

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Seirbhis Radharc Arainn
Centre ID:	OSV-0004955
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 July 2017 09:30 To: 19 July 2017 19:00

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

Outcome 02: Communication
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This announced monitoring inspection was carried out to monitor the centre's ongoing regulatory compliance. In addition the monitoring inspection was carried out to inform a decision on an application by the provider to vary the centre's conditions of registration in relation to an increase in bed spaces.

As part of the inspection, the inspector reviewed actions the provider had undertaken to address the findings of the previous inspection conducted at the designated centre on 17 and 18 November 2015. The designated centre is part of the service provided by the Brothers of Charity Ireland in Galway. The designated centre provided a full-time and part-time seven day residential services to adults with disabilities.

How we gathered our evidence:

During the inspection, the inspector met with seven residents and five staff members at the centre. On the day of inspection, the position of person in charge was vacant; however the inspector met with the centre's regional manager who was covering the

person in charge role in the interim. In addition, the inspector met with the centre's service coordinator and reviewed documentation such as residents' personal plans, health records, risk assessments, policies, procedures and staff files.

Description of the service:

The provider had submitted an application to vary the conditions of registration with the Health Information and Quality Authority (HIQA) and proposed that the centre's bed spaces was increased from four to nine through the addition of a five-bedded house which was part of a neighbouring designated centre. The proposed new designated centre comprised two detached houses in a rural setting in county Galway. One of the houses comprised a bungalow divided into three self-contained apartments and the second house's design provided private and communal facilities for three residents, along with a separate self-contained basement apartment. Although set in a rural setting, both houses within the centre had their own transportation, which enabled residents to access local shops and community facilities.

The provider had produced a document called the statement of purpose, as required by the regulations; on the proposed designated centre. The inspector found that the service in the main was being provided as described, although on the day of inspection the management structure as observed by the inspector was not in line with the statement of purpose.

Overall findings:

The houses within the centre were previously registered as part of two separate designated centres, however they were under the same governance arrangements by the provider and shared both a regional manager and service coordinator. Due to location and shared governance arrangements the provider had proposed the reconfiguration of the houses into one designated centre.

The inspector found that robust governance and management arrangements were in place in both houses within the proposed centre. Residents were supported to access a range of activities which reflected their assessed needs and choices by a suitably trained staff team in both houses. The inspector in addition found that residents in both houses were protected from risk and harm and received a good quality care service. Furthermore, the inspector found that the layout and design of both houses reflected residents' needs and were well-maintained and in a good state of repair.

Residents told the inspector that they liked living at the centre and were helped by staff to do activities of their choice such as sporting activities, personal shopping, preparing meals and going out for meals. In addition, residents told the inspector that they were involved in choosing the centre's menu and personalising their own bedrooms and apartments. The inspector found that staff knowledge reflected residents' personal plans and residents appeared comfortable and relaxed with all supports given to them during the inspection.

The inspector further found that the actions identified in the centre's previous inspection had been addressed by the provider within agreed timeframes and are referred to in the main body of this report.

Summary of regulatory compliance:

The centre was inspected against 12 outcomes. The inspectors found compliance in seven outcomes inspected. Moderate non-compliance was found in one outcome which related to the centre's fire safety arrangements. Substantial compliance was found in four outcomes which related to staff training, the centre's statement of purpose and the recording of when residents did not reside at the centre.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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 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):

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

Findings:

The inspector found that residents were supported in line with their communication needs. The inspector did not look at all aspects of this outcome and focused on actions taken by the provider to address the findings of the previous inspection.

The inspector found that residents' communication needs were assessed in their personal plans and reflected staff knowledge. In addition, communication passports had been developed for each resident which showed how residents would express their needs and how staff should support them. In addition, the inspector saw information displayed on other forms of communication at the centre such as sign language. Furthermore, information on the residents' personal goals and the provider's complaints process were available in accessible versions.

The previous inspection had found that residents' communication plans had been not consistently implemented. Following the last inspection, the provider had implemented actions to ensure that residents' communication needs were supported especially in assisting staff to communicate with one resident in their language of choice. The inspector found that the provider had recruited staff fluent in the resident's language and staff were supported to attend language classes. In addition, key phrases and their meanings were displayed in the resident's apartment to assist communicating with the resident.

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):

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

Findings:

The inspector found that written agreements reflected the services provided to residents as well as total fees and any additional charges.

The previous inspection had found that written agreements did not reflect all aspects of the service provided including additional charges to be met by the residents. Following the previous inspection, written agreements had been reviewed and the inspector found that they reflected the services provided and included total fees and any additional charges to be met by residents such as personal clothing and prescription charges.

Furthermore, written agreements sampled were signed by the resident or their representative as well as the provider and were available in an accessible version.

The centre had an up-to-date admission, transfers and discharge policy which reflected staff knowledge.

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):

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

Findings:

The inspector found that personal plans supported residents' needs and goals.

Residents had up-to-date personal plans based on a comprehensive assessment of their needs. Personal plans included areas of support such as independent living skills, diet and nutrition, communication and community activities. The inspector found that personal plans reflected staff knowledge and observed practices on the day of inspection. In addition, an accessible version of their personal plan was available to residents.

The previous inspection had found that residents did not have plans in place to achieve their personal goals. The inspector found in this inspection that residents' personal goals were identified through their annual personal outcome meetings which also reviewed the effectiveness of the personal plan to meet their needs. The inspector found that goals identified were recorded and planning sheets showed the stages to be undertaken including named staff supports and expected timeframes for achievement. In addition, the progress towards achieving each goal was recorded by staff.

In addition, the inspector examined review meeting minutes which showed that residents had attended the meeting along with family members and multidisciplinary professionals.

The inspector spoke with residents and sampled daily care notes and activity records and found that residents had access to a range of activities such as going for meals out, attending music concerts, sporting activities and going on holiday which reflected their personal plans and preferences.

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):

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

Findings:

The inspector found that the centre's design and layout reflected residents' needs.

The centre comprised of two detached premises. One house comprised of a self-contained basement apartment which consisted of a kitchen dining room, sitting room, resident bedroom with ensuite and staff accommodation. In addition, the house's ground floor comprised of two sitting rooms, two residents' bedrooms, a communal

bathroom and kitchen dining room, along with staff accommodation.

The second premise was a bungalow which was divided into three self-contained apartments. Each apartment comprised of two bedrooms, a sitting room, kitchen dining room and communal bathroom.

The inspector found that both premises were suitably decorated, well maintained and reflected residents' needs. The inspector found that residents' bedrooms and apartments reflected their preferences and were decorated with personal ornaments, family photos and art work. Residents were happy to show the inspector their rooms and apartments, with one resident telling the inspector that they had recently decorated their bedroom and bought new curtains.

The previous inspection had found that not all resident had access to both kitchen and laundry facilities. The inspector found that all residents following the previous inspection had access to both kitchen and laundry facilities either communally or in their own self-contained apartments.

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:

The inspector found that residents were protected from risk at the centre, although the effectiveness of fire safety arrangements for part-time residents had not been assessed.

The previous inspection had found that not all risk at the centre had been assessed and control measures put in place. The inspector reviewed the risk registers for both houses within the centre and found that they were up-to-date and reflected risks associated with both residents and the centre's premises.

Both houses had an up-to-date safety statement and risk assessments were regularly reviewed and reflected both staff knowledge and observed practices on the day of inspection. The inspector reviewed the centre's accident and incident records and found that agreed actions and learning from recorded events was reflected in residents' personal plans, behaviour plans and risk assessments as well as staff knowledge. In addition, accidents and incidents were discussed with staff in the centre's team meetings.

The inspector was shown health and safety audits undertaken by staff and the person in charge, which were completed in line with the provider's policies and procedures.

Both houses were equipped with suitable fire equipment such as a fire alarm, emergency lighting, call points, fire exit signage, key break glasses and fire extinguishers. However, although fire doors were installed in both houses, the inspector observed in one residents' apartment that the kitchen and bedroom fire door was wedged open mitigating their effectiveness in the event of a fire.

The inspector found that fire equipment was regularly serviced by an external contractor. In addition, the previous inspection had found that in-house fire safety checks had not been consistently implemented at the centre; the inspector reviewed records and found that since the previous inspection, fire safety checks were completed by staff either weekly, monthly or quarterly in line with the provider's policies.

There was evidence that simulated evacuation drills had been carried out in both houses and that residents' person emergency evacuation plans (PEEPs) were up-to-date and reflected staff knowledge. However, in one house which provided respite care to a resident, fire drill records did not show that the resident had been part of a drill and that minimal staffing levels had been assessed to ensure they were effective in evacuating the house when at full occupancy.

The inspector observed that the evacuation plan for each house was displayed prominently along with an accessible version for residents. In addition, the inspector found that staff knowledge reflected both the houses' evacuation plans and all staff had received up-to-date fire safety training.

The inspector further reviewed training records and found that all staff at the centre had received up-to-date manual handling training.

In both of the centre's houses, the inspector observed displayed information on infection control practices such as hand hygiene as well hand sanitisers, protective gloves and aprons being available.

Judgment:

Non Compliant - Moderate

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:

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were protected from harm and abuse, although not all staff had received training in positive behaviour management.

Residents told the inspector that they were supported by the staff to do activities of choice such as sporting activities and personal shopping. The inspector observed that throughout the inspection, staff supported residents in a dignified and respectful manner which reflected their personal plans. In addition, residents appeared comfortable and relaxed with the support they received from staff.

The centre had a policy and procedure in place on the prevention, detection and investigation of abuse, which reflected staff knowledge and all staff had received up-to-date safeguarding of vulnerable adults training. The inspector observed that information was displayed prominently in the centre's houses on how to raise a safeguarding concern including the contact details and photograph of the provider's designated safeguarding officer

The inspector found that identified safeguarding concerns were reflected in residents' personal plans, risk assessments and behaviour support plans. Furthermore, records showed that safeguarding interventions were reviewed regularly by the regional manager and the provider's designated safeguarding officer as well as multidisciplinary professionals such as psychologist and social workers. In addition, staff knowledge and practices on the day of inspection reflected safeguarding plans reviewed by the inspector.

The inspector sampled residents' behaviour support plans and associated risk assessments which were developed in conjunction with the provider's senior clinical psychologist and regularly reviewed. Behaviour support plans included descriptions of residents' behaviours of concern as well as proactive and reactive support strategies. The inspector found that staff knowledge reflected behaviour plans and risk assessments reviewed, however, staff records showed that not all that not all staff had received positive behaviour management training.

The inspector reviewed the centre's restrictive practices such as door sensors and one-to-one community supervision and found that all practices had a clear rationale for their use and were regularly reviewed by the provider's human rights committee. Furthermore, staff knowledge on the use and rationale for restrictive practices at the centre reflected documents seen by the inspector.

Judgment:

Substantially 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):

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

Findings:

The inspector found that residents were supported to manage their health.

The inspector reviewed healthcare records and found that residents in line with their needs had access to a range of allied health professionals including general practitioners, psychiatrists, hospital consultants, chiropodists and dentists. The inspector found that residents' healthcare plans were up-to-date and reflected both current medical interventions and staff knowledge. In addition, the inspector reviewed records which showed that staff had advocated on behalf of residents to access medical treatment due to observed health concerns.

The previous inspection had found that residents' nutritional interventions were not effective in relation to weight management. The inspector reviewed residents' nutritional interventions and found that they included advice on healthy eating and exercise. In addition, residents' weight management and activity records showed that they were supported to have a healthy lifestyle.

Food records were maintained at the centre and showed that residents had access to varied, nutritious and well balanced meals which also reflected their personal preferences. Residents told the inspector that they choose the weekly menus and were involved in preparing meals subject to their abilities, which was reflected in discussions with staff.

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):

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

Findings:

The inspector found that the centre's medication arrangements reflected the organisation's policies and procedures.

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on prescribed medications such as administration times, route and dosage.

The person in charge told the inspector that medication was only given by staff once they had completed the provider's 'safe administration of medication training which was reflected in records examined and staff knowledge. In addition, the names of all trained staff were recorded in a signature bank included in each resident's medication administration records.

The inspector observed that medication was securely stored at the centre, with out-of-date medication being segregated from current medications. Out of date or discontinued medication was returned to a local pharmacy, and staff knowledge and records reviewed reflected this practice.

The previous inspection had found that medication errors at the centre had not been identified and investigated. The inspector found that following the previous inspection, medication errors were now recorded in the centre's accident and incident records. The person in charge told the inspector that following an error being identified the causes were investigated and if appropriate staff would not administer medication until they had undertaken re-training in this area, which reflected the provider's medication policy.

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):

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

Findings:

The inspector found that the centre's statement of purpose did not reflect the observed management structure on the day of inspection.

The previous inspection had found that the centre's statement of purpose did not contain all information required under Schedule 1 of the regulations. The inspector reviewed the centre's statement of purpose and found that although it reflected the services and facilities provided, the management structure described in the document did not reflect arrangements in place on the day of inspection and staff knowledge in relation to the person in charge.

The inspector found that the centre's statement of purpose was available to residents in an accessible version and reviewed annually.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that management systems in place at the centre ensured that residents received a safe and quality care service in line with their assessed needs.

At the time of the inspection, the centre did not have a person in charge in place; with cover arrangements being provided by the centre's regional manager. The regional manager was full-time and suitably qualified and the inspector found them to be knowledgeable on residents' needs. The regional manager told the inspector that they had a regular presence in the centre's houses and was additionally available by email and the telephone, which was reflected in discussions with staff.

The regional manager told the inspector that the provider intended to appoint the centre's service coordinator in the role of person in charge once they had completed an appropriate qualification in health or social care management. The inspector met with the service coordinator and found them to have suitable experience and knowledge on residents' needs and was actively involved in the management of the centre.

Staff told the inspector that they found both the regional manager and the service coordinator to be supportive and approachable and they would have no reservations in

bringing concerns to them about the centre.

The inspector reviewed team meetings meeting for the centre's houses and found that they were regular in nature and facilitated by the regional manager and, or the service coordinator. Meeting minutes showed that discussion occurred on residents' needs, organisational policies and staff training needs. In addition, the inspector was told by both the person in charge, service coordinator and staff that arrangements were in place for staff to receive formal one-to-one supervision from their respective line manager.

The inspector looked at management audit systems in place at the centre which included weekly resident finance checks, reviews of accident and incident records and health and safety audits. The inspector found that audits were completed in line with the provider's policies and where areas for improvement were identified these were addressed within agreed timeframes.

The inspector found that both six monthly unannounced provider visits and annual reviews into the quality of care and support provided for both houses had been completed and were available. The person in charge further confirmed that arrangements would be put in place once the two houses were part of the same designated centre.

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):

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

Findings:

The inspector found that residents' assessed needs were supported by an appropriate number of suitably qualified staff. However, the centre's rosters did not reflect staffing arrangements on the day of inspection and staff had not received training in line with the statement of purpose.

The previous inspection had found that personnel records did not include full employment histories for staff employed at the centre. The inspector reviewed a sample of staff personnel files and found that they now contained full employment histories as

well as all other information required under Schedule 2 of the regulations.

The centre had a planned roster for each house within the centre; however the inspector found that the roster in one house did not accurately reflect staff working arrangements on the day of inspection.

The inspector reviewed residents' personal plans, behaviour support plans, risk assessments and activity records and found that staffing levels in both of the centre's houses were in line with residents' assessed needs and enabled them to access both scheduled and activities of their choice. Throughout the inspection, the inspector observed residents' needs being addressed in both a dignified, respectful and timely manner, with some residents having designated one-to-one support

The inspector reviewed staff records and found that not all staff had completed personal outcomes training as required under the centre's statement of purpose.

Staff told the inspector that the person in charge and service coordinator were present in the centre and available to provide support and supervision when required. In addition, the person in charge and service coordinator told the inspector that they provided regular formal supervision to staff, which involved discussions on roles and responsibilities, residents' needs and training requirements, which was reflected in the inspector's discussions with staff.

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):

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

Findings:

The inspector found that the centre had an up-to-date directory of residents; however records did not record residents' absences from the centre.

The previous inspection had found that the information required as part of the centre's directory of residents was located in different locations and not easily accessible. The inspector found that the provider had reviewed the centre's directory of residents following the previous inspection and ensured that information was maintained in compliance with regulations and easily accessible.

However, the inspector found that the centre did not consistently record dates when residents had not resided at the centre or accessed respite care.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Stevan Orme
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-0004955
Date of Inspection:	19 July 2017
Date of response:	08 August 2017

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 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 inspector found that fire doors were wedged open at the centre.

1. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

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

Doors to be changed and automatic door closers installed.

Proposed Timescale: 01/09/2017

Theme: Effective Services

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

The centre's fire evacuation records did not show that a part-time resident had been involved in a fire drill and that the effectiveness of minimal staffing arrangements had been assessed when the centre was at full occupancy.

2. Action Required:

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

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

Fire drill will be carried out with part time resident during next respite stay in August 2017.

Fire drill will be carried out with minimal staffing arrangements on 28th August 2017. This to be repeated on alternate fire drills going forward.

Proposed Timescale: 25/08/2017

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 inspector found that not all staff had received positive behaviour management training.

3. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff are booked in for Studio III training on 1st, 2nd, 3rd August 2017.

Proposed Timescale: 03/08/2017

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 inspector found that the statement of purpose did accurately reflect the centre's management structure.

4. 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:

Statement of purpose updated to accurately reflect the centre's management structure.

Proposed Timescale: Completed on 21/07/2017

Proposed Timescale: 08/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The centre's roster did not accurately reflect staff working arrangements on the day of inspection.

5. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Roster updated.

Any changes to roster are now adjusted to ensure that it accurately reflects staff working arrangements each day.

All team leaders will be reminded of this at next Team Leader Meeting which in turn will be brought to all house meetings

Proposed Timescale: 19/08/2017

Theme: Responsive Workforce

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

Staff had not received all training in line with the centre's statement of purpose.

6. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Staff training has been scheduled for 1st, 2nd, 3rd August for Studio III and Person Outcomes Training on 05/10/2017. The statement of purpose will be updated to reflect the training schedule for new staff.

Proposed Timescale: 05/10/2017

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 centre did not consistently maintain records on when residents had not resided at the centre.

7. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

Chart to be implemented in the centre to include details of when residents had not resided in the centre. Organisation to review current electronic system of absences to include part time residents.

Proposed Timescale: 04/08/2017

