Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0005035
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Lorraine Egan
Support inspector(s):	Rachel McCarthy on Day 1
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	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:
25 November 2015 09:00	25 November 2015 19:30
26 November 2015 10:00	26 November 2015 19:30

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 the first inspection of this centre which comprises of two houses and provides a residential service for a maximum of nine adults.

A residential service was provided for three residents on a full time basis and one resident on a part time basis in one house and for five residents on a full time basis in the second house.

As part of this inspection inspectors met with residents, staff, the person in charge and two persons participating in management. Inspectors reviewed a variety of

documents including residents' personal plans, medication documentation, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

Prior to and following this inspection the lead inspector reviewed a number of questionnaires submitted by residents and their family members. These questionnaires outlined residents and their family members' satisfaction with the service provided.

The lead inspector met with residents who indicated their satisfaction with the centre and the service provided. They responded to the inspector's queries regarding the support provided, activities on offer and the food provided by indicating they were satisfied using communication in line with their communication plans.

Improvements were required to the physical premises in regard to one house. It was evident the house was not suitable to meet the needs of residents. In addition, the incompatibility of some residents living together in this house was impacting on residents and the service and support provided.

6 of the 18 outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the Regulations) with 1 outcome in substantial compliance, 7 outcomes judged as moderate non-compliant and 4 outcomes judged as major non-compliant.

Areas identified as requiring improvement were:

- residents rights and dignity
- communication
- contracts for the provision of services
- social care needs
- safe and suitable premises
- fire safety
- safeguarding and safety
- statement of purpose
- governance and management
- use of resources
- workforce
- records and documentation

The non-compliances identified are included in the action plan at the end of this report.

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:
There were systems in place to ensure residents were consulted about the running of the centre, had access to advocacy and were supported to make a complaint. Improvement was required to ensure all residents received support which was delivered in a dignified and respectful way in line with their assessed needs and choices.

Residents were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Staff spoken with outlined the way residents were consulted in regard to all aspects of their lives.

Support provided and language used by staff was respectful and in line with residents' assessed needs and wishes. It was evident staff and residents knew each other well. Inspectors observed friendly interaction and residents appeared relaxed in the presence of staff.

Residents were encouraged to maintain their own dignity and privacy. Residents had intimate care plans in place to identify the support residents required in areas such as personal hygiene.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control over their own possessions. Residents were supported to do their own laundry if they wished.

There was enough space for each resident to store and maintain his/her clothes and other possessions. Each resident had individual bedrooms with adequate storage

facilities.

There was an organisation advocacy group for residents and external advocacy was sourced from the national advocacy service where required. The person in charge told inspectors that residents would be supported to access external advocacy if required. A resident had been referred to the external advocacy service prior to the inspection and was awaiting a visit from the advocate.

There were policies and procedures for the management of complaints. The complaints process was user-friendly, accessible to all residents and displayed in the centre.

There was a nominated person to deal with all complaints and all complaints were recorded and fully and promptly investigated. There was an appeals process and residents and the complainant were made aware promptly of the outcome of any complaint.

It was evident complaints were well-managed and brought about changes. For example, a complaint which was under investigation outlined the changes which were required to the procedure to ensure complaints were responded to promptly, accurately and in line with the centre's procedures to prevent escalation of complaints.

Improvement was required to some practices to ensure residents' dignity was upheld at all times. The inspector was informed that residents in one house were present in the house when other residents' needs were discussed as part of staff meetings.

Rights restrictions such as access to the kitchen, locked doors and the use of plastic utensils such as plates and cups were in place in one house. These restrictions were in place due to the assessed needs of a resident.

The restrictions had been referred to the organisations' rights review committee and were assessed as required for a resident. However, it was evident these were not required for all residents and although referrals had been made to the rights review committee they had not been reviewed by the committee.

A resident who was assessed as requiring private space had been moved from the space allocated within one house in 2012 when other residents moved into the house. The lead inspector was told this was due to the economic downturn and the necessity of closing houses and de-congregating a campus based centre.

As outlined in the resident's personal plan, and in line with their assessed needs, the resident required more private space than was available in the house. Although the resident had a large bedroom, with a sitting area and private en suite toilet, it was evident that the living arrangement in regard to the premises and compatibility of residents was impacting the privacy and dignity of residents. This is discussed under Outcome 6: Safe and suitable premises.

In one house some rooms had private en suite toilet facilities and there was one bathroom shared by residents. The bathroom had a bath, shower and two toilets. A toilet and the shower were located in a cubicle structure in the bathroom. The lead

inspector was told that a resident used the toilet in the main bathroom while another resident was being assisted to shower in the cubicle structure. In addition, the inspector was told that a resident sometimes entered the bathroom in an attempt to use the toilet while a resident was using the bath.

Staff spoken with outlined reasons for not locking the bathroom door to protect the privacy and dignity of residents. Reasons outlined included the protection of staff in response to a resident's behaviours that challenge. An inspector was not assured this was an adequate reason for not locking the bathroom door.

Staff assisted a resident to shower in a confined cubicle space which would not provide staff with adequate opportunity to leave the cubicle if required. It was therefore not evident the reasons outlined correlated with information received. In addition, alternatives had not been trialled, for example a lock which could be opened on the outside if required or the use of the staff toilet by the resident when the bathroom was in use.

An inspector found that inadequate measures had been implemented or sourced to address this issue. An inspector brought this to the attention of a senior person participating in management, the person in charge and the provider nominee. The inspector was told this would be addressed with immediate urgency.

Judgment:
Non Compliant - Major

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:
There was a policy on communication with residents.

Staff were aware of the different ways of communicating used by residents and the inspector observed staff communicating with residents.

Residents requiring assistance to communicate had a communication profile outlining their preferred way of communicating. Although the profiles clearly outlined residents' preferred style of communication, and how the resident communicated when he/she was happy, sad, angry or experiencing pain, improvement was required to ensure residents received the required professional support to ensure all communication needs were identified and responded to.

There was limited evidence that all residents' communication needs had been assessed and that residents were receiving support to communicate fully. Although some communication methods had been introduced in recent months, and an inspector observed these being used with residents, not all residents had been assessed by a relevant professional in regard to their communication needs. It was therefore not evident that residents were being fully supported to communicate.

Residents had access to radio, television and information on local events in line with their wishes.

Judgment:
Non Compliant - Moderate

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:
There was evidence that residents were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in meetings to discuss and identify goals for residents and in multidisciplinary meetings. There was evidence that families were kept informed and updated of relevant issues where the resident wished for their family to be involved. There were facilities for residents to meet with family members and friends in private.

Questionnaires reviewed outlined satisfaction with the service provided for their relatives. Residents were supported to visit family and have families visit them in the centre.

Staff spoken with outlined the ways residents were supported to spend time and participate in community events and access the community in line with their needs and wishes. This included participation in local events and accessing local amenities on a daily and weekly basis.

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 were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

There had been no recent admissions, discharges or transfers to the centre.

One house required improvement to ensure it could meet the needs of residents in regard to the physical premises as it was impacting on the support provided. This is discussed further under Outcome 6: Safe and Suitable Premises.

Each resident had a written agreement which outlined the service provided. Improvement was required to the written agreements as the fee outlined did not state the frequency of the charge. It was therefore not evident that residents had agreed to pay the amount specified on a weekly basis as outlined by the person in charge.

Judgment:
Non Compliant - Moderate

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:

Residents had individual personal plans which outlined their assessed health, personal and social care and support needs. Improvement was required to the identification of goals, the review of the effectiveness of the plans and the support for residents to achieve goals as outlined in their personal plans.

Plans outlined the supports required and included an outline of the input of multidisciplinary professionals where relevant. For example, residents had been supported to attend physiotherapy and psychology.

Multidisciplinary meetings took place as required and these meetings were attended by all relevant people with clearly documented minutes of discussions and actions agreed as contained in residents' personal files.

It was not evident that a comprehensive assessment, by an appropriate healthcare professional, of the social care needs of each resident was carried out on an annual basis. A sample of plans viewed showed that similar goals had been identified for a number of residents and that some goals were not focussed on increasing residents' skills or interests. These goals included a birthday party in the house, photographs of family and an annual health review.

Some residents' goals had not been achieved and the reason outlined was 'unavailability of staff'. This included overnight breaks for residents. Although residents had been supported to go away for one night the 'unavailability of staff' was the reason identified for goals in regard to a two night stay not being achieved. An inspector noted that the following year the residents' goals were identified as a one night stay. It was not evident that goals were in line with residents' wishes or had been expanded to meet the needs of residents.

It was not evident the effectiveness of residents' plans were being assessed on an annual basis. On reviewing a sample of residents' personal plans an inspector found that the same goals had been identified and achieved for a period of a number of years. It was not evident why goals were not progressed to further improve residents' lives.

A significant goal in regard to appropriate housing for one resident had not been met. A review of a personal plan showed that this had been achieved in 2012. An inspector was told that part of the house had been segregated to provide this private space for the resident however, the resident had later been required to move from this private space when other residents moved into the house. The premises is discussed further under Outcome 6: Safe and suitable premises.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The centre comprised of two houses. Inspectors visited both houses and found that one house met the needs of residents individually and collectively. The house had been extended and refurbished in recent years and was suitably decorated, furnished and maintained to a high standard.

The second house did not meet the needs of residents in regard to the compatibility of residents and the physical premises. In addition, it was evident that required structural and maintenance work had not been undertaken to ensure the house was maintained to an adequate standard.

An inspector was informed the organisation was not planning to keep the house on a long term basis. There was an annual lease in place and the house was owned by a receiver company. The inspector was concerned that the short term nature of the lease placed residents at risk of being evicted from the house at short notice. The inspector sought assurances from a senior manager and was informed that residents could be evicted at short notice and that the organisation was seeking more suitable accommodation.

The senior manager told the inspector that the house had been identified as not suitable to meet the needs of residents, in regard to the physical premises and the compatibility of residents, approximately 18 months to 2 years ago. The person in charge told the inspector the house had been identified as not suitable since she became manager in 2010. The provider nominee acknowledged the house was not suitable to meet the needs of residents and said that alternative housing was being sought.

Areas identified as requiring improvement in the house included:

- residents living together in the house were not compatible which was having an impact on residents. This is discussed further under Outcome 8: Safeguarding and Safety
- there was an unused sluice sink in the bathroom and there were privacy and dignity concerns due to the layout of the bathroom, the use of, and attempted use of, the bathroom by a resident while other residents were having a shower or bath. The necessity of locking kitchen and external doors and the necessity of using plastic table utensils for one resident. This is discussed further under Outcome 1: Residents' Rights, Dignity and Consultation
- the path from the house to the clothes line in the back garden was cracked and uneven and posed a hazard to residents who used the path to hang their laundry on the clothesline. This is discussed further under Outcome 7: Health and Safety and Risk Management
- there was a slope downwards in the hallway floor outside the kitchen. There was no

measure in place to alert residents to this and mitigate the risk of residents falling. This is discussed further under Outcome 7: Health and Safety and Risk Management
- required measures to mitigate the risk of fire spreading had been identified but had not been put in place. This is discussed further under Outcome 7: Health and Safety and Risk Management
- the house required painting both internally and externally. Areas of peeling paint were noted in the kitchen and on the door frame between the kitchen and dining room
-the gates at the entrance to the grounds of the house had not been fixed to allow staff to close the gates and allow residents safe access the front garden.

It was evident that the team leader and staff working in the house were doing their best to maintain the house to the highest standard within their capabilities in the absence of support from the organisation to address the required maintenance. For example, a cupboard was missing a door in the dining room and the team leader told an inspector that she had handmade a cloth cover for the press.

Judgment:
Non Compliant - Major

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 systems in place to promote and protect the health and safety of residents, visitors and staff. Improvement was required to the measures in place to ensure that control measures were in place to mitigate all risks and to the measures to ensure that if a fire occurred in one house it would be contained.

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy identified the procedures for the identification and management of risk in the centre.

As discussed under Outcome 6 some aspects of the physical premises in one house required improvement. An inspector found that measures had not been implemented to mitigate risks in regard to the path in the back garden and the slope in the hallway floor of one house. This placed residents at risk of falling.

Residents had individual risk assessments which outlined the risks individual to residents and the measures in place to control the risks. This included individual missing person profiles for each resident.

Residents had individual plans which outlined residents' support needs in regard to moving and handling.

There were arrangements in place for investigating and learning from accidents and incidents. An inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge and staff.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency.

There were systems were in place for the prevention and detection of fire. Regular fire drills were carried out and documentation was maintained. Fire drills had taken place at different times of day and night.

Staff had received training in fire safety and staff spoken with were knowledgeable of the evacuation needs of residents.

The centre had a fire alarm and emergency lighting. The inspector reviewed the maintenance and servicing records for the fire alarm and fire equipment and found that they had been serviced at the required routine intervals.

Individual personal evacuation plans outlined the support required by residents in the event an evacuation of the centre was necessary.

Documentation viewed showed that smoke seals were identified as required for the kitchen doors in one house. This had been identified in March 2015 and had not been addressed. This was brought to the attention of the person in charge and the provider nominee. The provider nominee gave the lead inspector verbal assurance this would be attended to as a matter of urgency.

Given the lack of smoke seals on the kitchen doors and other doors in the centre the inspector requested documentation from the provider nominee to outline measures to ensure the centre could be evacuated in the event of a fire. This information was received following the inspection and outlined the measures in place.

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:
The centre had implemented measures to protect residents being harmed or suffering abuse. Improvement was required to the physical premises, the compatibility of residents to ensure that residents were protected from the risk of peer to peer abuse and the use of restrictive measures to ensure they were in line with national policy.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

As discussed under Outcomes 1 and 6 it had been recognised that residents living in one house were not compatible to live together. A person participating in management outlined the way a resident's behaviour was impacting on another resident. This resulted in a resident engaging in self injurious behaviour.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports they required.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

Residents who required support with behaviours that challenge had support plans in place and staff spoken with were knowledgeable of how to support residents. Staff outlined the way residents were supported to ensure that their behaviours that challenge did not escalate.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint.

The use of restrictive measures for a resident had been referred to and approved by the organisations' rights review committee. An inspector reviewed the use of these restrictions and found that these were required in the house the resident was residing

in.

However, as discussed under Outcome 6, it was evident the house was not suitable to meet the needs of the resident. It was therefore not evident that the organisation was meeting residents' needs in regard to ensuring the least restrictive procedure, for the shortest duration necessary, was used to support the resident and other residents living in the house.

The restrictions prescribed for a resident were having an impact on other residents and this is discussed further under Outcome 1: Residents' Rights, Dignity and Consultation.

Judgment:
Non Compliant - Moderate

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:
A record of all incidents occurring in the designated centre was maintained and all incidents had been notified to the Authority as required.

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:
Residents were supported to access education and training programmes and residents were accessing day programmes or supported to access training in the local area. Some

new areas for development were identified within residents' personal plans pertaining to skill development. However, as outlined under Outcome 5: Social Care Needs this required improvement.

Day programmes were provided by the provider and by staff working in the residential centre. There was evidence of good communication between the residential centre and the day centres.

Residents were supported to access activities in the evenings and at weekends in line with their wishes.

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:
Residents were supported to achieve and enjoy the best possible health. The inspector viewed a sample of residents' personal plans which showed that residents' health needs were being identified and responded to.

A resident lived with family members and attended the centre on a part time basis and their healthcare needs were supported by their family and the centre had relevant information such as the results of appointments and any supports the resident required.

Residents were supported to access their general practitioner (GP), dentist and allied health professionals as required.

Food was available in adequate quantities and residents were supported to make healthy food choices.

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 written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Staff outlined the process in place for the handling of medicines; these were safe and in line with current guidelines and legislation.

Individual medication plans were appropriately reviewed and put in place. A sample of these were viewed by inspectors.

Audits were carried out on and corrective action was implemented where required.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

An inspector viewed a sample of prescription sheets and found they contained all required information.

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:
There was a written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The services and facilities outlined in the Statement of Purpose, and the manner in which care was provided, reflected the diverse needs of residents. However, as discussed under Outcomes 1, 2, 5, 6 and 8 the service provided required improvement

in one house. In addition, as outlined in Outcome 14 the staffing level in one house was not reflective of the staffing outlined in the statement of purpose. The inspector therefore found that the statement of purpose was not accurately reflective of the service provided in the centre.

Some aspects of the statement of purpose did not meet the requirements of Schedule 1 of the regulations. It appeared a template had been used and had not been amended to provide specific detail of the centre. For example, the fire evacuation procedures, the facilities to meet visitors and the community and leisure activities provided had not been completed.

The date of review on the statement of purpose was in excess of one year. This required amendment to ensure the statement of purpose was reviewed, and amended where necessary, on an annual basis.

Judgment:
Non Compliant - Moderate

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 which identified the lines of authority and accountability in the centre. Improvement was required to the governance to ensure the service provided was appropriate to all residents' needs. As evidenced in outcomes 1, 2, 5, 6 and 8 the service provided was not ensuring all residents were receiving appropriate support in line with their assessed needs.

The person in charge worked full time Monday to Friday and also participated in the management of a number of other designated centres. She outlined the systems in place to ensure her participation in the management of other centres did not impact on this centre.

The person in charge was a suitably skilled, qualified and experienced manager. She demonstrated sufficient knowledge of the legislation and her statutory responsibilities. She outlined the ways she is engaged in the governance, operational management and

administration of the centre on a regular and consistent basis.

She was a social care professional and was committed to her own professional development. She told the inspector she had undertaken all mandatory training and was undertaking a management development course which was facilitated by an external trainer for staff working in the organisation.

She said she found this course beneficial in regard to time management and dealing with inner conflict. She outlined the benefit of engaging with other managers of the same grade working in the organisation and was vocal regarding the support this provided.

Persons participating in management of the centre were present on the days of the inspection. These persons held the roles of team leader of the houses. An inspector interviewed these managers and found they were knowledgeable of their responsibilities and of the residents and their needs.

An out of hours on call system was in place to provide support for staff in the evenings and at weekends. The weekend rota was displayed in the staff room of each house and the support in the evenings was provided by the area management.

Unannounced visits by the provider had been carried out in this centre and areas for improvement had been identified and responded to.

An annual review had taken place and areas for improvement had been identified and were responded to or were in the process of being responded to. The incompatibility of residents in one house had been identified as part of this review. The timeline for completion of this required action was detailed as 'ongoing'. This is further discussed under outcome 6: Safe and Suitable Premises.

Although this review outlined how residents were consulted in the centre they did not consult with residents or their representatives as part of the annual review. In addition, a copy of the review had not been made available to residents.

Judgment:
Non Compliant - Moderate

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 from the centre for a period which would require notification to the Authority.

A person participating in management was the person identified as the person who would act as person in charge of the centre in the absence of the person in charge. This manager was interviewed and was knowledgeable of the person in charge role should he be fulfilling the role. He was person in charge of other centres in the organisation.

The provider was aware of the requirement to notify the Chief Inspector 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 her absence.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
An inspector noted appropriate staff numbers available and all residents were supported throughout the two day inspection. However, a staff member in one house was not included in the complement of staffing as outlined in the centre's statement of purpose. This is discussed under Outcome 17: Workforce.

One house did not meet the needs of residents individually or collectively. This is discussed further under Outcomes 1 and 6 and was brought to the immediate attention of the provider prior to and as part of the feedback meeting which took place at the end of the inspection.

This raised concerns that the designated centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

Findings:
The staff rota was arranged around the assessed needs of residents. Extra staff hours had been allocated to the morning in one house to respond to the assessed needs of residents. It was evident this was required to ensure the safe care and support of residents living in the house.

An inspector was informed this extra staff member was not included in the whole time equivalent of staffing which was outlined in the centre's statement of purpose and that the staff member had been appointed 'for the moment' and was not 'embedded in the budget'. This required review to ensure that residents received care and support in line with their assessed needs.

Formal supervision and support meetings had commenced and minutes of meetings and actions agreed was maintained. Team Leaders worked alongside staff providing informal support and supervision on an ongoing basis. A good working relationship between staff and the team leader in each house was evident.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, moving and handling, the safe administration of medication and the administration of a medication which was prescribed for a specific medical emergency. Some staff had received training in epilepsy, however not all staff had received this training. Staff required this training to respond to ensure they had the required knowledge to respond to the assessed needs of residents.

There were three volunteers from a community work placement scheme working in one house. An inspector viewed the file maintained for these volunteers and found evidence that An Garda Síochána vetting had been obtained.

Some of these volunteers did not have their roles and responsibilities set out in writing. In addition, an inspector found the role and responsibilities undertaken by one of these volunteers was not consistent with the role and responsibility set out in writing. 'Cooking and cleaning' were detailed as the volunteer's responsibilities and the inspector was told the volunteer was supporting residents in partaking in activities at weekends.

Informal support for volunteers was provided by staff working on the day the volunteer

was in the centre, however there was no formal system to ensure volunteers were receiving appropriate supervision and support.

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:
Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the regulations. The policies on recruitment, selection and Garda vetting of staff were dated 2008. An inspector was told that there was a more up-to-date organisation version and that a copy would be put in each of the houses.

There was a guide to the centre available to residents. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, the procedure for respecting complaints and the arrangements for visits. The guide did not include how to access any inspection reports on the centre.

There was a directory of residents which contained the information required by the regulations.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Lorraine Egan
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[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0005035
Date of Inspection:	25 November 2015
Date of response:	22 February 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents' privacy and dignity were not respected in relation to his or her personal and living space, intimate and personal care and personal information.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
(1)The organisation recognises that one house does not meet the needs and compatibilities of 2 of the residents in that house. A vacancy has arisen in another house. Having assessed the suitability of one of the individuals in relation to moving into that vacancy we are developing a transition plan for this individual and it is proposed that this person moves into that house by the 11th March 2016. A detailed transition plan is being developed which will include visits to the new house. This will resolve the compatibility issue for the two residents. The other person who wants more private living space will now have that. The number of residents in the house will then be three. The reduction in the number of residents, the resolution of the compatibility issues, the refurbishments listed below will ensure that this house is suitable for the individuals living there.
(2) We will refurbish and redecorate certain areas in the house including kitchen, dining room and bathroom.
(3) We are refurbishing the bathroom area to create a more open shower space and we will fit the bathroom door with a privacy lock.
(4) Residents now have access to an additional toilet.
(5) We have put in place a personal alarm which should alert staff should there be a need for assistance while staff are carrying out personal care with residents in the bathroom.
(6) Arrangements have been made to ensure that residents are not in the house when meetings are taking place.

Proposed Timescale: (1) 11.3.16 (2) 25.3.16 (3) 12.2.16 (4) 1.12.15 (5) 7.1.16 (6) 1.12.15

Proposed Timescale: 25/03/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not evident that all residents were supported to exercise his or her civil rights in regard to their right to movement within their home and use of plastic utensils.

2. Action Required:
Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

Please state the actions you have taken or are planning to take:
(1)We will follow up on the Human Rights Committee referrals with regard to restrictions impacting on the lives of the residents.
(2)The use of plastic utensils has been reviewed and all residents now use normal

utensils

Proposed Timescale: (1) 5.2.16 (2) 8.2.16

Proposed Timescale: 08/02/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not evident that all residents received the required support to communicate in line with their needs.

3. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
(1)We have met with the speech and language therapist and agreed that the residents of the designated centre will be prioritised for assessment of their communication needs. The SLT will initially carry out an environmental communication assessment of the residents.
(2)The SLT will meet with the MultiD team to embed communication goals into relevant programmes for individuals, for example multi element behaviour support plans. The speech and language therapist will review/carry out individual assessments where appropriate and update individual communication programmes for each resident. Following that the MultiD team will meet to review programme recommendations and integrate them into other programme actions/activities.
(3)Once the assessments and integration of programme activities have been completed the SLT will continue hands-on support for staff in the implementation of the updated programmes in the daily activities of residents, and together with the staff will ensure that there is appropriate communication supports in place for the residents.

Proposed Timescale: (1) 29.1.16 (2) 22.3.16 (3) 31.5.16

Proposed Timescale: 31/05/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The written agreements for the provision of services did not state the frequency of the fee paid by residents.

4. 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:
The Individual Service Agreements have been amended to reflect the fees being charged and the frequency of this charge. The amended service agreements will be signed at the next renewal date.

Proposed Timescale: 31/03/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements had not been put in place to meet the assessed needs of all residents as outlined in their personal plans.

5. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
(1) A comprehensive multidisciplinary review will be carried out on each individual in the designated centre on an annual basis to identify suitable goals for each individual based on their assessed needs and wishes.
(2) The provision of an additional living space in the house will address one of the major goals of one of the residents.
(3) Sufficient staffing will be provided to meet the goals of short holidays for some residents in line with their wishes.
(4) The Quality Department will provide support to staff on (a) the development and ongoing review of goals for all residents to ensure that the goals identified are progressed and reflect residents' skills and interests, and (b) on assessing the effectiveness of outcomes of Personal Plans.

Proposed Timescale: (1) The reviews will be completed by 15.4.16. (2) 25.3.16 (3) 1.1.16 (4) 15.4.16

Proposed Timescale: 15/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident that residents' personal plan reviews assessed the effectiveness of each plan.

6. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The Quality Department will provide support to staff on the development and ongoing review of goals for all residents, and on assessing the effectiveness of outcomes of Personal Plans.

Proposed Timescale: 15/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident that a comprehensive assessment, by an appropriate health care professional, of the social care needs of each resident was carried out on an annual basis.

7. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
A complete and comprehensive review of each individual will be carried out by a multidisciplinary team in conjunction with the Person in Charge, Team Leader and whole staff team on an annual basis.

Proposed Timescale: 15/04/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One house did not meet the aims and objectives of the service and the number and

needs of residents.

8. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
(1) The organisation recognises that one house does not meet the needs and compatibilities of 2 of the residents in that house. A vacancy has arisen in another house. Having assessed the suitability of one of the individuals in relation to moving into that vacancy we are developing a transition plan for this individual and it is proposed that this person moves into that house by the 11th March 2016. A detailed transition plan is being developed which will include visits to the new house. This will resolve the compatibility issue for the two residents. The other person who wants more private living space will now have that. The number of residents in the house will then be three. The reduction in the number of residents, the resolution of the compatibility issues, the refurbishments listed below will ensure that this house is suitable for the individuals living there.
(2) We will refurbish and redecorate certain areas in the house including kitchen, dining room and bathroom.
(3) We are refurbishing the bathroom area to create a more open shower space and we will fit the bathroom door with a privacy lock.
(4) Residents now have access to an additional toilet.
We continue to seek accommodation which will give security of tenancy on a longer term basis and will keep the Authority informed in relation to this matter.

Proposed Timescale: : (1) 11.3.16 (2) 25.3.16 (3) 12.2.16 (4) 1.12.15

Proposed Timescale: 25/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One house and grounds was not of sound construction and kept in a good state of repair externally and internally.

9. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
(1) We will refurbish the kitchen and dining areas.
(2) We are refurbishing the bathroom area to create a more open shower space and we will fit the bathroom door with a privacy lock.
(3) Residents now have access to an additional separate toilet.

(4) The gates will be fixed to the entrance at the front of the house. The pathway to the clothes line will be repaired and made safe for use.

Proposed Timescale: (1) 25.3.16 (2) 12.2.16 (3) 1.12.15 (4) 15.4.16

Proposed Timescale: 15/04/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One house did not meet the requirements of Schedule 6.

10. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
(1) We will refurbish and redecorate certain areas in the house including kitchen and dining room.
(2) We are refurbishing the bathroom area to create a more open shower space and we will fit the bathroom door with a privacy lock.
(3) Residents now have access to an additional toilet.
(4) The gates will be fixed to the entrance at the front of the house. The pathway to the clothes line will be repaired and made safe for use
(5) A handrail will be fitted to wall at the point of the slope in the floor to assist residents when using the hallway to mitigate the risk of falling.

Proposed Timescale: (1) 25.3.16 (2) 12.2.16 (3) 1.12.15 (4) 15.4.16 (8) 15.4.16

Proposed Timescale: 15/04/2016

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:
Some risks had not been assessed and associated control measures implemented.

11. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
A handrail will be fitted to wall at the point of the slope in the floor to assist residents when using the hallway to mitigate the risk of falling.

Gates will be fixed to the entrance at the front of the house.

The pathway to the clothes line will be repaired and made safe for use.

Proposed Timescale: 15/04/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not ensured required measures for containing fires had been put in place.

12. 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 seals have been fitted on the kitchen doors.

Proposed Timescale: 18/12/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Although efforts had been made to identify and alleviate the cause of residents' behaviour the required interventions had not been implemented and it was therefore not evident the least restrictive procedure, for the shortest duration necessary, was used in response to supporting residents.

13. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
(1) The organisation recognises that one house does not meet the needs and compatibilities of 2 of the residents in that house. A vacancy has arisen in another house. Having assessed the suitability of one of the individuals in relation to moving

into that vacancy we are developing a transition plan for this individual and it is proposed that this person moves into that house by the 11th March 2016. A detailed transition plan is being developed which will include visits to the new house. This will resolve the compatibility issue for the two residents. The other person who wants more private living space will now have that. The number of residents in the house will then be three. The reduction in the number of residents, the resolution of the compatibility issues and the planned refurbishments listed below will ensure that this house is suitable for the individuals living there and will support a reduction in restrictive procedures
(2) We will refurbish and redecorate certain areas in the house including kitchen, dining room and bathroom.
(3) We are refurbishing the bathroom area to create a more open shower space and we will fit the bathroom door with a privacy lock.
(4) Residents now have access to an additional toilet.

On completion of the above actions which includes the resolution of compatibility issues and the reduction in the number of residents we will review the restrictions in place with a view to ensuring that the least restrictive procedures for the shortest duration necessary will be used.

Proposed Timescale: (1) 11.3.16 (2) 25.3.16 (3) 12.2.16 (4) 1.12.15

Proposed Timescale: 25/03/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The incompatibility of residents living together was placing residents at risk of peer to peer abuse.

14. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The organisation recognises that one house does not meet the needs and compatibilities of 2 of the residents in that house. A vacancy has arisen in another house. Having assessed the suitability of one of the individuals in relation to moving into that vacancy we are developing a transition plan for this individual and it is proposed that this person moves into that house by the 11th March 2016. A detailed transition plan is being developed which will include visits to the new house. This will resolve the compatibility issue for the two residents. The other person who wants more private living space will now have that. The number of residents in the house will then be three. The reduction in the number of residents, the resolution of the compatibility issues and the planned refurbishments listed in previous actions will mitigate the risk to residents of peer to peer abuse.

Proposed Timescale: 25/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some aspects of the statement of purpose were not specific to the centre and therefore did not meet the requirements of Schedule 1.

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

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been reviewed, amended and individualised to the designated centre and the review dates do not extend past one year.

Proposed Timescale: 15/01/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose was not accurately reflective of all aspects of service provided in the centre.

The date of review stated the Statement of Purpose would be reviewed 22 months after the date of completion.

16. Action Required:
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been reviewed and amended. The correct staffing levels have been included in the Statement of Purpose.
The Statement of Purpose has a review date of not more than one year.

Proposed Timescale: 15/01/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Systems were not ensuring the service provided was appropriate to all residents' needs.

17. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A working group consisting of members of the senior management team will be established to oversee the implementation of the Action Plan for the designated centre and ensure that the service provided is appropriate to all residents needs and is effectively monitored.

Proposed Timescale: 05/02/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documentary evidence that residents and their representatives were consulted with as part of the annual review of the quality and safety of care and support in the centre.

18. Action Required:
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
Questionnaires had been sent out to families prior to completion of the Annual Review. However very few were returned. These questionnaires were available for review by the inspector. For the 2016 annual review all families and residents will be consulted individually to ascertain their views on the service prior to completion of the annual review. The organisation's Service Users' Council has developed an
Easy read/accessible version of the questionnaire that will facilitate residents' participation in the Annual Review.

Proposed Timescale: 15/06/2016

Theme: Leadership, Governance and Management

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

A copy of the annual review had not been made available to residents.

19. Action Required:
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
A copy of the Annual Review will be made available to each resident.

Proposed Timescale: 29/02/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The physical premises of one house and the incompatibility of residents raised concerns that the designated centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

20. 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:
(1) The organisation recognises that one house does not meet the needs and compatibilities of 2 of the residents in that house. A vacancy has arisen in another house. Having assessed the suitability of one of the individuals in relation to moving into that vacancy we are developing a transition plan for this individual and it is proposed that this person moves into that house by the 11th March 2016. A detailed transition plan is being developed which will include visits to the new house. This will resolve the compatibility issue for the two residents. The other person who wants more private living space will now have that. The number of residents in the house will then be three. The reduction in the number of residents, the resolution of the compatibility issues, the refurbishments listed below will ensure that this house is suitable for the individuals living there.
(2) We will refurbish and redecorate certain areas in the house including kitchen, dining room and bathroom.
(3) We are refurbishing the bathroom area to create a more open shower space and we will fit the bathroom door with a privacy lock.
(4) Residents now have access to an additional toilet.
(5) A working group consisting of members of the senior management team will be established to oversee the implementation of the Action Plan for the designated centre and ensure that the service provided is appropriate to all residents needs and is effectively monitored.

Proposed Timescale: (1) 11.3.16 (2) 25.3.16 (3) 12.2.16 (4) 1.12.15 (5) 5.2.16

Proposed Timescale: 25/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing in one house at the time of inspection was inconsistent with staffing as outlined in the statement of purpose.

21. 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:
The additional hours have now been added to the Whole Time Equivalent in one house and this is reflected in the Statement of Purpose

Proposed Timescale: 15/01/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff had not received training in epilepsy.

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

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure all staff will receive appropriate epilepsy training.

Proposed Timescale: 15/03/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some volunteers working in the designated centre did not have their roles and

responsibilities set out in writing.

The role and responsibilities undertaken by a volunteer was not consistent with the role and responsibility set out in writing.

23. Action Required:
Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

Please state the actions you have taken or are planning to take:
The people referred to are participants in the TUS programme which is a community work placement scheme. The Person in Charge will draw up a written role clarification of duties in conjunction with the TUS supervisor which will then be clearly agreed with each TUS worker.

Proposed Timescale: 15/03/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no formal supervision and support for volunteers working in the designated centre.

24. Action Required:
Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

Please state the actions you have taken or are planning to take:
There are 2 TUS workers in one house of the designated centre. They are supervised by the TUS supervisor. The Person in Charge will ensure that they and any volunteer will receive support and supervision from both their own TUS supervisor and the Team Leader in the house.
There are no volunteers in one house, however we are actively seeking them through our Volunteer Coordinator and they will have clear roles and responsibilities and appropriate supervision.

Proposed Timescale: 15/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The most up to date version of the policies on recruitment, selection and Garda vetting of staff had not been made available to staff working in the centre.

25. Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

Please state the actions you have taken or are planning to take:
The most up to date version of the policy on Recruitment/Selection and Garda Vetting has been added to the Policy folder and has been made available to all staff.

Proposed Timescale: 01/12/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The guide prepared in respect of the designated centre did not include how to access any inspection reports on the centre.

26. Action Required:
Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

Please state the actions you have taken or are planning to take:
Residents' guides will be amended to include guidance on how to access reports on Designated centres.

Proposed Timescale: 12/02/2016