

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rosslodge Services
<b>Centre ID:</b>	OSV-0002243
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Galway
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	Anne Marie Byrne
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 15 November 2016 10:00 To: 15 November 2016 19:00

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**

Background to the inspection:

The purpose of the inspection was to inform a registration decision and to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

Inspectors met with four residents, staff members and the management team during the inspection process. Inspectors reviewed practices and documentation to include residents' personal plans, accident and incident reports, policies and procedures, fire

management related documents and various risk assessments.

Description of the service:

This service is managed by the Brothers of Charity. This centre is a part time residential house, accommodating five residents with moderate to severe intellectual disability from 18 years of age to end of life. The centre provides residential and respite services for residents. The Person in Charge (PIC) had the overall responsibility for the service. The Team Leader for the centre works directly within the centre and has oversight of the day- to-day operations. The centre is a bungalow which has spacious communal areas for residents' use. Sufficient bedroom and bathroom facilities were available to meet the assessed needs of residents. The centre was found to be clean and well maintained and provided a secure garden area for residents to enjoy.

Overall judgment of our findings:

Inspectors found that this was a well managed centre that provided very individualised and person centred care to the residents availing of the service. The service provision and quality of care delivered was found to be of a high standard in a number of areas. Residents rights, privacy and consultation were well promoted in the centre. Staff were found to be very respectful of residents and were knowledgeable of each resident's needs. Inspectors found a calm and homely environment on this inspection.

The findings of this inspection identified eight substantial non-compliances and one moderate non-compliance with the regulations. These included Residents Rights, Dignity and Consultation, Admissions and Contract of Service Provision, Social Care Needs, Health and Safety and Risk Management, Medication Management, Statement of Purpose and Workforce.

**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):**

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

**Findings:**

Residents had access to advocacy services and information about their rights. Each residents' privacy and dignity was respected. Residents were enabled to exercise control and choice over their lives in accordance with their preferences. While residents were observed to be consulted in decisions about the daily operations of the centre, inspectors found that improvements were required in relation to the recording of complaints.

Inspectors observed staff addressing residents in a respectful manner. Staff were found to be courteous of residents' routines and interacted socially with them. Intimate care plans were in place for residents and they detailed each resident's preferred personal care routines. Weekly schedules were displayed in each resident's bedroom. These schedules guided residents in identifying various activities they could choose to attend. Residents were informed of what staff were on duty and what residents' were availing of the service daily through the use of a display notice board which was kept up-to-date.

Residents were facilitated to exercise personal independence and choice over their daily lives. Residents' were observed to attend local day services and other services at their request. Where residents had previously voiced they wished to be involved in the laundering of their clothes, this had been facilitated by the centre.

A system was in place for the management, recording and monitoring of residents' monies. Residents' monies were securely stored and residents were supported by staff to access their monies as they wished. Where residents had purchased items or made a withdrawal from their account, a record of same was maintained by the centre. Samples

of these records were reviewed by inspectors and no errors in the system were found.

There were policies and procedures in place for the management of complaints. The complaints process was displayed within the centre in both written and easy to read format. However, inspectors found that not all complaints were acknowledged or recorded as complaints. Staff spoken to were knowledgeable in who the nominated persons were to deal with complaints, however, it was custom and practice to document complaints which were managed locally within daily notes. This recording practice was not in line with the centres' complaints policy. This process also impeded the centres' ability to ascertain residents' satisfaction level following the outcome of a complaint.

**Judgment:**

Substantially 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:**

Overall inspectors found effective communication systems were in place to facilitate residents' communication needs.

There was a communication policy in place and personal plans reflected residents' communication needs. Residents with specific communication needs were appropriately assessed and supported. A number of residents had specific impairments and limited verbal communication abilities, therefore, the use of creative methods were continually adopted by staff to support residents. These included pictures, choice boards, daily boards displaying visual and written information regarding meal choices, chores and activities.

Residents were observed being communicated with in a caring and supportive manner by staff. Staff had good knowledge of residents' communication plans. Inspectors found on-going dialogue with families regarding residents' assessed communication needs.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents were supported to maintain positive personal relationships with their family and friends and to be involved with the wider community.

Families were invited to attend planning meetings and were actively involved in the care planning of residents. Inspectors found family communication care plans in place and clear records were maintained around family involvement and contact. Residents had pictures of family members in the designated centre. Residents were observed to integrate into the community with support. Staff supported residents to access local community facilities such as shops, cinema, sporting events and concerts.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were policies and procedures in place for admitting residents, including transfers, discharges and temporary absence of residents. Inspectors observed that pre-admission processes were undertaken by the centre in accordance with their statement of purpose.

Pre-admission meetings were commonly held by the centre to ensure residents' health, personal and social care needs were assessed prior to admission. These meeting minutes were reviewed by inspectors and were found to provide a comprehensive overview of residents' history and current health and social care needs

Inspectors observed that there were contracts for the provision of services in place.

Contracts were observed to outline the services to be provided to residents and all additional charges. An easy read version of the contract was also available to meet the communication needs of residents.

On the day of inspection, inspectors found that one contract had not been signed by the resident or relative within one month of admission. Upon speaking with the management of the centre, inspectors were informed that all efforts were being made to secure a signed contract. The PIC and provider were aware at the time of inspection that this contract remained outstanding and assured inspectors that measures were currently being taken by the centre to rectify same.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, inspectors found that each resident had opportunities to participate in meaningful activities that were appropriate to their interests and preferences. Although residents were observed to have personal plans in place reflective of these interests and needs, not all personal plans were completed within 28 days of admission.

Residents were facilitated to access local day care services on the day of inspection. Staff spoken with informed that where residents did not wish to attend such services, alternative activity based arrangements would be made in accordance with the residents' wishes.

Arrangements were in place within the centre to identify each residents' personal goals. These goals were identified in conjunction with residents and their families and gave consideration the residents' abilities and personal wishes. Goals were clearly documented and each goal identified the persons responsible in supporting residents to achieve the said goals. The status of personal goals were observed by inspectors to be



reviewed on a regular basis.

Inspectors observed that planned supports were in place where residents were being transitioned between services. Transitional team meetings were found to be in operation and these meetings were attended by members of the multi-disciplinary team. Minutes of these meetings were reviewed by inspectors and were found to provide comprehensive detail on the various aspects of the residents' health care and social care which the centre was required to plan for.

Inspectors reviewed a sample of personal plans. These were observed to contain individualised accounts of residents' personal links with family, preferred activities, residents' preferred social routines, abilities and specific health care needs. Personal plans were found to provide staff with comprehensive guidance on various aspects of residents' care. However, inspectors observed that not all personal plans were completed within 28 days of one residents' admission to the centre. Their plan did not detail regarding the supporting guidelines to be readily available for staff to inform of the said residents' specific care needs.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre was well maintained, clean, comfortable and suitably furnished. Inspectors found that the centre was suitable to meet the needs of the residents.

The centre comprised a large bungalow, with extensive gardens to the rear and front of the property. This house was located in close proximity to a town centre. The layout and design of the house met the needs of all residents utilising the service. A range of amenities and services were available close by.

The provision of bedrooms with en-suite facilities were available for each resident. Office spaces were available for staff use. The house had a kitchen and dining area, sitting room and recreational room. The rooms were of a suitable size and layout to meet the needs of the residents. There were sufficient bathroom and toilet facilities, which were

spacious and allowed for privacy and comfort. Laundry facilities were also provided.

The inspector found that bedrooms were comfortably furnished, had suitable storage arrangements and were decorated in accordance with residents' preferences. Bedrooms were further personalised with a selection of personal belongings, pictures and mementoes.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, inspectors observed that the health and safety of residents, visitors and staff was promoted and protected. There were policies and procedures for risk management and emergency planning in place.

The risk management activities within the centre were observed to be guided by the risk management policy. Potential risks within the centre were observed to be risk assessed and risk rated. Assessed risks had identified control measures to be implemented to mitigate the risk. Where risks were rated high, these were found to be reviewed by the sector manager as per the centres' own risk management policy. Regular accident and incident reviews were held with members of management. This process allowed for the systematic review and trending of incidents to inform risk management activities to be implemented for the centre.

Short term and long term emergency contingency plans were in place. These were observed to include flooding, fire, loss of power or heat and severe weather. The centre had identified emergency accommodation arrangements for residents in the event the centre required to avail of same.

Inspectors found that precautions were undertaken by the centre against the risk of fire. Scheduled monthly, weekly and daily fire checks were maintained by the centre. Fire safety alerts were observed to be displayed throughout the centre. The fire alarm system was observed to have been maintained in line with manufacturer's guidelines. A record of all residents and staff in the centre at different times throughout the day was maintained and updated daily. The planned use of this record was to aid the roll call of all individuals in the event of an evacuation. The practice of conducting six monthly fire drills was observed to be in operation by the centre. The performance of these drills was

recorded and inspectors found that this practice was in place for both night and day time drills. The provision of fire doors had been made throughout the house, these were found to be fitted with intumescent strips and magnetic closers. Fire evacuation procedures were prominently displayed and means of escape were clearly identified. Fire exits were observed unobstructed at the time of inspection. Inspectors were informed that the provision of an additional fire door had been made to a residents' bedroom. This was in response to an identified high risk of a resident presenting with behaviours that challenge in the event of an evacuation.

At the time of inspection, some residents were identified as being at risk of absconion. These residents were observed to have a missing profile in place. Staff spoken to were aware of the residents who presented with a risk of absconion and of the control measures in place for those residents. Other residents were identified as having poor road safety awareness. Upon review of resident Personal Evacuation Egress Plans (PEEPS), it was found that these plans did not clearly detail the following:

- The cognitive understanding and communication needs of residents in the event of an evacuation
- The behavioural supports which may be required by residents during an evacuation
- Safety measures to be implemented for residents at risk of absconion or with poor road safety awareness following evacuation.

**Judgment:**

Substantially 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):**

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

**Findings:**

Overall, measures to protect residents being abused or suffering abuse were in place. Residents were provided with emotional, behavioural and therapeutic supports that promoted a positive approach to behaviours that challenge. All efforts were being made by the centre to identify and alleviate underlying causes of behaviour that is challenging for residents. The rights of residents were found to be protected in the use of restrictive practices.

There was a policy in place for the prevention, detection and response to abuse. Staff spoken to were knowledgeable of the policy and of their requirement to report any concerns surrounding the safeguarding of residents. The PIC informed inspectors that no safeguarding concerns were identified at the time of inspection. A review of all incidents and accidents within the centre is conducted by management on a regular basis. This process facilitated the identification and monitoring of peer on peer related incidents. No peer on peer incidents had occurred at the time of inspection. Intimate care plans were in place for residents and these were found to be specific to each residents' preferred personal care routines. Safeguarding training had been provided for all staff.

Where restrictive practices were identified within the centre, the rights of residents had been protected. All restrictive practices were routinely reviewed by the centres' human rights committee as per the centres' localised policy. Restrictive practices were observed to be in place for residents who were at risk of accessing the kitchen unsupervised. This restrictive practice was found to be supported by an appropriate risk assessment and a record of restrictive practice intervals was maintained. Further restrictive practices were in place in relation to the administration techniques of medications. Staff spoken with informed that although the restrictive practice was still required, following regular review of alternative measures, a less restrictive practice than before was now in place. This practice was also observed by inspectors to be supported with an appropriate risk assessment.

Inspectors observed best practice in relation to the management of behaviours that challenge. Each resident was in receipt of a positive and responsive behavioural support plan. These plans were found to inform of residents specific triggers, signs of upset and effective de-escalation techniques. The plans gave consideration to the various circumstances that staff may encounter to include the management of residents' behaviours that challenge while in the use of transport services. Plans observed by inspectors were reviewed on an annual basis. Staff spoken with were found to be familiar with residents behaviour types and of their requirement to support residents during episodes of behaviours that challenge.

Upon the review of the centres training matrix, inspectors found that some staff had outstanding refresher training requirements. Some staff had not received refresher training in safeguarding in accordance with the centres own staff training policy.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> On the day of inspection, inspectors found that a record of all incidents occurring in the centre was maintained. The PIC was aware of the incidences which warranted notification to HIQA.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>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.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Inspectors found that residents were supported to participate socially in activities suitable to their age, interests and needs.</p> <p>Inspectors observed residents were engaged in social activities, internal and external to the centre. Inspectors reviewed documentation and found that the residents were provided with suitable activation in line with their own goals and preferences and relevant to their changing needs. Residents were supported in their day service to access activities in line with their abilities, preferences and identified goals as outlined in their personal plans.</p> <p>Inspectors observed photographs on display in the centre reflective of personal achievements, such as attending sporting events and national concert events. Residents also participated in cooking activities in the centre such as baking and were engaging in a local community baking event following the inspection.</p>
<p><b>Judgment:</b> Compliant</p>

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents' health care needs were met through timely access to health care services and appropriate treatment and therapies. Each resident's health care needs were appropriately assessed and met by the care within the centre. Inspectors found that residents had access to allied health care services which reflected their varied health care needs. However, there were gaps observed in documentation to ensure all staff were provided with sufficient information surrounding the management of specific health care needs.

Each resident was observed to have a concise record pertaining to their previous and current health care needs. Documented accounts of interactions with various allied health professionals were maintained for all residents. Staff spoken to were knowledgeable of each resident's specific care needs. Staff demonstrated a clear understanding of their responsibilities in supporting residents with specific health care needs.

Areas of good practice were observed within the centre to include the development of personal plans and emergency protocols for residents with specific healthcare needs. Inspectors reviewed a sample of personal plans for residents who presented with nutritional healthcare needs. These personal plans were found to contain guidance on the daily nutritional monitoring of the residents, however, these plans did not inform staff on the dietary requirements of residents to include suitable meal and snack options. Staff spoken with did display knowledge of the typical snack and menu choices suitable for residents with specific nutritional needs. However, staff demonstrated reliance on this knowledge based on their familiarity with residents and on general nutritional training that was provided as part of the induction process for all staff. Further gaps were observed in the personal plans for residents who presented with neurological healthcare needs. Inspectors found that although pre-admission assessments were completed, personal plans to support this healthcare need were incomplete and did not guide staff on the specific healthcare supports required.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medications to residents.

Medications were found to be stored securely within a locked cabinet. Within the cabinet, each resident's medication was found to be stored appropriately to aid with the administration process. A sample of medications were observed by inspectors and were found to be clearly labelled.

Prescription sheets and medication administration records were found to be neatly maintained. Prescription sheets included the resident's photograph, outlined the name and address of the resident, name and address of GP, date of birth and any allergy related information.

Medication administration records were reviewed by inspectors and no gaps in administration practices were identified. A number of staff had received safe administration of medication systems (SAMS) training. Staff spoken with were knowledgeable in the procedure to be followed in the event that a medication error occurred within the centre. The centre demonstrated a culture of learning following the implementation of additional control measures which were put in place following a root cause analysis of a previous medication incident.

Where residents were in user of crushed and covert medications, these medication management practices were risk assessed and were supported by medication management plans. No residents were self-administering their own medications at the time of inspection. Inspectors were informed that residents are not routinely risk assessed for self administration upon admission or thereafter.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose which was accessible at the time of inspection. Upon review by inspectors, not all information was observed in the statement of purpose to ensure it accurately described the services and facilities to be provided to residents. Inspectors noted that the following improvements were required:

- Arrangements in place to access all allied health professional services
- Arrangements for pre-admission visits by potential residents to the centre
- Arrangements for the more frequent review of residents' personal plans during the annual interim period
- Arrangements in place for residents to access leisure activities and hobbies
- Arrangements in place for residents to access education, training and employment services
- The centres use of emergency lighting

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Overall inspectors found that the quality of care and experience of the residents was monitored and developed on an on-going basis in this centre. There was a clearly defined management structure that identified the lines of authority and accountability within the centre and the organisation.

Inspectors found that effective management systems were in place to support and promote the delivery of safe, quality care services. Unannounced audits by the Provider were conducted on a six monthly basis. Inspectors found work plans were devised by the management team to mitigate all actions arising from six monthly audit findings. An



annual review was also available on inspection as required by the regulations.

Inspectors found the centre was managed by a suitably qualified, skilled and experienced person. The PIC had appropriate qualifications in social care and demonstrated a good understanding of the regulations. While the PIC did not work directly in the centre, the management team also comprised of a team leader and a person participating in management (PPIM) as well as the area manager and provider. The team leader worked directly in the house and held a full time role. The team leader reported directly to the PIC and ensured quality systems were actively monitored and reviewed in the centre.

Inspectors found there were clear lines of authority whereby the PIC was supported by an area manager whom was also present at inspection. Staff spoken to were satisfied and felt supported in the governance structures in place. Inspectors found performance management systems were in place and well maintained.

**Judgment:**

Compliant

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

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The Provider was aware of the requirement to notify the Chief Inspector of the absence of the PIC and outlined the arrangements which were in place to cover any such 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):**

No actions were required from the previous inspection.

**Findings:**

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. Inspectors found there were sufficient resources to support residents achieve their individual personal plans. The centre had access to a full time vehicle and this was used to transport residents to various services.

There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents at the time of inspection.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there were suitable staffing levels and skill mixes allocated to care for residents. However, some gaps in the maintenance of schedule two documents were observed.

Inspectors reviewed a sample of staff rosters and noted that on the days of inspection, the roster reflected the number of staff on duty. Staffing levels were based on the needs of residents and were determined from on-going reviews of residents' needs by the multidisciplinary team. There were a range of health care supports available within the organisation, which included the services of a health and safety officer, occupational therapist, speech and language therapist, behavioural support specialist and a social worker.

The organisation had identified fire safety, abuse prevention, behaviour that is challenging and manual handling as mandatory training which staff were required to attend every three years.

Inspectors reviewed a sample of staff files and noted that they did not contain all the required documents as outlined in schedule two of the Health Act 2007. Inspectors found inconsistencies in the identification and recording of gaps in employment for two staff members. Inspectors were informed that this would be addressed post inspection.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that records as required by the regulations were maintained in the centre.

During the course of the inspection a range of documents, such as the residents guide, accident and incident log, medical records, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were made readily available to inspectors. Records were neat, clear and orderly.

All policies as required by schedule five of the regulations were available and up to date.

**Judgment:**

Compliant

**Closing the Visit**

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

### **Acknowledgements**

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

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

Catherine Glynn  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0002243
<b>Date of Inspection:</b>	15 November 2016
<b>Date of response:</b>	22 December 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:**

The provider failed to ensure a record was maintained of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**1. Action Required:**

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

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

We reviewed the complaints policy of the Organisation at a team meeting on the 6th of December, discussing the difference between a complaint and normal communication between a family member and staff, as well as the absolute necessity for any complaints received from families in any form to be logged on an Individual Complaints Form instead of the current practice of recording them in the daily lifestyle notes.

**Proposed Timescale:** 06/12/2016

**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:**

One contract of care had not been signed by the resident's representative.

**2. 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:**

We have met with the family of the remaining resident on several occasions in order to try to resolve their concerns regarding the frequency of the schedule of respite they receive. Following these meetings, we are confident that new arrangements to provide this individuals respite will address the family's concerns and a signed Individual Service Agreement will be in place for this resident by the middle of February.

**Proposed Timescale:** 20/02/2017

**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 personal plan had not been completed in full for one resident on or before 28 days of admission to the centre.

**3. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the

resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A keyworker has been appointed to support the resident concerned, with all care plans required scheduled to be completed by the 21st of December.

**Proposed Timescale:** 21/12/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The provider failed to adequate arrangements were in place for evacuating all persons in the designated centre. For example, there were no personal emergency evacuation plans in place.

**4. 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:**

All Personal Egress Evacuation Plans in place will be reviewed and comprehensively updated to ensure they contain all relevant information required.

**Proposed Timescale:** 20/12/2016

**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:**

The provider failed to ensure that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse in line with the centres' policy.

**5. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receives appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The two new members of staff who were identified as requiring Safeguarding Training attended on the 16th of November.

**Proposed Timescale:** 16/11/2016

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The provider failed to ensure that residents' personal plans comprehensively detailed residents nutritional health care needs.

**6. 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:**

The identified individuals dietary care plan has been reviewed and updated to give clear guidance around snacks.

**Proposed Timescale:** 06/12/2016

### **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:**

The provider failed to ensure that risk assessment and assessment of capacity was completed for all residents.

**7. Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

We will ensure that Self Medication Assessments are completed in respect of all individuals.

**Proposed Timescale:** 09/01/2017

### **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 provider failed to ensure that the designated centres' statement of purpose contained the requirements of schedule one as listed in the regulations.

**8. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

We will review and update the Statement of Purpose in respect of the Designated Centre and ensure that it meets the requirements of schedule 1.

**Proposed Timescale:** 09/01/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The provider failed to ensure that all staff files contained all information as required in schedule two.

**9. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The issues identified within staff files have been brought to the attention of the individual staff member concerned. The information required will be forwarded by the staff member and added to the staff members file.

**Proposed Timescale:** 09/01/2017

