

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Galway |
| Centre ID: | OSV-0005294 |
| Centre county: | Galway |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Ireland |
| Provider Nominee: | Anne Geraghty |
| Lead inspector: | Jillian Connolly |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 6 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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

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|-----------------------|-----------------------|
| From: | To: |
| 27 January 2016 09:30 | 27 January 2016 18:30 |
| 28 January 2016 15:00 | 28 January 2016 19:30 |

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

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| 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 inspection took place following an application to register the designated centre under the Health Act 2007. The application was to provide services for 10 adults in two community based houses. However, during the course of the inspection, members of management informed the inspector, that the provider had identified that one of the community houses did not meet the needs of residents residing there. The inspector was informed of the provider's intention to cease the operation of the house in the coming months. Therefore in consultation with the provider, the inspector inspected each house as an individual designated centre. Following on from the inspection, the Authority invited the provider to re submit their application, to

register the community house referred to in this report as a designated centre in its own right.

The centre provides support to six residents.

Inspectors met with residents and staff, observed practice and reviewed documentation. Inspectors found the designated centre to be a homely environment. Evidence also supported that family members were satisfied with the care provided to their loved ones. Residents informed the inspector that they were happy with their home. The Inspector observed staff to engage with residents in a dignified and respectful manner.

Notwithstanding these observations and feedback, the inspector found that considerable work was required with the systems in place for the management of fire to ensure compliance with Regulation 28.

Common themes arose throughout the inspection, which fundamentally impacted on the support provided to residents and the operation of the designated centre. These included opportunities residents had to engage in the wider community. Improvements were required to ensure that residents were supported to identify and achieve goals in line with their interests and capabilities. There was also evidence that the collective needs of residents impacted on the service delivery to individual residents.

Improvements were also required in access to advocacy services, medication management and residents' health care plans.

These findings are discussed under each outcome in the report and the regulations that are not being met are included in the action plan at the end 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:

There were policies and procedures in place for the receipt and management of complaints. A record of all complaints was maintained by the nominated person. The inspector reviewed the complaints and found that they were managed in line with Regulation 34.

The inspector observed staff to engage with residents in a dignified and respectful manner. Each of the bedrooms was single occupancy. This enabled personal activities to be undertaken in private. Residents' personal documentation was stored in a secure location.

Meetings occurred on a weekly basis with the aim of consulting residents of the operation of the centre. The common theme arising from the weekly meetings were activities residents would like to participate in the coming week. There was access to an advocacy service for residents. The inspector found that improvements were required to ensure that support was sought from the service when required, particularly in relation to personal finances.

The inspector was informed by staff that at times residents were not always present when decisions were made regarding their care. For example, when a review was undertaken of their medication.

The organisation had a system to review practices which may infringe on the rights of a resident. For example, one resident had a monitoring device in their bedroom at night to alert staff if they required assistance. A referral was sent to the Human Rights

Committee for a review of this practice which consisted of both internal and external members. The outcome of the review by the committee was outstanding at the time of writing this report.

Improvements were required in the practices which were referred to the committee. For example, the supports that one resident required impacted on the activities that other residents could participate in. This limitation to the freedom of residents' movements was not identified as an infringement of their rights. Personal plans also referenced restrictions to a resident's ability to access magazines. The inspector could find no guidance in place to support this practice. Through discussion with the team leader, the inspector was informed that this was no longer a practice; therefore a review was required of the documentation to ensure clarity.

The supports residents received to engage in recreational activities varied. Some residents had access to a formal day service whilst other residents were supported by residential staff. Activities included table top activities within their home, listening to music, going for a walk, art in their home, massage and eating out.

Judgment:

Non Compliant - Moderate

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:

The inspector reviewed the communication passports of residents in their personal plan and found that they were reflective of individual needs. These passports assisted the inspector with communicating with residents during the course of the inspection. The inspector observed staff to be knowledgeable of both the verbal and non verbal communication of residents. There was a policy in place as required by Schedule 5 on communication with residents. There was accessible information displayed which informed of the activities for the day and staff on duty.

There was a television, radio and telephone available for the use of residents. The inspector observed one resident to have an adapted telephone.

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:

The inspector was informed by staff that maintaining links with families was a priority within the designated centre. This was reflected in the personal goals of residents. Of the questionnaires returned to the Authority, it appeared that families were kept informed about the well being of their loved ones. There is a visitors' policy in place in the centre.

An area for improvement was maintaining links with the wider community. The centre commenced operation three years ago. The inspector was informed by management that the primary focus had been supporting residents in the transition from a congregated setting to a community based setting. They further stated that the next step was to increase the links with the community including developing links with neighbours. From the records maintained of residents' activities, the inspector determined that this was necessary.

In the main, links with the wider community consisted of eating out in local restaurants or going to the hairdressers. Activities such as grocery shopping were completed via the internet which further limited residents integration into their community

Judgment:

Non Compliant - Moderate

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 had been no admissions to the designated centre since the commencement of regulation in November 2013. There were policies and procedures in place if this was to occur.

There were written agreements in place which outlined the terms of conditions for residents living in the centre. It also outlined the fees to be paid. However, two of the written agreements were not signed as of the day of inspection. The inspector determined that this linked directly with the improvements required in respect of access to an advocate.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector reviewed a sample of personal plans during the course of the inspection. The personal plans addressed both the health and social care needs of residents. An assessment had been conducted for activities of daily living which outlined the supports residents required. The inspector found that these assessments promoted the resident to be an active participant in their intimate care.

There was also a goal planning system in place which involved a yearly meeting. The inspector reviewed a sample plans and found improvements were required to ensure that they were reflective of the wants of the residents. The majority of goals were also activities which could be achieved on a day to day basis and were based on standard resources. Examples of goals included, going out for coffee once a fortnight, hand massage in the house or listening to music in the house.

The goals which required additional resources such as going on a short holiday or visiting friends in the evening had not been achieved. The documented rationale for this did not evidence that all efforts had been made for the goals to be achieved.

During the feedback meeting, the inspector was provided with verbal assurances for persons participating in management that a review of residents' personal goals were being undertaken and the deficits identified on this inspection would be addressed.

Consultation in the personal planning process was also inconsistent. For example, personal planning meetings had taken place with family members and over the course of the year, goals identified were altered or additional goals were added in. However, there was insufficient evidence to support the rationale for this or if the resident and their family members were consulted regarding this.

There was evidence that support had been obtained from Allied Health Professionals. Improvement was required to ensure that the recommendations were incorporated into the personal plans of residents, particularly in relation to positive behaviour support.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

As part of the application to register, the provider submitted floor plans for the house. The floor plans indicated that part of the centre was a five bedroom house. However, one of the bedrooms was in use as an office due to the fact that it was classed as an inner room and therefore unsuitable for sleeping accommodation. The centre also had a kitchen/dining room, sitting room, two utility rooms, a communal bathroom and separate toilet. Each resident had their own en suite bedroom.

There were also two apartments, each with a living/kitchen area, one bedroom and en suite.

The inspector observed the centre to be clean and warm with sufficient lighting. Communal rooms and bedrooms were reflective of the individuals living there. Residents told the inspector they were happy with their home.

The kitchen contained all of the necessary appliances required. There was appropriate assistive equipment present.

The external grounds of the centre were well maintained, with sufficient external lighting to safeguard residents and staff.

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:

There were systems in place to promote the health and safety of residents, staff and visitors. This included a Safety Statement and Risk Management Policy. The inspector reviewed the assessment of collective and individual risks in the designated centre and found that of the risks identified appropriate control measures had been implemented in practice.

However, there were some risks which had not been identified inclusive of clinical and environmental risks. For example, the inspector observed a resident mobilising with a walking aid and found that there was a risk present en route to their bedroom due to the flooring. There was also a ramp outside the exit doors from the living area which did not have a handrail. This had not been assessed.

There were appropriate systems in place for the prevention and management of infection. There was a colour coded system in place for the preparation of food. Cleaning schedules were in place. The inspector observed the centre to be clean.

There were procedures in place for the prevention, detection and response to fire. The person in charge stated that fire training was completed every three years by staff. However, the policy did not provide appropriate time frames to confirm this. Staff had received training in the three year time frame. Records evidenced that equipment such as emergency lighting, fire extinguishers and the fire alarm were serviced at appropriate intervals.

Significant improvements were required both to the premises and the procedures to ensure compliance with Regulation 28. The provision of a fire door had been implemented between the kitchen and living area. The remaining doors in the centre were standard doors. Therefore there was an absence of cold smoke seals, intumescent

seals and self closers on doors in pertinent areas. Final fire doors were also key operated as opposed to with a thumb turn lock. This could provide an unnecessary delay in the event of an emergency. This was in contradiction to the Safety Statement which stated that there was a provision of thumb turn locks. There was no assessment in place to evidence that this was based on the needs of residents. One final fire exit did not have the provision of a break glass unit to safeguard the key.

There were two exits from the bedroom corridor. One exit led into the sitting room and the second into the foyer. However, the doors between the two areas contained glass doors which were not certified fire glass. This resulted in the two exit doors from the bedroom corridor leading to an area which was not sufficiently protected. Furthermore the fourth bedroom was accessed directly from the foyer. Due to the absence of appropriate doors between the foyer and the sitting room, this did not provide for a protected means of escape.

Fire drill records stated that to evacuate all 6 residents from the designated centre took 8 minutes. This was an inadequate time frame. Therefore considering the risk identified in the main house, the inspector requested that a fire drill be conducted on the first night of the inspection to evidence that the four residents could be evacuated by one staff within an appropriate time frame. This was as each resident required the support of one staff as per their personal evacuation plan. The staffing compliment at night was one staff member. This occurred as requested. Residents were evacuated in three minutes.

Judgment:
Non Compliant - Major

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 designated centre had policies and procedures in place for the protection of vulnerable adults. Staff had received training in client protection. The inspector was verbally informed that the practice was for staff to receive training every three years by management. However, this was not supported by a policy. Some staff had last received

training four years prior to the inspection. Minutes of staff meetings demonstrated that client protection was regularly discussed.

Staff adequately described to the inspector the actions to be taken in the event of an allegation or suspicion of abuse. Family questionnaires confirmed that family members felt their loved ones were safe. There had been no allegation or suspicion of abuse reported to the Chief Inspector.

The inspector reviewed the system in place for ensuring that residents' finances were safeguarded. The system included regular checks of residents' monies by staff. There was also a regular financial audit completed.

The inspector was informed by the management that some residents required positive behaviour support. Staff had received training in positive behaviour supports. Residents had positive behaviours supports plans in place. A review of the incidents did not provide adequate information of the effectiveness of the proactive and reactive strategies employed for each incident. The inspector did note that there was a decrease in the incidents for one resident, following an increase in recreational activities.

Judgment:

Non Compliant - Moderate

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:

All accidents and incidents were recorded on an electronic system. Each incident was graded based on the severity of the incident. This informed the criteria for escalation to relevant stakeholders, inclusive of management and the Authority.

The inspector reviewed a sample of incidents with the person in charge and team leader. It became apparent that management were not aware of the importance of reporting on a quarterly basis 'any injury to a resident,' other than those to be reported within three working days.

Judgment:

Non Compliant - Moderate

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:

There was a Statement of Purpose in the centre however; the inspector found it was not reflective of some practices in place. For example, the document stated that residents could access a home day programme or attend a separate day programme. Four of the residents attended a formal day service. Two of the residents were supported by residential staff. The Statement of Purpose stated that the aim of the home based programmes was 'where each individual is supported to achieve their potential by participating in leisure, household and social activities.'

From a review of the personal plans, it was evident that residents were supported to engage in activities however, the inspector was not assured that the activities fully supported each individual to achieve their potential. For example, a review of timetables demonstrated that activities were in the main, passive, such as foot spa, relaxation and listening to music.

Judgment:

Non Compliant - Moderate

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:

Of the sample of care plans reviewed, the inspector found that residents had regular access to their general practitioner (GP). An annual review of health by the GP was standard practice within the designated centre. However, the records of appointments included a review of medications by the GP. Staff confirmed that residents were not always present for this review. There was also evidence that residents were support to

access additional supports with the relevant health professionals if required.

There were plans of care in place to meet their health care needs. These included plans of care for conditions such as epilepsy and diabetes. A review was required of the documentation maintained to ensure that it was accurate and reflective of the needs of residents. For example, in one resident's personal plan there were two epilepsy care plans, with differing information. For another resident, the personal plan had not been updated in all relevant areas following a change in their food consistency.

Food diaries were maintained of residents' nutritional intake to ensure that the food offered was in line with their dietary needs. Staff informed the inspector that the menu was discussed on a weekly basis with residents. Staff were knowledgeable of the appropriate adaptations required to ensure the menu provided was in line with the assessed needs of residents.

The inspector observed dinner time and found that in the main, it was a social experience. As previously mentioned, there was a review required to ensure that the manner in which residents were supported to eat their meals was supported by the appropriate assessments.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

The inspector reviewed the medication management systems and found that improvements were required to ensure that they promoted a safe and effective service.

There were policies and procedures in place for medication management. Medication was stored in a secure location. The centre had a practice of medication being administered by a registered nurse. This practice did have an impact on the freedom of movement of residents however; the inspector was informed that this practice was evolving to include training of other staff in the coming months.

Of the sample of prescription and administration records reviewed, the inspector noted that whilst it contained all of the information required, improvements were needed to ensure that each individual medication prescribed had a signature of the prescriber. The

legibility of handwriting to confirm that medication was administered in line with the prescription also required review.

Medication audits were completed on a regular basis. However, improvements were required in these audits to ensure that they identified the deficits identified during the course of this inspection.

Medication errors were managed in line with policy.

Judgment:

Non Compliant - Moderate

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:

As part of the application to register the designated centre, the registered provider was required to submit a copy of the Statement of Purpose. The copy submitted had been created in October 2015. Inspectors reviewed the document following the inspection to ascertain if it was reflective of the practices of the designated centre.

The document submitted contained all of the information as required by Schedule 1 of the regulations. However, based on the findings of this inspection, the inspector found that the registered provider was not fulfilling the Statement of Purpose, particularly regarding community and leisure activities, as evidence did not support residents actively engaging in those listed in the Statement of Purpose.

A review was required of the Statement of Purpose as the document submitted was in respect of the two community houses. However, following the decision by the provider to separate the houses into two designated centres, the provider is required to resubmit the application to register this designated centre including a new Statement of Purpose.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge and the team leader facilitated the inspection. The person in charge was employed full time and met the requirements of Regulation 14. The person in charge is responsible for four designated centres. Improvements were required in the records maintained of the person in charge being present in the centre. The inspector was informed that it averaged to be approximately once a week. However, sometimes it could be once a fortnight. This was not evident in the documentation.

The designated centre had a clear management structure in place which involved the team leader reporting to the person in charge. The person in charge reported to a senior manager who in turn reports to the Chief Executive Officer. The Chief Executive Officer was the person nominated on behalf of the provider for the purposes of engaging with the Authority. The above mentioned were nominated as persons participating in management and the appropriate documentation, as required by Schedule 2, was submitted the Authority as part of the application to register.

There were systems in place for the review of the quality and safety of care provided to residents. This included audits of medication and residents' finances. Unannounced inspections had also occurred as required by Regulation 23. An annual review of the quality and safety of care had also been conducted by the person in charge. This review was conducted utilising the framework of the Authority. This review required additional work to ensure that it included the views of residents and/or their representatives and was made available to residents in the centre.

Notwithstanding the systems in place, the inspector found that improvements were required in the governance and management systems to ensure that the systems were robust. For example, whilst audits were conducted they did not adequately identify the deficits in the provision of service as found on this inspection.

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 designated centre for more than 28 days, therefore no notification was required to be submitted to the Chief Inspector as stipulated in Regulation 32.

The deputy person in charge was available throughout the inspection and holds the position of the team leader. She deputises for the person in charge in their 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:

Inspectors found that the centre was sufficiently heated; there was sufficient food available and transport available for residents' use. There was also regular input from Allied Health Professionals.

Improvements were required to ensure that sufficient resources were allocated to ensure residents were supported to achieve their goals.

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 centre maintained a planned and actual roster. The inspector reviewed a sample of rosters and confirmed that the staffing levels concurred with that in the Statement of Purpose. On average there were three staff on during the day and one staff at night.

Of the sample of training records reviewed, staff had received the mandatory training. A review was required of the policy for the training of staff. It was not clear the timeframes in which staff should receive refresher training. For example, there were instances in which some staff had not received refresher training in the protection of vulnerable adults. Their last training date was 2011. The inspector was also informed that fire training occurs every three years. This was also not supported by policy.

The inspector was informed that one to one staff supervision was commencing. There was evidence of staff meetings which discussed pertinent issues such as change in policy infection control and a review of medication errors.

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:

A review of the records to be maintained in respect of staff was conducted on a separate fieldwork day in the central offices of the provider. A review was required to ensure that a full employment history was maintained in respect of all staff as required by Schedule 2.

There was a directory of resident maintained as required by Schedule 3. Additional records as required by Schedule 3 were also maintained.

The records as maintained by Schedule 4 were also maintained including records of incidents/accidents and maintenance of fire equipment.

The policies and procedures as required by Schedule 5 were also present in the designated centre and had been reviewed at intervals of three years as required by Regulation 4. A review was required of the policy for the training of staff. It was not clear the timeframes in which staff should receive refresher training.

As part of the application to register the designated centre submitted proof of adequate insurance.

Judgment:

Substantially 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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|--|
| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Galway |
| Centre ID: | OSV-0005294 |
| Date of Inspection: | 27 January 2016 |
| Date of response: | 16 March 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Improvements were required to ensure that residents were consulted in decisions regarding the care and support provided to them.

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

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

Keyworkers/Team Leaders will ensure that residents are supported to attend and participate in all reviews and decisions regarding their care and support needs.

Proposed Timescale: 08/04/2016

Theme: Individualised Supports and Care

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

Due to the collective needs of residents, there were limitations to the freedom of movement to residents.

2. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

A review of the daily schedule of each resident will take place and following this Individual Planning meetings will be scheduled. We will ensure that all residents can exercise choice and control in their daily lives.

Proposed Timescale: 08/04/2016

Theme: Individualised Supports and Care

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

Improvements were required to ensure that residents were supported to access advocacy services if required.

3. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

Information on independent advocacy service is available to all residents and their families. This will be discussed further at the Individual Planning meetings. Referrals will be made to the Independent Advocacy Service as appropriate. 01/03/2016

Proposed Timescale: 08/04/2016

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

Theme: Individualised Supports and Care

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

Residents' access to the local community was limited.

4. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Residents actively participate in a range of activities in the community including using the local shops, restaurants, hairdressers and churches. They also go walking, go to the cinema, go to the local St Patrick's Day parade and two residents will be taking part in a pottery class in the local community centre starting in April. Individual goals will be reviewed for each resident. An emphasis of the review will be to strengthen links for individuals with the local community and support them to participate more fully.

Proposed Timescale: 30/04/2016

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:

Some of the written agreements were not signed by the resident and/or their representative.

5. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

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

There is ongoing discussions with representatives of residents with regard to the signing of individual service agreements.

Proposed Timescale: 30/04/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

A review was required of personal plans to ensure that they were updated following a change in need.

6. Action Required:

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

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

1. Review of all individual plans scheduled for 08/04/2016. We will ensure that the updated plans accurately reflect the needs and wishes of the residents.
2. The team leader/key worker will review progress on identified individual goals every 2 – 3 months.

Proposed Timescale: 08/04/2016

Theme: Effective Services

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

Evidence of residents involvement in their personal plans was inconsistent.

7. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Residents and their families are involved in the development of personal plans. Where changes are made to individuals' goals or plans because of changing needs these are discussed with the person and his/her family.

We will ensure that this involvement of the resident and their family is fully reflected in the personal planning documentation.

Proposed Timescale: 08/04/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A review was required to ensure that all hazards were identified and subsequent control measures implemented.

8. 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:

1. Health and Safety Officer will review the environmental risk assessments in order to ensure that all of the hazards identified in the report are included and controls and actions required are in place. 31/03/2016

2. Review of risk register, including all clinical, environmental and operational risks has been completed. 08/04/2016

3. Risk identified in the inspection report have been rectified: 25/03/2016

- Automatic closers and magnetic locks fitted on all bedroom doors
- Fire doors fitted in all bedrooms
- Fire proofing in foyer area completed
- Thumb turn locks/break glass units fitted at exit doors as required
- Saddle boards in living area replaced
- Hand rails fitted at exit doors

Proposed Timescale: 08/04/2016

Theme: Effective Services

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

There was an absence of adequate means of escape from residents' bedrooms. Final fire exits were operated by key locks and there was an absence of break glass units.

9. Action Required:

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

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

1. Fire doors and automatic door closers to be installed in all bedroom doors in the main house. 18/03/2016

2. Thumb turn locks or break glass units to be installed at final fire exits. 18/03/2016

3. Certified fire glass installed and fire proofing to be completed in hallway/foyer. 25/03/2016

Proposed Timescale: 25/03/2016

Theme: Effective Services

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

Fire drills did not demonstrate that residents could be evacuated in an appropriate time frame.

10. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

1. Fire drill completed within appropriate time 27/01/2016 which demonstrated that the residents could be evacuated safely.
2. All future fire drills to indicate separate evacuation times for the main house and the apartments. 01/04/2016

Proposed Timescale:

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Evidence did not support that all efforts were made to identify and alleviate the cause of episodes of challenging behaviours.

11. Action Required:

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

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

The organisation is currently in the process of reviewing the systems for analysing AIRS reports (the electronic accidents and incidents reporting system) with a view to putting in place a more robust system for reviewing the effectiveness of the proactive and reactive strategies employed following episodes of challenging behaviour.

1. All incidents of challenging behaviour will be regularly reviewed by the Team leader and Area Manager with the involvement from other multidisciplinary staff as required.

Proposed Timescale: 30/06/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Quarterly notifications of 'any injury to a resident,' other than those to be reported within three working days were not submitted to the Authority as required.

12. Action Required:

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

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

All injuries to residents including minor injuries will be reported to the Authority in the quarterly notifications.

Proposed Timescale: 31/03/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Day to day activities did not demonstrate that residents were supported to achieve their potential in respect of training and development.

13. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

Individual Planning meetings for each resident are scheduled. Residents training and development needs will be reviewed at these meetings and individual plans put in place to ensure people progress towards fulfilling their potential.

Proposed Timescale: 08/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A review was required of personal plans to ensure that they provided appropriate information to ensure that the healthcare needs of residents were met.

14. Action Required:

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

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

All care plans related to specific health-related issues will be updated to ensure that healthcare needs of residents are fully met.

Proposed Timescale: 18/03/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Improvements were needed to ensure that each individual medication prescribed had a signature of the prescriber. The legibility of handwriting to confirm that medication was administered in line with the prescription also required review.

15. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1. The Individual Medication Administration Recording System (IMARS) used in the Designated Centre is electronic and we believe it is an effective system. However, the organisation is currently in the process of reviewing the system. The review will take account of the Authority's Medication Management Guidelines, An Bord Altranais Guidance to Nurses and Midwives on Medication Management and the advice from relevant professional bodies including the Health Products Regulatory Authority and the Pharmaceutical Society of Ireland. 30/06/2016
2. PIC and Team Leader will ensure that handwriting confirming medication administered is legible. This was discussed at team meeting 23/02/2016

Proposed Timescale: 30/06/2016

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 reflect some practices within the service and required updating to reflect the new reconfiguration of the service.

16. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

1. Statement of Purpose updated reflecting re-configuration of the Designated Centre. 04/02/2016
2. Statement of Purpose will be updated and re-submitted to the Authority to reflect all practices in the Designated Centre. 18/03/2016

Proposed Timescale: 18/03/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The annual review of the quality and safety of care did not adequately include the views of residents and/or their representatives.

17. 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:

The organisation is reviewing the format and content of the Annual Review for each Designated Centre. The new format will ensure that even when there are no issues raised by residents or their representatives in the satisfaction questionnaires this will be reported in the annual review.

Proposed Timescale: 01/06/2016

Theme: Leadership, Governance and Management

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

Improvements were required in the auditing system to ensure that they adequately identified the deficits in practice identified on this inspection.

18. Action Required:

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

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

The organisation is currently reviewing the format and content of the six monthly and annual audits to ensure that the service is safe, appropriate to residents' needs, consistent and effectively monitored.

Proposed Timescale: 30/04/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

A review was required to ensure that a full employment history was maintained in respect of all staff as required by Schedule 2.

19. Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified 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 .

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

The HR Department has conducted a review of records to be maintained in respect of staff in the Designated Centre. Full employment histories are now in place for all staff in the centre.

Proposed Timescale: 16/02/2016