

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0005020
<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>	Raymond Lynch
<b>Support inspector(s):</b>	Ann-Marie O'Neill
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From:	To:
02 November 2015 09:00	02 November 2015 20:30
03 November 2015 10:30	03 November 2015 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an announced inspection and forms part of the assessment of the application for registration by the provider. The centre was part of the Brothers of Charity and comprised of three residential houses, two adjoining semi detached houses and a bungalow in close proximity.

The inspection took place over two days and as part of the inspection process, practices were observed and relevant documentation reviewed such as care plans, health care records, accident logs and policies and procedures. The views of residents and staff members of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory.

The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

Over the course of the two days, inspectors found that the residents, person in charge, team leaders and staff to be courteous, supportive and helpful with the inspection process.

Generally, inspectors found that residents received a good quality of service in the centre. Staff supported residents in making decisions and choices about their lives. The centre had a homely atmosphere and inspectors found that residents were more than happy to speak with both inspectors about their home.

A number of relatives' questionnaires were received by the Authority during the inspection. The opinions expressed through the questionnaires reflected that families were generally satisfied with the services provided.

Evidence of good practice was found across all outcomes. However, inspectors found that risk management practices were inadequate. An immediate action was issued due to the immediacy of the actions required. The providers response to this action mitigated the risk identified and addressed the non compliance to the satisfaction of the inspectors.

Of the remaining 18 Outcomes assessed, 10 were found to be fully compliant. These included social care needs, safe and suitable premises, safety and safeguarding, general welfare and development and health care needs.

Three Outcomes were found to have moderate non compliances, which were use of resources, work force and use of information. Four Outcomes were found to be substantially compliant, namely residents rights, contracts for the provisions of services, statement of purpose and notification of incidents. Inspectors found that risk management practices across the centre had major non compliances.

The Action Plan at the end of this report identifies those areas where improvements were required in order to be fully compliant with the Regulations and the Authority's Standards.

**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:**

Overall inspectors found that residents' rights and dignity were upheld and staff were observed interacting with each resident in a caring and respectful manner. For example, staff asked permission from each resident with regard to showing the inspectors around the centre.

Staff spoken with answered inspectors' questions about residents in a respectful way and any discussions relating to residents was conducted in private with inspectors. Inclusive and natural practices were also observed on the day of inspection. For example, staff were observed having their lunch together with the residents, in a relaxed and natural atmosphere.

Personal care practices respected the residents' dignity and respect. From a sample of personal plans viewed, each resident had their own individual plan that was informative of what support they required and what they could do independently.

Each resident had their own bedroom, which were decorated to their individual preferences and with their own personal possessions. Bedrooms had ample storage space and from a sample of personal plans viewed, inspectors noted that there were up-to-date records of each resident's personal belongings.

Money management care plans were in place for each resident. From a sample viewed, records were robust, accurate and up-to-date. All income and expenditure for each resident was documented on a spread sheet and made available to inspectors. One resident had difficulties in managing their own monies, but they could tell or show staff

what they wanted to buy, and receipts of all purchases were kept on file.

Inspectors found that a Close Circuit Television Camera (CCTV) was in use on the perimeter of the building. However, the CCTC policy ensured that the use of it did not impact upon the privacy and dignity of residents.

Residents had opportunities to participate in activities that were meaningful and purposeful. Activities were assessed in relation to residents need. Some examples were swimming, learning life skills, attending the local gymnasium and using other local amenities such as the shops and cinema.

The team leader also informed inspectors that some of the residents had opportunities to work in some of the local shops. For example, one resident had a part-time job in the local post office/shop one day a week.

However, inspectors noted that some residents were not consulted about options available to them in relation to accessing different types of day services. For example, in one house of the centre some residents were facilitated to attend an active ageing programme, which suited their individual needs. No dialogue or consultation about this option was put to other residents of a similar age in other parts of the centre.

A complaints policy was available in the centre. From speaking with residents it was apparent that they could raise concerns at any time if they were not satisfied with any aspect of service delivery. For example, on the day of inspection one resident stated he was not happy with the layout of the en-suite bathroom. The team leader informed inspectors that a new en-suite had been ordered that would better suit the needs of the resident.

Complaints were logged and recorded within the centre. However, in some cases it was not clear to inspectors if the complaints had been addressed to the satisfaction of the complainant and if there was evidence of learning as a result of a complaint. On the day of inspection the person in charge informed inspectors that this would be addressed. The complaints policy was displayed in the centre, as was the name of the nominated person that dealt with complaints on residents' behalf.

**Judgment:**

Substantially Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspectors found that person in charge; team leaders and staff had responded very effectively to the communication support needs of each resident.

From a sample of personal plans viewed, each resident had their individual communication needs documented. There was communications policy and staff demonstrated an in-depth awareness of the different communication needs of each resident.

Inspectors noticed that this was reflected in practice on the day of inspection. For example, staff supported residents to communicate in an effective manner with the inspectors.

Key information was available throughout the centre in an accessible format. For example, the complaints policy and the residents guide were provided in both typed and easy to read pictorial format.

Staff had supported residents to attend allied health care appointments with both opticians and audiologists. For example, one resident had recently been prescribed a hearing aid and another had cataracts removed, which had improved both hearing and vision for each resident respectively. This had resulted in residents being better able to communicate their needs.

There were ample televisions (TV's) and radios in the centre and one resident had an ipad. On the evening of inspection, residents were observed relaxing in their homes, chatting with staff, watching TV and/or listening to their radios.

**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:**

Residents were supported to maintain personal relationships and links with their family members. There were arrangements in place for residents to receive visitors and family members in private.

The team leader informed inspectors that there were no restrictions on family visits and family members visited the centre as often as they wished. Inspectors also observed that there was ample room in the centre for residents to entertain family members and visitors in private.

From viewing a sample of daily reports it was evident that residents were supported to visit their family homes on a regular basis. Staff also supported one resident to visit an elderly parent, who was in a nursing home.

There was a visitor's policy in place and on reviewing the records of family contact, inspectors were able to ascertain that overall there was a good level of contact between residents and their families.

Each resident had photographs of family members in their rooms, which they eagerly showed to inspectors on the day of inspection.

Families were kept informed of resident's general health and wellbeing. From a sample of personal plans viewed, family members attended personal planning meetings and reviews. Relatives were also complementary of the service provided within the relative questionnaires provided to the authority.

Residents were supported to keep links with their local communities. For example, they used the local gymnasium, shops, restaurants and cinema. Inspectors were also informed that two residents had part-time jobs outside of the service.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There was a policy in place for the admissions, discharge and temporary absence of residents. From a sample of files viewed by inspectors, it was found that residents had a contract for their provision of services in place.

The contracts set out the terms and conditions of the service to be provided and they



had been suitably agreed with residents and/or their representatives. While the agreements in place set out the services to be provided and fees to be charged, inspectors found that more information was required with regard to payments for private consultations with certain allied health care professionals.

For example, from a selection of care plans viewed, inspectors found that some residents were required to pay for private appointments with some allied health care professionals such as dieticians. These additional charges were not identified in the resident's contracts for the provision of services.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

From a sample of files viewed, inspectors found that each resident had comprehensive health, personal and social care plans in place.

Social care plans were personalised and reflected residents' individual requirements in relation to their social care needs. Each resident was actively involved in the writing up of their personal plan and in outlining their own social goals.

Each resident had both long term and short term goals identified within their plan. The Inspector spoke to residents and they were clear on what their specific goals were and discussed their progress in achieving these goals

For example, one resident identified through his personal plan that he wanted a holiday abroad. This goal was facilitated in 2015 and its status was recorded as being achieved. The resident in question was delighted to show inspectors photographs of the holiday.

There was evidence of on-going monitoring of residents needs including residents' interests, communication needs and daily living support assessments. The team leader

also informed inspectors there was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living.

Personal plans were also user-friendly as they used pictures and plain English. They were easy to follow and well organised, giving all essential information required about the resident's social care needs.

Of the sample of personal plans viewed, inspectors found them to be in an accessible format and each resident had a copy located in their bedrooms.

It was observed that plans were person centred and provided a good overview of the each resident's preferences, including their likes and dislikes and how they chose to spend their time. Plans were reviewed and updated regularly to meet the individual needs of each resident.

**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:**

Overall the location(s), design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

Inspectors found that there was adequate communal and private space in the centre. Rooms were spacious, tastefully decorated and personalised with suitable heating, ventilation and lighting. Some residents chose to show inspectors their bedrooms. They were of an adequate size, clean, warm and the residents had decorated them to suit their individual style and taste.

For example, they had their personal items on display such as pictures of family members, souvenirs and posters and took pride in showing inspectors around their rooms.

The centre was well maintained and clean throughout. There was also adequate storage space in the centre. For example, each resident had a spacious wardrobe in their bedrooms and some had additional storage areas for their belongings.

Each house had separate kitchens, which were clean, well maintained and had adequate cooking facilities. Kitchens were open plan, welcoming and spacious.

There was an adequate number of bathrooms in the centre. Bathrooms were spacious, with adequate bathing and showering facilities in place. Inspectors found them to be clean and well maintained. The person in charge informed inspectors that a new en-suite bathroom would soon be fitted, with a walk in shower for one resident who had requested this.

Each house of the centre had adequate outdoor space and gardens. Each garden had a storage shed, was spacious and maintained to a high standard.

**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:**

Evidence of good practice was observed in relation to infection control and fire safety throughout the centre. However, risk management processes were not robust in ensuring the overall safety of some residents.

Inspectors found that risk was not being managed effectively throughout the centre. Measures had not been put in place following adverse incidents in order to prevent or reduce the risk of them reoccurring.

For example, it was identified that some residents may eat too fast at mealtimes and one resident had a choking incident in April 2015. Staff responded to the incident and sought immediate medical advice.

However, no risk assessment was undertaken and no guidelines were developed for staff with regard to managing such an incident if it were to re-occur. No contact was made with allied health care professionals, such as a speech and language therapist for advice and support.

Another resident (who spends short periods of time alone in the house) has had an increasing number of falls over the last year. The resident last sustained a fall in September 2015, which required medical attention. A falls risk assessment had been carried out for the resident. The assessment recommended the provision of a personal alarm system so as the resident could contact staff at any time when alone in the house. However, there was no follow through on this recommendation. In addition, inappropriate manual handling practices were being used for this resident. For example, there was no hoist available to assist staff to support this resident.

Inspectors issued an immediate action as they were not satisfied the registered provider had sufficient measures in place to control this risk effectively. In response, the PIC assured inspectors that he would immediately secure some additional staffing hours so as the resident would not be left alone in the centre any more.

Overall inspectors found that there were adequate precautions against the risk of fire. Monthly inspections were carried out on fire alarms and on viewing documentation the alarm was last tested in September 2015. Daily checks of fire exits were also found to be up to date.

The fire alarm was serviced quarterly and the next test date was due in December 2015. The fire extinguishers were also serviced in 2015.

The fire evacuation notice was clearly visible by the front door. All doors in the centre were fire doors with magnetic release buttons. On testing a sample of these doors, inspectors found they closed fully on release.

Fire drills were carried out regularly. The last fire drill was sounded in September 2015 and documentation showed that in one house of the centre it took just under two minutes to evacuate all residents and staff.

A health and safety statement was also in place, which was centre specific and updated in October 2015.

Inspectors found that the centre had robust systems in place for the management of infection control. There were adequate hand gels throughout the centre, along with warm water, soap and clean towels in each of the bathrooms. There was also adequate hand signage to remind both residents and staff to wash their hands.

The centre had access to vehicles to provide transport to residents. Driving licenses were viewed on an annual basis with a copy maintained on file to ensure all staff were suitably qualified to drive the vehicles.

**Judgment:**

Non Compliant - Major

**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 was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff. Residents spoken with said they would tell any staff member if they were not happy with something in their home or needed support. This was also reflected on the feedback questionnaires filled out by residents.

Staff had up-to-date training in client protection and were found to be knowledgeable in relation to what constitutes abuse and on related reporting procedures. . The person in charge also informed inspectors there was a designated person to deal with allegations of abuse.

Personal and intimate care plans were also in place and provided comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to residents. Plans also encouraged and promoted independent self care practices.

There was also a policy in place for the use of restrictive practices. Inspectors found that some restrictive procedures were in place. For example, one resident required a sensor alarm on their bedroom door at night time. In the past the resident was found by staff wandering in the corridor. The alarm system would alert staff if the resident had left his room, which meant they could ensure he got back safely.

Inspectors observed that this was the least restrictive option available and was under review by the human rights committee of the organisation. The team leader informed inspectors that the alarm system would also be reviewed regularly in the centre, with the next review date scheduled for January 2016.

A number of the residents had mental health issues, which had lead to minor episodes of behaviours that challenged. However, inspectors found that both residents and staff were adequately supported with comprehensive health care plans and frequent follow up appointments with mental health professionals and clinicians.

The team leaders also informed inspectors that incidents of behaviours that challenge were minor and manageable at local level and no chemical restraint was in operation in the centre.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspectors observed that there were processes in place for recording any adverse incidents that occurred in the centre. There were also procedures for maintaining and retaining suitable records as required under legislation.

For example, inspectors observed that all incidents and accidents in the centre were recorded in a comprehensive online filing system, which was reviewed by the PIC.

However, while a record of all incidents occurring in the designated centre was maintained, not all incidents were informed to the Authority. For example, as documented earlier in this report, (Outcome 7: Health, Safety and Risk Assessment) a resident had a serious incident of choking at mealtime, which required immediate medical attention. This was not reported to the Authority.

**Judgment:**

Substantially 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:**

Inspectors found that residents living in the centre had opportunities for new

experiences and social participation which formed a key part of their care plan.

Residents engaged in a lot of social activities facilitated by both days services and the residential centre. Their personal plans also identified opportunities to develop new skills appropriate to their assessed needs and requests

For example, one resident wished to undertake some social activities independently, such as going to the cinema. This was in the process of being facilitated and supported by staff.

Residents who communicated with inspectors also described recent or upcoming social activities such as outings in the local vicinity, cinema visits, swimming, local gymnasiums and trips to restaurants.

As identified earlier in this report, there was also evidence of the residents' preferences being facilitated when it came to choice of employment, with some residents being supported to work in their local community.

Inspectors also noted that residents had roles and responsibilities within the household which included keeping the house tidy, setting tables for meals, participating in food preparation and clearing up after their meals.

**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:**

Of a sample of health care plans viewed inspectors found that residents were supported on an individual basis to achieve and enjoy best possible health.

Residents' health care needs were met in line with their personal plans and through timely access to appropriate health care services and treatments such as physiotherapy, occupational therapy, chiropodists, opticians, dieticians and dentists.

Records showed that routine visits were organised as and when required by the staff. Specific issues were also comprehensively provided for, such as diabetes and mental health

The inspectors observed that residents were involved in the menu planning. Meal times were observed to be person-centred and a positive experience for residents.

Staff were observed to eat lunch with the residents in a relaxed, natural social atmosphere. Both resident and staff chatted away to each other during and after lunch.

Residents were supported to make healthy lifestyle choices such as engage in physical activity and in one house, some residents were members of the local gymnasium.

Of a sample of files viewed, each resident had end of life care plans in place. Inspectors observed they were informative and respectful of each resident's individual wishes for end of life care.

**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 was a robust medication administration and management policy in place in the centre. This included processes to ensure the handling of all medicines was safe and in line with legislation. There were also appropriate procedures in place for the handling and disposal of unused and/or out of date medicines.

All medication was locked securely in a press in each house of the centre and of the sample of medications viewed, inspectors found they were correctly labelled and in date.

Only staff that had been appropriately trained were permitted to administer medication. It was observed that staff follow appropriate medication practices and medications were administered as prescribed.

Medication plans were reviewed appropriately and staff followed the medication management practices in place in the centre. For example, staff would double check that all medicines collected from the pharmacy were correct and accurately reflected what each resident was prescribed.

There was a system in place for reviewing and monitoring safe medication practices.



For example, drug errors were recorded and reported using the organisation medication error reporting mechanism.

If an error occurred the PIC informed inspectors it was recorded, reviewed and discussed at team meetings so as to ensure the error would not re-occur.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors found that there was a statement of purpose in place that set out the aims, objectives and ethos of the centre. The statement of purpose clearly detailed the organisational structure and identified the staffing complement for the designated centre.

Details of how residents were consulted with, arrangements for social activities and arrangements for dealing with complaints were also set out in the statement of purpose.

However, while the statement of purpose set out the facilities and services to be provided by the centre, it did not set out all the information as detailed 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.

For example, the statement of purpose did not inform that some allied health care professional services may have to be acquired and paid for privately (This was dealt with under Outcome 4: Admissions and Contract for Services).

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the*

*delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. Inspectors also observed that he was involved in the operational management and governance of the centre on a regular basis.

From speaking with the person in charge it was evident that he had in-depth knowledge of the residents' needs and supports. He was also informed on his statutory obligations and responsibilities with regard to management of the centre.

For example, when an immediate action was issued under Outcome 8: Health, Safety and Risk Management, he was competent in addressing this area on non-compliance with immediate effect and to the satisfaction of the inspectors.

He was well supported by a number of senior management, by a team leader in each house of the centre and by a team of suitably skilled and qualified staff.

Inspectors found that the person in charge provided good support, leadership and direction to his staff team. Team leaders also spoke very positively of him. For example, one team leader commented that he was very supportive to her in her role and always approachable.

The person in charge had carried out an annual review of the quality and safety of care of the centre in September 2015, which was made available and viewed by inspectors. As required within the Regulations, the nominee provider had also carried out an unannounced inspection and audit of the centre in September 2015.

**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 person in charge had not been absent for a prolonged period since commencement of regulation however, he was aware of the requirement to notify the Authority in the event of his absence of more than 28 days.

Appropriate management systems were in place for the absence of the person in charge. Each house of the centre had a full time, qualified team leader, and there was an on call system in place, where team leaders and staff could contact an area manager 24/7 in the event of any unforeseen circumstance.

**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:**

Inspectors found that the facilities and services in place in the centre were reflective of the statement of purpose.

However, there were inadequate resources in place to support some residents in achieving all their stated goals in a timely manner.

For example, one resident has not been brought swimming due to mobility issues and a risk of falling. Due to a delay in an assessment from an occupational and physiotherapist, this possibility of recommencing this activity had not been reviewed to date. On another occasion a resident did not get to go to the cinema as staff reported that they were too busy with paperwork.

On reviewing the annual audit, inspectors observed the findings identified a need for additional staffing hours in one house of the centre. However, these additional hours had yet to be secured

**Judgment:**

Non Compliant - Moderate

**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:**

From viewing staff files and speaking with staff, it was evident they had the right skills, qualifications and experience to meet the assessed needs of the residents. Residents received care in a professional, respectful and dignified manner.

A selection of staff files were reviewed from all houses in the centre and all contained the documents required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

However, it was identified that within one house of the centre there were not enough staff available to meet all the assessed needs of the residents at times. For example, as stated in the previous outcome, it was recorded in the daily reports that one resident was unable to go to the cinema because staff on duty at that time had too much paper work to do. The annual health and safety audit also identified a need for additional staffing hours in this house. The person in charge stated this was because staff were providing support across two houses comprising the designated centre, which was impacting upon the continuity of service provision in both houses.

All staff were appropriately trained for their roles, and from viewing a sample of training records, all staff had the required mandatory training to ensure the safety of the residents.

For example, all staff had client protection and fire safety training. The PIC also informed inspectors that all staff were supervised according to their role and responsibilities.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors observed that robust records and recording systems were in place and maintained in the centre.

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 were maintained to ensure completeness, accuracy and ease of retrieval.

However, inspectors observed that the medication policy required review as it did not comprehensively detail the criteria on how staff should respond to medication errors.

The policy stated that staff were to contact a doctor or call for an ambulance in the event of a drug error. Insufficient criteria was provided to support staff in deciding which course of action to take

For example, on reviewing two medications errors in the centre, inspectors noted that in one incident a decision was made to contact a doctor and in the other incident this did not occur. Sufficient criteria or rationale was not evident to explain why staff had chosen one course of action over the other.

A copy of the Insurance certificate was submitted as part of the registration application which confirmed that there was up to date cover in the centre.

**Judgment:**

Non Compliant - Moderate

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<b>Closing the Visit</b>
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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:***

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0005020
<b>Date of Inspection:</b>	02 November 2015
<b>Date of response:</b>	07 December 2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Active ageing programmes were in place for some residents, but consultation with all residents on this type of day service option has not happened across the centre.

**1. Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to

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

participate in activities in accordance with their interests, capacities and developmental needs.

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

A meeting was held on 25th November with those service users who are over 65 years of age and who continue to attend a day service. This meeting was attended by the Person in Charge and our advocacy coordinator. Both men were asked what they wished to do in relation to their active ageing. Both expressed the view that they wished to continue to attend their day service. They both said that some of the more active parts of their daily schedules had gotten difficult over the past couple of years and in some cases they had decided already not to carry out these parts of their programmes. For example we had met with one man on 16/9/2015 where he had decided not to take part in special Olympics any more as it was too strenuous. In this case he has chosen to go on an outing with a staff member rather than the special Olympics. Both men said they loved to attend the day service to meet their friends and other staff. They liked the social aspect of their attendance and wished to continue it for as long as they were able. Currently both men are facilitated with staying back in their homes for one day per week but this can increase if they wish.

This will be kept under ongoing review and there will be a further meeting with the individuals concerned in six months.

Proposed Timescale: Completed 25/11/15. Ongoing in relation to Service plan.

**Proposed Timescale:** 25/11/2015

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

**Theme:** Effective Services

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

The written agreements for the admissions and contract for the provision of services did not provide details of charges for some additional services required from allied health care professionals

**2. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Additional information will be added to the Residents Guide and The Service Agreement will be re-worded.



A)Residents Guide: The section 'Your contributions' will be amended to also read: "If you require or decide to avail of additional services from allied health professionals you may have to pay for these personally".

B)Service Agreement: The wording in Section 4 – Fees. has been changed to read "You may be requested to pay for private allied health care professionals if you so decide". As Service Agreements will be signed at Personal Outcomes meetings with families we have decided that this is the best time to explain this change to service users and their families. All Personal Outcomes meetings for 2016 will be completed by the end of February 2016.

Proposed Timescale: A completed. B by 28/02/15.

**Proposed Timescale: 28/02/2016**

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

**Theme:** Effective Services

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

The registered provider was not managing risk effectively throughout the centre. Identified risks were not always appropriately assessed and interventions to mitigate risk were not being implemented.

### **3. Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Additional information will be added to the Residents Guide and The Service Agreement will be re-worded.

A)Residents Guide: The section 'Your contributions' will be amended to also read: "If you require or decide to avail of additional services from allied health professionals you may have to pay for these personally".

B)Service Agreement: The wording in Section 4 – Fees. has been changed to read "You may be requested to pay for private allied health care professionals if you so decide". As Service Agreements will be signed at Personal Outcomes meetings with families we have decided that this is the best time to explain this change to service users and their families. All Personal Outcomes meetings for 2016 will be completed by the end of February 2016.

Proposed Timescale: A completed. B by 28/02/15.

**Proposed Timescale:** 31/01/2016

**Theme:** Effective Services

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

Poor manual handling practices were identified with specific regard to a resident at risk of falling, which left the resident and staff at risk of injury.

**4. Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

An Occupational Health Manual handling risk assessment has been completed since 18/11/2015 by the Occupational Health Department. Recommendations from this assessment have been carried out.

The Occupational Therapy report (13/10/2015) has been received and was forwarded to HIQA inspectors following the inspection visit. All the recommendations in this report have been followed up and are completed.

We have also trialled another piece of equipment which will enhance standing and transfers for this service user.

**Proposed Timescale:** 30/11/2015

**Theme:** Effective Services

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

A risk of choking had been identified for some residents. (One resident had a choking incident in the past). No risk assessment had been undertaken to mitigate the risk, there was no evidence of learning from this incident and no training was provided to staff on how to manage such an incident it is was to happen again.

**5. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

A Risk Assessment has been carried out.

Referral has been made to the Speech & Language Therapist for a Feeding, Drinking and Swallowing (FEDS) assessment. This assessment will be carried out on 11/12/15.

The service user has been examined by his GP.

All staff working with this service user will attend training specifically around how to deal with a choking incident. This has been organised for 14/12/2015 in order to mitigate the risk related to a possible choking event. All staff will complete First Aid training again on 17/02/2015

Protocols on the management of a choking incident and subsequent follow up will be written up and available to all staff.

Proposed Timescale: Assessment 11/12/2015. Training scheduled for 14/12/15 and 17/02/2015

**Proposed Timescale:** 14/12/2015

#### **Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

The Authority has not been notified in relation to an occurrence within the centre that required urgent medical attention

#### **6. Action Required:**

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

This incident related to an individual who while eating got some food lodged in his throat. He was brought to the local GP who was unable to dislodge the food so advised that he be brought to A&E. He coughed the food up on the way to hospital and did not receive attention at A&E. We now appreciate that we should have reported this incident to HIQA as a 3 day notification and will do so in the future.

Proposed Timescale: Completed and will happen from now forward.

**Proposed Timescale:** 07/12/2015

## Outcome 16: Use of Resources

**Theme:** Use of Resources

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

There are insufficient resources in the centre to meet all of the assessed needs of the residents. Some needs, as identified in personal plans are not being met in a timely manner due to delays in appointments with allied health care professionals and demands on staff to complete paperwork.

**7. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

An Occupational Therapist assessment was carried out on 13th October 2015 but as the OT was on leave we did not receive the report until 3rd November. The report is dated 30th October 2015. It was presented to the inspectors on 3/11/15 at inspection and a copy was also emailed afterwards. We will endeavour to ensure that such reports are presented on a timely fashion going forward.

Additional hours have been allocated to the Centre to support additional protected time to the Team Leader to mitigate any effect on service users of time spent in paperwork. This is an additional 5 hours per pay period (78 hours). Should there be a need for extra hours in specific circumstances these can also be granted by the person in charge.

Proposed Timescale: Completed and will be monitored going forward.

**Proposed Timescale:** 07/12/2015

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

There were not enough staff available to meet the assessed needs of residents within one part of the centre as referred to within the main body of the report.

**8. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

A proposal for extra staff hours has been completed and has been granted for 2016.

This will see an additional 2 hours each morning which is a total of 728 hours per year or an increase in staffing of 0.48 WTE.

As this will involve a Rota change, discussion with staff will have to take place. This will be in place by end January 2016.

**Proposed Timescale:** 30/01/2016

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

You are required to update and review all policies in accordance with best practice. The medications errors and incidents policy did not provide adequate criteria or detail on the steps required in responding to a medication error

**9. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Appendix 7 (Individual Medication Management Plan) and Appendix 6 (Monitoring of Side Effects Scale - MOSES) of the Medication Policy which is required to be completed for each individual in receipt of medication is recorded in the individual's Personal Profile. All staff trained to administer medication are required to be familiar with the information as it outlines the type of medication which has been prescribed for the individual, how to manage refusal of medication, potential side effects and the risks associated with medications, unlicensed medications and controlled medications. This supports staff in their response/decision should a medication error occur.

We will add an addendum to the current policy stating that each Designated Centre must develop a protocol with clear guidelines on how staff should respond to medication errors, taking into consideration the comprehensive Individual Medication Management Plan which documents the relevant information.

This addendum will be notified to all staff and included in their Policy Folders immediately.

The addendum will then be incorporated into the text of the Medication Policy when it is reviewed in 2017.

**Proposed Timescale:** 04/12/2015

