

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Newmarket Residential
Centre ID:	OSV-0005528
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

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 1 day(s).

The inspection took place over the following dates and times

From: 17 January 2017 09:15 To: 17 January 2017 17:15

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:

This inspection was the first inspection of the centre by The Health Information and Quality Authority (HIQA). This was a new centre which planned to provide supported residential services for two residents, the centre was pending registration and not operational at the time of this inspection.

How we gathered our evidence:

Prior to the inspection the inspector reviewed the documents submitted by the provider with the application for registration of the centre. The inspector reviewed HIQA questionnaires designed to elicit feedback on the supports and services provided and completed on a voluntary basis by residents and their families. The

inspector reviewed policies and procedures, fire and health and safety related records, and records pertaining to staff and residents.

The inspector spoke with both residents who came to the centre with staff specifically to meet with the inspector. The inspector found residents to be engaged and confident and they spoke freely of their achievements and plans, their interests, the support they received from staff, the importance of family and home, friendships and community links. It was evident that residents through the transition plan were developing a sense of ownership of the house. There was evidence of bonds developed with staff as residents enquired as to the whereabouts and well-being of different staff members.

The inspection was facilitated by the person in charge and the provider representative attended verbal feedback at the conclusion of the inspection.

Description of the service:

This was a new centre that had been sourced by the provider for the provision of residential services for two residents from the local community. The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service to be provided was as described in that document.

Overall Findings:

The inspector was satisfied that there was good staff knowledge of residents and regulatory requirements; governance arrangements and systems were in place that should ensure regulatory compliance once the centre was operational. There was clear evidence from staff and from the residents that transition to the centre was planned to facilitate its success and ensure positive outcomes for the residents. For example the residents and their families were involved in the planning of the centre and staff currently working with the residents were relocating to the centre with them.

Two actions emanated from the inspection. Storage was required to ensure that medicines were securely stored.

A fire safety inspection commissioned by the provider had noted that there was only one means of escape from the centre, that this was a cause for concern and that the provision of a second means of escape should be considered. HIQA required clarification and a definite recommendation from a suitably qualified person with experience in fire safety to determine if a second escape route was required or not, ideally from the consultant that made the observation.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Over the course of the inspection staff spoken with articulated an ethos of support that was focussed on the resident, their needs and choices and their circle of support. The inspector found residents to be confident, engaged and informed.

There was documentary evidence of consultation with and the participation of residents and their families in the planning of the centre. There was documentary evidence that residents and their families were consulted with and communicated with on an ongoing basis. The person in charge said that once operational, residents would be involved on a daily basis in decisions in relation to their supports and the operation of the house.

The provider operated an internal advocacy network; meetings were held in the local area. There was documentary evidence that residents participated in this process as they choose. Access to an external advocate from the national advocacy service for persons with a disability was facilitated as requested or necessary.

Staff were aware of each residents preference as to and the importance of religious observance and said that this was/would be facilitated based on resident choice.

There was documentary evidence that residents had participated in "community life" classes where awareness and knowledge of their rights and "their voice" was developed.

Staff confirmed that the provider's policy and procedures on the receipt and management of complaints would be implemented in the centre. Staff spoken with had a good understanding of the management of complaints and confirmed that a log of complaints would be maintained once the centre was operational. Families surveyed

were aware of who to speak to if they had a concern or a complaint.

There were policies and procedures on safely supporting residents to manage their personal finances. Templates of the relevant financial records to be completed and maintained by staff once the centre was operational were in place

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

Both residents had good verbal communication ability and good comprehension of the spoken word. Communication support plans were in place however and any support that was required to ensure good and effective communication was clearly outlined. For example staff were aware that one resident may be reluctant to express what might be perceived as a negative opinion and that staff should be aware of this and attuned to other cues such as facial expression.

Residents had good access to and enjoyed music and television; one resident had attended computer classes and had successfully used Skype to contact family.

Staff said that they had used some assistive interventions including pictorial/photographic prompts in the past to establish routines but these were no longer necessary.

Judgment:

Compliant

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

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

This centre was planned so as to provide support to two residents in their community of origin close to their families and other community supports. It was clear on speaking with residents that this was important to them and they were clearly informed and involved in local events. Residents spoke of family, family relationships and the support received from family but also the friendships they had developed outside of their family circle. One resident told of how with staff support he maintained a long established friendship through weekly meetings for lunch.

Staff said and there was documentary evidence that the service was planned in consultation with families. Staff spoken with were clear on the requirement for ongoing communication and consultation with families.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The provider had policies and procedures governing admission to, and discharge and transfer from the designated centre. The inspector saw that the admission policy referenced regulatory requirements including the requirement for admission practices to take account of the need to protect residents from abuse by their peers.

A sample template was in place of the contract for the provision of supports and services to be agreed with each prospective resident. The sample contract satisfied regulatory requirements.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector saw that in preparation for admission and to ensure that arrangements were in place to meet resident's needs, a comprehensive assessment of each resident's personal, social and healthcare needs had been completed. Residents, families and other relevant stakeholders had participated and inputted into this process. From the information gathered staff had compiled personal plans of support that identified residents strengths, areas where staff support was required, review dates and responsible persons.

Transition plans were in place that acknowledged both the positive impact and the challenges for residents in moving into the centre. Strategies were implemented to support successful transition, for example the recruitment of familiar staff, resident involvement in the preparation of the premises, plans for developing life skills and a gradual process of the introduction of the centre as home to residents, for example visiting the house with peers to have lunch.

It was evident on speaking with residents that they had, supported by family and staff achieved goals and had further plans. Staff spoke of goals in the context of learning, development and increased independence for residents rather than once off events or occurrences. The person in charge confirmed that once operational this process would be formally integrated into the personal plan.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The location, design and layout of the premises were suited to its stated purpose.

The premises consisted of a ground floor apartment of fairly recent construction; on visual inspection it was in a good state of repair and in good decorative order.

A spacious communal room was accessed from the main hallway as was the kitchen and dining area. The kitchen was suitably fitted and equipped and adequate dining facilities were available.

Each resident was to be provided with their own bedroom; bedrooms offered sufficient space including provision for personal storage.

Each bedroom had en-suite sanitary facilities consisting of a universally accessible shower, toilet and wash-hand basin.

There was a further bathroom available again consisting of a universally accessible shower, toilet and wash-hand basin.

A third bedroom had been converted to use as a staff office/sleepover room.

There was a separate utility area with laundering facilities and an adjacent but separate storage closet.

The provider had arranged for an occupational therapy review and further to this one item of assistive equipment was recommended and in place.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were measures in place to promote the safety of residents, staff and other persons such as visitors to the centre; these measures including policies and procedures, responsible persons, the identification of hazards and systems of review and monitoring, for example of incidents and accidents. However, review and assurance was required in relation to the existing fire safety measures.

The inspector saw that a current health and safety statement was in place; the statement was due for review in 2017. There were policies and procedures in place for the identification, assessment and management of hazards and the management of incidents, accidents and adverse events.

The inspector reviewed the centre specific register of risks and saw that a comprehensive range of environmental and work related risk assessments had been completed. The risk register included the risks as specifically required by Regulation 26 (1) (c), for example the risk of self-harm or the unexpected absence of any resident. Resident specific risk assessments and plans were included in the personal plan and controls required to reduce risk were reflected in the supports to be provided.

There was a plan for responding to emergencies including the contingencies for any requirement to evacuate the centre and provide alternative accommodation for residents.

On visual inspection the inspector saw that the premises was serviced by an automated fire detection system, emergency lighting and fire fighting equipment. Certificates of installation and testing were available dated October 2016 and January 2017. There were procedures on the management of fire safety measures going forward including inspection and testing at the prescribed intervals and in-house inspections by staff.

Staff had completed a successful simulated fire drill with residents and on the findings of this drill staff had completed a personal emergency evacuation plan (PEEP) for each resident. The person in charge confirmed that once the centre was operational, regular drills would be undertaken and PEEPS would be reviewed as necessary.

A fire inspection report commissioned by the provider in September 2016 had made several recommendations, for example at the time of the fire inspection the fire detection system was not automated and fire fighting equipment was not in place; these recommendations had been acted on. However, the inspector saw that there was only one escape route and exit via the main entrance.

A finding of the fire inspection report was the fact that there was only one exit was "a cause for concern" and "consideration" of a second exit was recommended; this recommendation was not acted on. The inspector saw that the escape route appeared to be fitted with fire doors however, the doors were not fitted with approved self-closing devices that ensured protection of the escape route.

Regulation 28(2)(c) states that the registered provider shall provide adequate means of escape and Regulation 28(3)(a) places a duty on the registered provider to make adequate arrangements for containing a fire. Given that the absence of and the recommendation for the need for a second escape route was identified in a fire

inspection report, HIQA required clarification and a definite recommendation from a suitably qualified person with experience in fire safety to determine if a second escape route was required or not, ideally from the consultant that made the observation.

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:

Safe Services

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

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

Findings:

There were measures in place to protect prospective residents from harm and abuse. These measures included organisational and national policies and procedures, a designated person, risk assessments and staff training. Staff spoken with had a sound understanding of their reporting responsibilities and the providers reporting procedures. Staff said that residents had good capacity for self-care and protection and in their experience did raise any worries or concerns they might have with staff. Risk assessments and plans seen by the inspector outlined how staff were to support and explore with residents any articulated concerns.

Staff spoken with confirmed their attendance at safeguarding training.

Staff said that based on their knowledge and assessment of residents the expectation was there would be minimal evidence of behaviours of concern or risk; this was reflected in records seen. Staff had however completed relevant training in the management of potential and actual aggression (MAPA). Residents as necessary had access to support from psychiatry and the behavioural therapist. Therapeutically focussed plans to manage any known behaviours were in place and were described in detail by staff spoken with.

On speaking with staff, staff were clear on what may constitute a restrictive practice and had reflected on their possible requirement once the centre was operational.

Staff confirmed that oversight of the use of restrictive practice within the organisation was provided by the principal psychologist and/or the behaviour support specialists.

<p>Judgment: Compliant</p>

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were risk based policies and procedures for the recording, reporting, investigation and learning from any incidents, accidents and adverse events that may happen once the centre was operational. The electronically generated record alerted the person in charge to such events but she said that staff would also generally contact her by phone. The person in charge had good knowledge of the events that required submission by her to the Chief Inspector as prescribed by Regulation 31, for example any serious injury to a resident or any alleged abuse.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that staff were committed to working with and supporting residents in achieving positive quality of life outcomes, promoting opportunities to enjoy new experiences, develop their interests, learn new skills and maintain and enhance their independence.

Both residents attended the day service Monday to Friday. Residents spoke of their interests, and events and holidays that they had enjoyed, in particular sport and music, with both staff and family support. Residents were supported to participate in the local tidy town initiative, use local amenities, attend local musical events, go to the gym, dine out and have opportunities to meet with peers.

There was documentary evidence that residents, in line with their skills and expressed preferences were also supported to explore new experiences such as independence in daily living skills, accessing and using public transport and going on holiday.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

The person in charge confirmed that following admission residents would continue to have access to their preferred General Practitioner (GP) and staff would continue to work with residents and their families to ensure the best possible health for residents.

Staff spoken with were aware of resident's healthcare requirements and there was documentary evidence that staff had sought the information required to ensure that they would have the required supports in place. The baseline assessment of needs included the assessment of healthcare and nutritional requirements.

There was documentary evidence that in line with their assessed needs residents had access to the relevant healthcare service.

Staff had compiled healthcare support plans and there was evidence of monitoring records, for example of body weight. However, the inspector recommended that these plans would benefit from review to ensure that there was one complete record of the interventions required, guidance for staff on normal benchmarks of wellbeing, indicators of ill-health and when medical advice and assistance was required.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were policies and procedures in place to support safe medicines practice once the centre was operational.

The person in charge confirmed that only medicines that were prescribed would be administered; staff had completed medicines management training.

There was a medicines prescription record to be completed prior to admission and an administration record to be completed by staff. The person in charge said that prescribed medicines would be supplied by a community based pharmacist in a compliance aid.

Staff had formally assessed each resident's ability and willingness to participate in the management of their medicines.

The person in charge said that measures to be implemented to enhance the safety of medicines management including the checking of all medicines supplied against the prescription, stock balance reconciliation and the verified return of any unused and unwanted medicines to the pharmacy.

The person in charge was a registered nurse and confirmed that there were procedures in place for the regular audit of medicines management practice and the review of any medicines related incidents.

However, facilities for the secure storage of medicines were not yet in place.

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The statement of purpose contained all of information prescribed by Regulation 3 and Schedule 1. The inspector was satisfied that the statement accurately described the centre and the supports and services to be provided.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector was satisfied that there were governance systems in place that would ensure the effective management of the centre once operational. The management team was identified; there was clarity on individual roles, responsibilities and reporting relationships.</p> <p>The person in charge worked full-time. The person in charge was suitably qualified; she was a registered nurse in intellectual disability and was also qualified in health services management. The person in charge had established experience in working with and supporting persons with a disability and established experience in a management role. The person in charge had responsibility for other designated centres and she was confident that she had the capacity and governance supports to effectively manage the services under her remit.</p> <p>The governance of the centre included the plan for its effective management once operational. Currently the person in charge was supported by an experienced regional manager who was a person participating in management (PPIM). A second PPIM was to be appointed once the centre was operational. The inspector met with this proposed</p>

PPIM who was also suitably qualified and experienced and had good knowledge of the residents who were to live in the centre.

All members of the management team had established working and reporting relationships to each other. There were formal monthly regional management and senior management team meetings. Additional supports such as from quality and assurance were available as required.

The provider operated a formal system of staff supervision and annual performance reviews for all grades of staff. Centre based staff team meetings were to be held every six to eight weeks.

Overall staff articulated during the course of the inspection good knowledge of regulatory responsibilities and the delivery of quality person-centred care and services. The person in charge confirmed that there were established systems of review and once operational the centre would be the subject of an annual review and unannounced visits to the centre as required by Regulation 23 (1) (d) and (2).

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):

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

Findings:

The provider was aware of its requirement to notify HIQA of periods of absence of the person in charge as prescribed by Regulation's 32 and 33. Arrangements were in place for the management of the centre in the absence of the person in charge. The centre in these situations was managed by nominated persons participating in the management of the centre.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in

accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspection findings indicated that the centre was and would be adequately resourced to ensure the provision of the required supports and services. The provider representative and the person in charge confirmed this.

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:

Staffing arrangements were based on the assessed needs of the two residents. The person in charge confirmed that the agreed ratio was one-to-one support at all times when residents were present in the centre and a sleepover night staff arrangement.

The person in charge said that one resident had requested input into the recruitment process and this was facilitated.

Some staff were in post and providing supports to the residents in preparation for the opening of the centre. Staff files were available for the purpose of inspection. The sample reviewed was well presented, demonstrated good recruitment practice, and contained all of the information required by Schedule 2.

If there was a requirement for relief staff these were available from the provider's local bank of relief staff.

Individualised records of training completed by staff were maintained. From these the

inspector saw that staff had completed mandatory training in safeguarding, fire safety, manual handling and responding to behaviours that challenged. Staff had also completed further relevant training including medication management training, first aid, epilepsy awareness, infection prevention and control, nutritional supports and the planning and provision of personal supports.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The centre was not operational, however, the inspector was satisfied that 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 either were in place or would be in place.

The person in charge had secured a suite of the policies required by Schedule 5.

There was documentary evidence that the provider had the required liability insurance in place.

The residents guide was available in a user-friendly format and contained all of the required information.

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:

Mary Moore
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-0005528
Date of Inspection:	17 January 2017
Date of response:	22 February 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:

There was only one escape route via the main entrance; a finding of the fire inspection report was the fact that there was only one exit was "a cause for concern" and consideration of a second exit was recommended.

1. Action Required:

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

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

including emergency lighting.

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

To ensure adequate means of escape a second exit will be installed.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Fire doors were not fitted with approved self-closing devices that ensured protection of the escape route.

2. Action Required:

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

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

Fire doors will be fitted with self-closing devices, ensuring protection of escape route

Proposed Timescale: 31/03/2017

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:

Facilities for the secure storage of medicines were not yet in place.

3. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Medication cabinet now in place for secure storage of medication

Proposed Timescale: 31/01/2017