

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Acorn Services
<b>Centre ID:</b>	OSV-0005041
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	5

## **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: 09 January 2017 12:30 To: 09 January 2017 16:15

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

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 13: Statement of Purpose
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This announced inspection was carried out in response to an application to vary the designated centre's conditions of registration. The nature of the variation was the addition of two separate housing units, situated in a fully refurbished property. This inspection focused on the suitability of the proposed new property for inclusion in the designated centre. The remainder of the designated centre was registered following an inspection in October 2015 and was not further examined at this inspection.

How we gathered our evidence:

As part of the inspection, the inspector inspected the new property and met the person in charge, area manager and team leader. There were no residents occupying the centre. The management team who met the inspector were knowledgeable of the residents who would be moving to the centre and were aware of their legal responsibilities.

Although the centre was not operational, the person in charge supplied some documentation, such as personal care plans, risk assessments, transition plans and a service contract for the inspector to view.

Description of the service:

The entire designated centre comprised two houses and two apartments. However,

the property viewed at this inspection was made up of a large single-storey dwelling set in a rural area, which was divided into two self-contained units that had been upgraded to meet the needs of residents. This was well-equipped and comfortable, with adequate living space. Four people had been identified for admission to this service.

It was intended that the proposed new property will provide residential services and planned short breaks for individuals with moderate to severe intellectual disabilities and or autism, some of whom have associated mobility issues.

Overall judgment of our findings:

Overall, the inspector found that the provider had put systems in place to ensure that the regulations would be met and to ensure positive and safe experiences for residents. Good practice was identified throughout the service and all of the seven outcomes examined were found to be compliant.

The premises were clean, comfortable and suitable for residents' needs. Fire safety systems were in place. Staffing levels had been determined based on the assessed needs of residents. The person in charge had developed admission transition plans for all the intended residents and service agreement were prepared for agreement when required.

Details of the findings are described in the report. The reasons for these findings are explained under each outcome in the report. There were no actions arising from this inspection.

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The person in charge showed the inspector a sample of the agreement for the provision of services that would be used in the centre. The inspector noted that the document was informative and clearly described the services that residents would receive. The person in charge explained that these agreements would be discussed with and agreed by residents and or their families as soon as admission dates to the service were agreed.

During the registration inspection of this centre in October 2015, the inspector found that each resident had a written agreement that outlined the service provided, the fees being charged, and also outlined any additional charges payable by the resident.

During the registration inspection, it was also found that the admission procedure, including transfers, discharges and the temporary absence of residents, were compliant with the regulations.

**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.*

<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> This outcome was not reviewed in full at this inspection, but focussed on transition arrangements for residents moving to the centre.</p> <p>The person in charge had developed transition plans for the transition of residents into the new portion of the centre. The inspector viewed a sample of these plans and found that they were suitable and provided detailed guidance on how the moves would be managed. The plans allowed adequate time for the transition to take place in an unhurried manner.</p> <p>The centre was not occupied at the time of inspection, but the person in charge told the inspector how residents' social care needs would be met.</p> <p>The person in charge explained that an annual personal planning meeting would be held for each resident, as is current practice in the centre. These meetings would be attended by the resident, a key worker and the resident's family or representative. It was intended that residents' personal plans and goals for the year would be agreed at these meetings. She also stated that multidisciplinary team input on social and health care needs would be included in these meetings.</p> <p>No issues with personal planning were identified at the registration inspection of this centre in October 2015.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 06: Safe and suitable premises</b> <i>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.</i></p>
<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b></p>

The design and layout of the centre was suitable for its stated purpose. The unit that the provider had applied to include in the designated centre was a house that had been extensively refurbished to include two self-contained units. The building had been refurbished to accommodate three respite residents in one unit, and one resident in a separate self-contained apartment.

One unit comprised a house with three bedrooms for residents, one of which had an en suite bathroom. There was an additional well-equipped accessible bathroom and also a separate toilet.

The second unit was an apartment, with one bedroom with en suite bathroom, sitting room and kitchen. There were two bedrooms, a bathroom, and an office for staff use, which were located close to both units.

There was also a well equipped kitchen, utility room, sitting room and an additional bathroom in the house. The apartment was fitted with facilities suited to the assessed needs of the resident intended to reside there. In both units, the rooms were bright and furnished, and the building had been finished to a high standard to promote residents safety, dignity, independence and well being.

There were laundry facilities in each unit, where residents will be able to do their own laundry if they wish to.

Residents will have access to separate secure enclosed gardens at the rear of each unit, although the lawn required some further development. The person in charge said that this could not be completed in current weather conditions, but would be completed in the spring when weather permitted.

The person in charge outlined suitable arrangements for the disposal of general waste which were already in place in the designated centre. There was a contract in place with an external company for the supply of bins and removal refuse from the centre. These were emptied by contract with a private company. It was anticipated that no clinical waste would be generated. There had been no issues with refuse disposal arrangements during the last inspection of this centre.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector was satisfied that the variation to the centre would not impact on the provision of a safe environment for residents. There were systems in place to promote the health and safety of residents, visitors and staff.

There was a safety statement and a risk management policy. A range of general risks associated with the running of the service had been identified. The person in charge stated that the risk register would be reviewed and updated shortly after the move to identify any further risks that may occur upon occupation of the houses. In addition, she explained that individual personal risk management plans were in place for each resident, and that these would also be reviewed, and updated if required, following admissions.

Precautions against the risk of fire had been introduced. The person in charge showed the inspector that, as part of the recent refurbishment of the building, new fire alarms, fire extinguishers, emergency lighting and fire doors had been provided.

She also stated that all staff would have induction training in the house in the coming days and this would include fire safety and an evacuation drill. The person in charge planned for all staff and residents to participate in a fire evacuation drill shortly after occupation and for a minimum of quarterly fire drills thereafter, one of which is to take place at night. She stated that fire drills, servicing of fire drills and alarms by external consultants, and internal checks of equipment would continue to be carried out in line with the organisation's current practice.

**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):**

No actions were required from the previous inspection.

**Findings:**

The person in charge had updated the statement of purpose to reflect the proposed variation to the centre.

The statement of purpose was informative, described the services that the designated centre intended to provide, and generally met the requirements of the regulations.



There were, however, some minor adjustments to the statement of purpose required at the time of inspection, but these were addressed immediately following the inspection and a suitable, revised version was supplied to HIQA.

The person in charge intended to review the statement of purpose annually.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

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

**Theme:**  
Responsive Workforce

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

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

**Findings:**

The inspector found that the proposed staffing levels in the new designated centre were adequate.

The management team told the inspector that the staff who would be assigned to this centre were already employed in the organisation and knew the proposed residents. The proposed staffing level was based on the assessed needs of the intended residents.

During the registration inspection of this centre, the inspector found that all staff had received the required mandatory training. The person in charge confirmed that all staff would continue to be trained in line with the organisation's training schedules and that additional training would be provided as required.

Staff recruitment was not reviewed at this inspection, as this was found to be in compliance with the regulations at the registration inspection in October 2015.

**Judgment:**  
Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in*

*Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

This inspection was in respect of a new property which was not previously part of this centre. The provider had made an application to vary conditions of registration to include this property in the designated centre. This was the first inspection of this property by HIQA.

The inspector were satisfied that records required by the regulations will be maintained in respect of the centre.

During this inspection, the person in charge showed the inspector some personal planning and health and safety documentation which was of a good standard. The residents' guide was also viewed and found to be satisfactory.

During the registration inspection of this centre in October 2015, the inspector found that all required documentation and records, including policies, directory of residents and residents guide, were available and in compliance with the regulations. The person in charge confirmed that all records and documentation would continue to be maintained to this standard.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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