

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0005363
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
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

From: 19 April 2016 09:00 To: 19 April 2016 16:00

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 first inspection of this centre which has applied for registration to provide care for a sibling group, a child and young adults with intellectual disability. Two of the proposed residents will reside full time in the service and one will access respite once weekly initially. The total number applied for is three. All documentation required for the purpose of registration was available with the exception of the arrangements for the absence of the person in charge.

How we gathered our evidence:

The centre was unoccupied at the time of the inspection therefore the inspector did not meet with the residents and observe practices.

Two of the proposed residents currently reside in another centre under the same organisation umbrella. The inspector met with the person in charge and the team leaders in the centre where two of the proposed residents currently reside. The inspector also inspected the premises and viewed policies, procedures, resident's personal plan, accident and incident reports, proposed rosters, staff qualifications and training schedules. The inspector inspected the premises and viewed policies, procedures and a number of templates that had been designed for use in the centre. The premises is a single story four bedroom house with suitable facilities and is located within easy access to the local community.

Overall judgement of findings:

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the regulations were and would continue to be met.

Good practice was found in areas such as

- resident rights (Outcome 1)
- assessment and social care needs (outcome 50)
- safeguarding and safety (outcome 8)
- risk management (outcome7)
- medication management (outcome 12)
- workforce (outcome 17).

The governance arrangements as outlined were temporary in order to facilitate the registration of the centre. A recruitment process was underway to recruit a permanent person in charge. None the less the inspector was satisfied with the current arrangements as a temporary measure.

Issues which required action were identified including:

- Arrangements for the absence of the person in charge (outcome 15) and documentation (outcome 18)

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) 2013.

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 was evidence from the residents' records available that there were systems in place for ensuring that resident voices were heard and that their rights were supported. Regular meetings were held with the residents to elicit their views and preferences in terms of the daily routines, activities and their proposed living arrangements. The personal planning demonstrated that preferences for activities, personal visits were respected and organised.

Taking safeguarding issues into account there was evidence of consultation and communication with the residents' families. From a review of records available and speaking with staff it was apparent that there was a significant level of external legal and statutory supports available to ensure that both adults and children's rights and needs were being protected.

Residents were supported to develop personal interests such as attending at day service and activities of their choice including horse riding and swimming. Staff knew the individual preferences of residents for example, the food they preferred, hobbies and treatment options. Each resident had a bedroom identified which was spacious and allowed for privacy and maintaining of personal possessions. There was an art/computer table in place for one resident who liked to undertake this work.

Gender preferences were seen to be respected in the personal care and support plans available. Residents' personal belongings were carefully itemised.

The inspector reviewed the complaint policy which contained all of the requirements of the regulations with a minor amendment required that the person in charge addressed on the day. The inspector was informed that no complaints had been made by or on behalf of the residents but the process as outlined was satisfactory. The policy was available in pictorial and easy read format.

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):
No actions were required from the previous inspection.

Findings:

The inspector observed details in personal plans outlining resident's communication needs and there were very comprehensive communication passports available in the event of a resident requiring care in another service. The team leader was found to be very familiar with the resident's non verbal communication and what it meant. There was a significant emphasis on visual and pictorial communication systems and it was intended that these would transfer with the residents.

Speech and language assessment and guidelines for communication had been sourced. Staff currently providing support were familiar with the sign language used by the residents. This was also on the training schedule for new staff who were to be employed.

Communication logs were used between the centre and day service staff to ensure continuity of care. The personal plans were synopsised in a suitable pictorial format for the residents.

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 saw evidence from records reviewed that familial and other significant relationships were supported in conjunction with the statutory agencies involved. There was evidence of regular communication with families who were involved in all decisions and planning with the residents. There was ample room in the centre for visits to take in private.

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 on admissions which outlined the pre-admission assessment and decision making process. The process outlined a comprehensive pre-admission assessment and decision making process. The policy did not take account of the need to protect residents from abuse and the person in charge addressed this on the day of inspection.

In this instance a detailed phased transition process was outlined, overseen by the multidisciplinary team in order to support the residents move and make it as stress free as possible. There was detailed information on health, medication, social care and communication available in the event of transfer to acute care for all three residents.

A review of the contracts for services demonstrated that they outlined all fees and services to be provided and they were signed on behalf of the residents by their representatives.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

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

Findings:

The inspector reviewed the personal plans, medical records and daily records of the two long term residents and a number of the relevant records available for the proposed respite resident. There was access to a range of pertinent assessments for social care development, health care, diet, dependency levels and daily living supports. However, one of the fulltime residents did not have a personal plan detailing their wishes and goals. This was explained as being due to the fact that the resident attended a day service and goals were identified and implemented via this service. This has been historical practice.

Despite this, from a review of other records available and speaking with the team leader the inspector found that the needs of this resident for health care, social support, mental health services and recreation were assessed. There was good interagency communication to ensure needs were being met. This matter is therefore actioned under outcome 18 records and documentation.

There were relevant and child friendly support plans available for the proposed respite resident detailing the communication, health, play and safety needs to ensure staff in the centre were informed.

There was documentary evidence of multidisciplinary reviews being held at very regular intervals in accordance with the residents' circumstances and changing needs. Planning and review of all decisions was evident. Goals were implemented and the timeframe and those persons responsible were identified.

The personal plans available were outlined in a suitable pictorial format for the residents.

The social care needs were driven by residents' own preferences. Social goals were found to be well supported with residents having access to activities they enjoyed and being supported to do so. Brief holidays, access to swimming pools or horse riding, shopping and meals out were available as the residents wished. Other activities including tabletop games arts and crafts were provided for.

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 premises are suitable for its purpose and to meet the needs of the residents. It is a bungalow located in a quiet residential street close to all amenities. There are three residents' bedrooms and a fourth staff bedroom combined office. Two of the bedrooms are double in size and the third slightly smaller bedroom will be used for the younger resident on respite visits.

There is a large suitably adapted shower room and toilet and an additional toilet and shower. A large sitting room and suitably equipped kitchen/dining room is provided. The garden is safe, private and with seating available. Overall the premises are homely and comfortable clean and suitable decorated. Heating, lighting and ventilation is suitable. There is an intruder alarm installed.

Furnishings available were comfortable and storage for the residents own belongings was available. Further equipment and storage will be provided when the residents are being introduced and can state their own preferred options. The younger person's bedroom was decorated and furnished in a child friendly manner. The wardrobe in one bedroom is not suitable due to its location via the bed and its overall condition. The person in charge informed the inspector that this is being replaced in order to accommodate the residents own bed which will move with the resident.

Some remedial works on the second shower room in terms of providing a suitable finish for hygiene purposes was also required. There was a plan to address this.

There are domestic type laundry facilities available. A hand rail had been installed in one location to assist a resident who required this. No other assistive equipment was required for the proposed residents. The vehicle to be used had been reviewed at a previous inspection and had evidence of road worthiness.

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 was satisfied that the systems proposed for managing risks were satisfactory. There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken in preparation.

The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events.

Fire safety systems had been implemented and this included the fitting of a suitable alarm, emergency lighting, extinguishers and fire doors. All commissioning certificates were available to the inspector. There was a contract in place for servicing this equipment. Fire training was scheduled for new staff and the plan included a practice drill in the premises to ensure staff were familiar with the process. The inspector reviewed the fire safety register and saw that fire drills would be carried out regularly to include night time drills.

Potential risks had been reviewed and identified. For example, the door to exit the rear garden had a safety locking mechanisms in place which allowed staff to ensure residents could exit the garden in the event of a fire. However, they were also safe when in the garden.

Individual risk assessments had been undertaken for the residents including the risk of falls, going absent, illness and behaviour supports. The assessment and control measures identified demonstrated an understanding of the risks pertinent to these residents.

There were personal evacuation plans for each resident. A review of the accident and incident records from the current accommodation indicate that any incidents occurring were reviewed and remedial actions taken to prevent a reoccurrence.

There was a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff. Supporting policies included missing persons.

The policy on infection control was detailed and the inspector saw that systems were in place to support this.

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:

The inspector reviewed the policies and procedures for the protection of vulnerable adults and the policy on child protection and welfare, provision of intimate care, management of challenging behaviour and use of restrictive practices. There were suitably qualified designated officers identified. The policy on child protection was in accordance with requirements and identified the reporting structures to the responsible agencies. The policy on the protection of vulnerable adults required some updating to include the details and time lines for reporting to the statutory agencies in line with national policy.

Training for staff in both child protection and adult protection had taken place and there were dates scheduled for training any newly appointed staff in May 2016.

From a review of the records available safeguarding systems were in place which were designed as preventative measures and to respond promptly to any concerns. There were pertinent safeguarding plans available for all three proposed residents. Where particular vulnerabilities were identified additional therapeutic care had been

sourced and was ongoing. The inspector was informed by the person in charge that there were no allegations of this nature made or being investigated at this time internally.

Legal advocacy was available for two of the residents.

There was ongoing support with challenging behaviours. Detailed behaviour support plans overseen by the psychology department and multidisciplinary team were in place. Staff were provided with guidance and training in the management of behaviours. There were training dates scheduled for any new staff who were appointed.

The use of restrictive practices was minimal. Where medication was prescribed for the management of challenging behaviours there was a protocol in place for its use. A review of the medication records for two of the residents demonstrated that the use of such medication carefully controlled and was regularly reviewed by the prescribing clinician. The inspector found that any risks associated with the accommodation of children and adults had been assessed and planned for. The planned arrangements for the child included an additional staff at all times when present in the centre.

A review of a sample of the records pertaining to resident's monies being withdrawn for fee payments or other uses or as weekly pocket money indicated that the systems for recording this money and its usage were detailed and transparent. All monies taken for residents' use were dated and the expenditure was recorded and receipted. The records were audited and there was a policy governing the oversight of the process. Records were available for review at any time.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

A review of the accident and incident logs, resident's records and notifications forwarded to HIQA demonstrated the person in charge had been compliant with the requirement to forward the required notifications to the HIQA in relation to the residents' current placement.

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:

From a review of plans and records available the inspector was satisfied that current and planned arrangements were suitable to the assessed needs, age range and the level of engagement the resident will have with the service.

There was evidence that the long term residents were supported and encouraged to develop meaningful day-to-day activities, skills and long term aspirations pertinent to their needs and preferences. One of the residents attended a specific training/rehabilitative centre. There was a detailed plan available in relation to what he would hope to achieve including computer skills or taking photographs. Another resident had a specific money management training plan in place and support with life and social skills. There was a suitable educational plan in place for the younger person managed by an external agency.

There was a significant level of social participation for residents, for example going to shopping centres, for meals out or to local events.

The location of the centre is very close to all local amenities, shops churches and recreation centres. The move will not impact negative on the residents' access to day services or education for the younger person.

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 evidence that resident's healthcare needs were well supported. A local general practitioner (GP) service was responsible for the health care of residents and staff responded promptly to any changes noted. However, the records of the outcomes of these appointments were written up by staff following the visit to the surgery. Staff explained that the general practitioners (GPs) did not enter the medical notes in the residents own documentation. The staff notes as seen by the inspector were very detailed. This does impact on the providers ability to comply with the regulations in terms of records and is a potential risk. This is actioned under outcome 18 Records and documentation.

There was evidence of good access to allied health service including physiotherapy speech and language neurology and mental health, dentistry and opticians. There were support plans in place for all of the health care needs identified. Healthcare related treatments and interventions were detailed and staff were aware of these. Such interventions were revised annually or more often as required. The inspector saw evidence of health promotion with regular blood tests, vaccinations and medication reviews.

The documentation indicated that all aspects of the resident's health care and complexity of need was monitored and reviewed. Nutrition and weights were monitored and specific vulnerabilities were noted and acted on such as falls risks or specific dietary needs.

There were protocols in place for the management of epilepsy. The inspector were informed that if a resident was admitted to acute services staff had been made available to remain with them to ensure their needs were understood.

The kitchen facilities were suitable and domestic in style and the records showed that the residents could help with food preparation according to their capacity. There were dietary plans and special assistive cookery identified to support the residents.

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 policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were being implemented. There were appropriate documented procedures for the handling, disposal of and return of medication. The adult residents had assessments undertaken as to their capacity to self medicate.

The inspector saw evidence that medication was reviewed regularly by the prescribers. There were a secure storage arrangements in place and suitable arrangements were detailed for the management of medication for the resident who will attend on a respite basis.

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 statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to be centre-specific for this arrangement and compliant with the requirements of the regulations and detailed the care needs and services to be provided.

The inspector was satisfied that the different needs of the residents were identified and the proposed arrangements as supports would maximise the continuity and stability of care for the residents.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The position of person in charge had been assigned to the regional services manager. This was a temporary arrangement in order to set up the service and apply for the registration. It was acknowledged that due to the substantive role of the person this arrangement was not tenable in the long term. The person is suitably qualified and experienced.

A recruitment process for the fulltime post of person in charge or team leader in this centre is underway. The person recruited will be either a qualified intellectual disability nurse or a qualified social care staff. Proposed processes for ensuring safe and effective management of practices were outlined as regular supervision, regular contact with the centre including regular unannounced visits, on call supports after hours. However, as detailed under outcome 15 there were no arrangements made for the absence of the person in charge.

The provider nominee is responsible for a number of services in the region. She had suitable experience for the role. The provider was aware of the ongoing responsibilities in relation to unannounced inspections and the provision of an annual report on the quality and safety of care. There was a suitable on call system arranged.

Significant work had been undertaken to ensure compliance with the regulations and the registration process in this instance.

Judgment:

Substantially 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 arrangements for the absence of the person in charge had not been finalised. The person in charge agreed to formally identify possibly two people, both suitably qualified and whom the inspector met, and submit the required documentation to HIQA as soon as possible.

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 that sufficient resources for staffing, health care, equipment maintenance and upkeep of the premises and vehicles used were available to provide the service.

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 person in charge informed the inspector that in the interest of continuity of care it was planned to have a number of the staff who currently support two of the residents in the centre move with them to the new centre. A recruitment process was underway to fill remaining posts.

From a review of the planned rosters the inspector was satisfied that there was sufficient staff and skill mix to meet the needs of the residents. This would include nursing support either as team leader or nurse on duty. The residents were assessed as not requiring fulltime nursing care but due to a specific medical condition regular nursing oversight is necessary.

Two staff would be on duty at all times during the week with a waking night staff and sleepover staff. A third staff would be available on the planned respite at weekends to support the child.

The policy on recruitment was satisfactory. The inspector was given details of the vetting, references and training of the current staff and these as outlined were satisfactory. They have either FETAC level five or social care qualifications and mandatory training internal to the organisation.

The requirements for the new staff include either social care, fetac level five as a minimum or intellectual disability nursing.

An induction programme and supervision process was outlined

The training schedule outlined as follows;

- fire training which will include a drill in the centre
- child and adult protection
- management of epilepsy and emergency medication;
- management of challenging behaviours
- sign language
- first aid.

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 all policies required by schedule five were available. Some improvements were required in other aspects of the documentation to be kept in the centre.

The records compiled by the residents' medical practitioner of ongoing treatment were not available. This impacted on the ability of the provider to provide for continuity and consistency of care. One resident did not have a documented personal plan as described in outcome 5.

Documents such as the residents guide were available and the details in the directory of residents would be complied with on admission.

Judgment:

Non Compliant - Moderate

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0005363
Date of Inspection:	19 April 2016
Date of response:	03 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 14: Governance and Management

Theme: Leadership, Governance and Management

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

There were no arrangements detailed for the absence of the person in charge.

1. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to:

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

Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

PPIM's have been appointed to provide cover in the absence of the person in charge.

Proposed Timescale: 03/05/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The records compiled by the residents' medical practitioner of ongoing treatment were not available.

One resident did not have a documented personal plan.

2. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

1. Records will be obtained from the resident's medical practitioner by the CNM2 on 12/05/2016

2. The resident's personal plan will be in place by 13/05/2016

Proposed Timescale: 03/05/2016