meals. Staff were aware of the different individual communication needs of each resident.

The person in charge and staff had also enhanced communication by displaying a range of information to residents in communal areas, such as:

- pictorial food choices
- names and colour photos of staff members who would be on duty each day
- information such as the complaints process and the residents guide were available in easily readable format with pictures.

A hospital profile had been developed for each resident which contained all relevant information pertaining to the resident. In the event of a hospital admission these would be used to communicate a range of important information about residents to hospital staff.

All residents had access to televisions, picture books and music.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents who lived in the centre were supported and encouraged to maintain relationships with their families and to interact in the local community.

There was an open visiting policy. Family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they so wished. Some residents also visited family members or met up with them outside the centre and staff supported residents to make these visits as required. Each resident had worked with staff to identify important people in their lives and details of how they could contact these people were retained.

Families were invited to attend and participate in residents' annual personal planning meetings. At these meetings, residents, their family and key workers reviewed residents' personal goals and planned how they would be achieved. Records indicated that families were kept informed and updated of relevant issues.

Residents were supported to go on day trips, attend entertainment events, visit hairdressers and dine out in local restaurants and coffee shops. Residents frequently visited the shops and facilities in the local towns and villages.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

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

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

**Findings:**

There was a policy to guide the admission process although there had been no recent admissions to the centre.

The person in charge confirmed that contracts for the provision of services had been agreed with all residents and/or their families.

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

**Judgment:**  
Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre and in the community.

Each resident had a personal plan which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs, health care supports required and identified life goals.

There was an annual meeting for each resident attended by the resident, his/her family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. The inspector found that personal plans were developed to a high standard, were person centred and were focussed on improving the quality of residents' lives. Throughout the year, progress on achieving goals was reviewed by staff. Some residents' goals for the coming year had recently been identified and others were being developed. The inspector viewed some of these plans and found that the goals identified were based on proposed new experiences which were of importance to residents. The person in charge ensured that support was provided to meet these goals.

Most of the residents in this centre did not regularly attend external resource services, but there were a range of activities taking place in the centre which the majority of residents participated in with support from staff. Staff also supported residents' access to the facilities in the local community such as shopping, eating out, meeting their families and leisure outings. There were additional activities such as music and art taking place in a local resource service which residents could attend if they wished to.

Staff also supported residents' access to the facilities in the local community such as shopping, eating out, meeting their families, swimming and leisure outings. There was transport available to bring residents to activities they wished to participate in. Arrangements were also made for residents to take holidays, go for outings, attend concerts and musicals and visit families.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

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

There was a variety of communal day space including sitting rooms and large kitchens with dining areas.

All bedrooms were for single occupancy. The bedrooms were bright, comfortably furnished and well decorated. Each bedroom had been personalised with pictures, family photos and items of individual interest. Residents had adequate personal storage space and wardrobes. Some bedrooms had ensuite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities.

The inspector found the kitchens to be well equipped and clean. There were plentiful supplies of foods available. There was separate office accommodation for staff.

Laundry facilities were provided in each house, where residents could participate in their own laundry if they wished to. Residents had access to washing machines, tumble driers and outdoor clothes lines.

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

Residents had good access to the outdoors. There were well maintained gardens adjoining the houses. Both houses were situated in suburban areas close to amenities such as shops, restaurants, swimming pools and churches in nearby villages.

**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):**

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

### **Findings:**

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff.

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

Training records indicated that all staff had received formal fire safety training. Staff who spoke with the inspector confirmed this and were knowledgeable regarding the procedures to be followed in the event of fire.

Regular fire drills were carried out, including at least one annual fire drill during sleeping hours. Additional fire drills had been organised during 2015 to ensure that each member had the opportunity to participate in at least one fire drill. Records of fire drills were maintained which included information such as the total time taken to evacuate the centre. Records indicated that all evacuations had been undertaken in a timely manner during fire drills. Individual evacuation plans had been developed for each resident.

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

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

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

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

**Judgment:**  
Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**  
Safe Services

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

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

**Findings:**

Measures were in place to protect residents from being harmed or abused. However, some improvement was required to risk assessment for the use of lap belts on wheelchairs.

There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member attended training in client protection.

The person in charge understood his responsibilities in relation to adult protection and was clear on how an allegation or suspicion of abuse would be managed. To date no allegations or suspicions of abuse had occurred in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner.

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

While the provider and person in charge promoted a restraint free environment, there were some lap belts in use to maintain resident safety while in wheel chairs or shower chairs. Staff were clear on the rationale for the use of lap belts and such use had been referred to the organisation's rights committee for consideration. However, the assessment for the use of lap belts had not been undertaken in line with the national policy on restraint. For example, alternatives to the use of lap belts and the reason why these alternatives were not successful were not recorded.

**Judgment:**  
Substantially 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:**

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All required incidents and quarterly returns had been notified to the Chief Inspector.

**Judgment:**  
Compliant

**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:**

Residents were supported to develop further skills appropriate to their abilities.

Most of the residents in this centre did not attend resource services and the centre was fully staffed throughout the day to allow residents the option of staying at home or going out to other activities of their choice. Staff made a range of activities, such as art, beauty therapy and music available to residents. There was transport available at both houses in the centre and during the inspection many of the residents went out with staff for lunch, walks and shopping. Many of the residents also went out to take part in an Easter Egg hunt nearby.

Residents were supported by staff to undertake activities of daily living, such as participating in food preparation, laundry, grocery shopping, gardening and personal hygiene, at a level suited to their abilities. Although the residents in this centre did not opt to attend formal educational courses, some were using their tablets with the support of staff.

Other activities, independent of the centre, also took place and residents went out with staff for meals, swimming, to the church, for outings and for shopping.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that there were systems in place to ensure that residents' health care needs were well met.

There was access to general practitioners (GPs) and health care professionals. All residents had access to medical services and had annual health care reviews carried out by their GPs. The inspector reviewed a sample of files and found that GPs also reviewed residents at other times as required. Other health care checks such as bone scans and dementia screening were also regularly arranged for some residents. Residents had access to a range of health professionals including physiotherapy, psychology, psychiatry and a dietician and referrals were made as required. Outcomes of these consultations were recorded and used to inform plans of care.

Appointments for residents to be routinely reviewed or treated by opticians and chiropodists were also made. Speech and language therapy was available and some residents had been reviewed to assess their capacity to swallow.

Each resident had a personal plan which outlined the services and supports required to achieve good quality health care. Personal plans for health care were reviewed frequently and when there was a change in needs or circumstances. The plans viewed contained detailed information around residents' health care needs, assessments, medical history and any treatment received and also health care support required from staff. In the sample of personal files viewed by the inspector informative plans of care had been developed to guide care of identified health issues, such as epilepsy and

constipation.

The inspector noted that residents' nutritional needs were well met and at the time of inspection there were no residents who were assessed as being overweight. Some residents had specific nutritional requirements and these were being supplied. For example, one resident required a dairy free diet and suitable alternatives were provided. Some residents required modified consistency diets and these were appropriately prepared and suitably presented. The provider had arranged for a nutritionist to review all residents and make healthy eating recommendations.

All residents were supported and encouraged by staff to eat healthy balanced diets and partake in regular exercise. The kitchens in the centre were well stocked with healthy foods, drinks and snacks. The inspector saw residents eating healthy, balanced meals at mealtimes which they appeared to enjoy.

**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:**

The inspector found that there were safe medication management practices in place.

Training records indicated that all staff had received medication management training which included a competency assessment. There was a comprehensive medication management policy to guide staff.

The inspector reviewed a sample of prescription/administration charts and noted that the information required to guide staff on safe medication administration was recorded. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of PRN (as required) medications was prescribed with clear guidance on administration. Personal administration plans had been developed for each resident.

There were appropriate systems in place for the ordering, storage and return of medications. Medication for some residents was supplied in individual monitored dosage sealed packs which were prepared and delivered weekly by the local pharmacist, while

some residents were supported by staff to go to the local pharmacy to collect their own medication. There was a secure system for the return of unused and out of date medication to the pharmacist. Staff explained that there was a good relationship with the pharmacist who was available to advise staff and resident as required.

Medications requiring strict controls were stored safely in a double-locked cupboard and stock levels were checked and recorded by two staff, at least one of whom was a nurse, at the time of administration and at each change of shift. The inspector checked the balance of a sample of this medication and found that the balance recorded was consistent with the remaining stock.

Training records indicated that staff who were responsible for medication administration had received safe medication administration training. Records further indicated and staff confirmed that all staff had also received training in the administration of emergency medication for epilepsy. There was a comprehensive medication management policy guiding practice.

There was a robust medication auditing system in place in the centre. Nursing staff carried out documented monthly medication audits in each house for which a high level of compliance was found. Some auditing carried out by the pharmacist also indicated a high level of compliance. In addition, members of the organisational management team carried out medication audits every three years. There was a system for recording medication errors and incidents although there had been no recent occurrences of medication errors.

At the time of inspection none of the residents self administered their medications.

**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:**

The inspector found that the statement of purpose described the services provided in the designated centre and met the majority of the requirements of the regulations. However, some required information, such as details of specific therapeutic techniques provided in the centre and the facilities provided by the registered provider to meet the

care needs of residents, was absent.

The person in charge reviewed the statement of purpose annually.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

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

The person in charge had responsibility for the overall management of the service and for overseeing the quality of care delivered to residents. However, supervision of the staff team and the day to day management of the service was carried out by a team leader, who was assigned responsibility for both houses in the centre. The team leader was present in the centre daily and the person in charge normally visited the centre at least twice each week. The person in charge generally met or communicated with the team leader daily.

Both the person in charge and the team leader knew the care needs of residents and demonstrated a clear commitment to improving the service offered to these residents.

The role of person in charge was full time and the person who filled the post was suitably qualified and experienced. The person in charge had relevant health care and management qualifications and had extensive experience working with people with intellectual disabilities. There were arrangements to cover the absence of the person in charge and there was an on call out of hours rota system in place to support staff.

Person in charge met monthly with a sector manager who represented and reported outcomes to the provider nominee.

There were systems for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under review within the centre for the purpose of identifying trends. Members of a service management team carried out unannounced visits to the centre every six months, on behalf of the provider, to review the quality of service and compliance with legislation. The management team also carried out annual audits of the service. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. The audits indicated a high level of compliance and any discrepancies found had been addressed by the person in charge and team leader.

Findings from all audits and reviews were communicated to the person in charge for attention and were also reported to the provider nominee for inclusion in the annual review. The provider explained that she intended to complete the forthcoming annual review in a revised format to more fully reflect the quality of the service provided.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had ensured that staff attended relevant training, including manual handling, management of behaviours that challenge, cardiopulmonary resuscitation, safe administration of medication, client protection and fire safety.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider and person in charge were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

There were suitable arrangements in place for the management of the service in absence of the person in charge.

**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:**

There was evidence of adequate resources to ensure effective delivery of care and support. The centre was adequately furnished and equipped and there were resources, including transport, to facilitate residents' occupational and social requirements.

Resources had been made available to make improvements in each house to improve the level of comfort for residents. In one house, a large accessible bathroom had been provided and in the other an extension had been built to provide additional communal and utility space.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had been suitably recruited and had received a range of training appropriate to their roles.

There was a planned staff roster which the inspector viewed and found to be accurate. Staff were present in the centre to support residents at all times including weekends. Residents in the centre received a home-based service and staff were available to deliver a range of activities and supports to them. There was one staff member on

active duty at night time in each house, one of whom was always a nurse. Staff also accompanied some residents for outings, such as concerts and trips away. Feedback from families in questionnaires supplied to the Authority indicated a high level of satisfaction with staffing levels and the care provided to residents by staff. Relatives comments included, 'excellent staff in the house', 'staff are always present in numbers. The staff are always obliging and you can see the care and attention that is given' and 'I have visited (his) home regularly and have never observed a staff deficit'.

A range of training was provided and training records indicated that staff had received training in fire safety, client protection, behaviour management and manual handling, all of which were mandatory in the organisation. In addition, some staff had received other training as required, such as training in medication management, food safety management, wound care, complaints policy and procedure, infection control and feeding, eating, drinking and swallowing.

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

**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The inspector found that records required by the regulations were maintained in the centre.

During the course of the inspection, a range of documents, such as medical records, staff recruitment files, health and safety records and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were orderly and suitably stored.

All policies required to be in place by schedule 5 of the regulations were available to guide staff.

**Judgment:**  
Compliant

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

#### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

#### ***Report Compiled by:***

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0005023
<b>Date of Inspection:</b>	22 March 2016
<b>Date of response:</b>	11 May 2016

### Requirements

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

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

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The service contracts did not accurately reflect all aspects of the service provided, such as some additional costs that residents may incur.

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

**1. Action Required:**

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

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

At the time of the inspectors visit we were in the process of amending our Individual Service Agreements to reflect the additional costs that residents incur as part of their personal expenditure. This process is now complete, and all residents have an agreed Individual Agreement in place that reflect these additional costs.

**Proposed Timescale:** 02/05/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Assessment for the use of lap belts had not been undertaken in line with the national policy on restraint.

**2. Action Required:**

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

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

The Risk Assessments in relation to the use of lap belts in respect of the individuals who require them have been reviewed and updated, outlining alternatives tried and the rationale for their use, in line with the national policy.

**Proposed Timescale:** 02/05/2016

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not meet some of the requirements of Schedule 1 of the Regulations.

**3. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and

Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Designated Centre's Statement of Purpose has been amended to ensure it meets the requirements of Schedule 1 of the Health Act 2007.

**Proposed Timescale:** 02/05/2016