

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0005029
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:	Raymond Lynch
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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: 20 January 2016 10:30 To: 21 January 2016 18:30

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 two houses in rural locations within close proximity to each other. One house contained 4 separate apartments and supported four residents while the other comprised of two separate apartments supporting two individuals. This centre was a specialised centre, supporting residents with significant and complex behavioural and social needs.

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,

healthcare records, policies and procedures. The views of residents and staff 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 the person in charge, and staff to be courteous, supportive and helpful with the inspection process. Inspectors found that residents received a good quality of service. Staff were also supportive in assisting residents in making decisions and choices about their lives. The centre had a warm and welcoming atmosphere and residents were comfortable in speaking to inspectors about their home.

Evidence of good practice was found across all outcomes. However, inspectors found that safeguarding and safety procedures relating to the maintenance of documentation was not robust enough in ensuring that residents had adequate protection from financial abuse.

Of the 18 outcomes assessed 13 were found to be compliant, including social care needs, health, safety and risk management, and healthcare needs. Moderate non compliances were found safety and safeguarding and the statement of purpose, while medication management and governance and management were found to be substantially compliant.

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:

Residents' rights were respected while residents were also supported to exercise choice and control over their daily lives.

Throughout the inspection warm interactions were regularly seen between residents and staff. Staff spoke with residents in a respectful manner and where any assistance was required it was also provided in a respectful and sensitive manner. Residents' bedrooms were personalised and sufficient storage was available for clothes and other personal possessions.

A policy was in place in relation to managing resident finances. It was found that staff supported residents to manage their finances which were protected by appropriate record keeping and oversight. However, inspectors were concerned with regard to process of how one resident was supported to make a financial contribution of the purchase of a car for the centre. This was discussed in detail under Outcome 8: Safeguarding and Safety.

It was also noted that some aspects of the policy on managing residents' finances were not being followed in practice. For example individual purchases in excess of a certain amount required clearance from the person in charge in the form of an email. However, for some purchases inspectors were informed that only verbal clearance was received. It was also observed that some list of assets for residents, as required under the policy, required updating. This was discussed under Outcome 18: Documentation

A complaints policy was in operation within the designated centre. Residents were

supported to understand the complaints process in place through accessible booklets and a DVD which were seen by inspectors throughout the centre. Inspectors reviewed the complaints log in place and found that any complaints raised were appropriately responded to.

Resident choice was encouraged and staff regularly engaged with residents on issues such as menu planning and social activities. It was evident that residents were supported to engage in various activities such as bowling, meals out and trips to the cinema. One to one meetings with residents to discuss issues within the designated centre had commenced with further such meeting planned.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

From speaking to staff it was evident that staff members were aware of the communication needs of residents within the designated centre. Throughout the inspection staff members were observed communicating freely with residents who in turn interacted with staff members and inspectors.

However, while inspectors were informed that residents did not require communication passports it was noted that the documentation regarding some residents' communication needs could have provided additional information and guidance. For example, in one resident's personal file it stated that the resident tended to answer yes, regardless of what questions were being asked. The resident's file did not provide any specific guidance on the management of this issue.

Over the course of the inspection the person in charge informed inspectors that an induction would be provided for any new staff to inform of any issues relating to residents' communication needs.

Adequate access to radio, television and newspapers was provided for in the centre.

Judgment:

Substantially Compliant

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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:
Visits were facilitated in the designated centre while access to the community was provided for.

A policy relating to visitors was in operation which actively encouraged visitations subject to the wishes of residents. From talking to staff members and reviewing resident records it was apparent that visits to the designated centre were facilitated while residents were also supported to visit their family members away from the designated centre. Space was available for residents to receive visitors in private while telephone communication was also provided for.

Inspectors also observed that residents were supported to access the community. During the course of inspection residents were observed going out bowling, going to buy papers and attending day services. Resident records also indicated that residents engaged in various other activities in the community such as cinema trips and meals out.

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:
Inspectors reviewed a sample of contracts of care and found that they contained all the

information as required by the regulations such as the services to be provided and the fees to be charged to residents. The contracts seen by inspectors had also been signed by residents and/or their representatives where appropriate.

An admissions policy was in place and the person in charge was aware of the procedures to be followed in the event that a new resident was to come to live in the centre. It was noted however, the criteria and procedure for admissions, as outlined in the statement of purpose, did not reflect practice within the designated centre. This was addressed under Outcome 13: Statement of Purpose.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Each individual residing in the centre required significant support and supervision at all times, especially for social and community based activities. However, inspectors found that staff ensured that residents got to access and contribute to their local communities on a daily basis.

Inspectors found that the wellbeing and welfare of each resident was provided for and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place. Social care plans were personalised and reflected residents' unique individual requirements and supports in relation to their social care needs. Residents' also contributed to their personal plans and in outlining their own social goals.

From a sample of files viewed, residents had both long and short term goals identified within their plan. For example, one resident who required significant support in accessing the community liked to go to the pub, restaurants, for walks and trips to some of the nearby towns. Staff working in the centre ensured such outings took place on a regular basis. The resident in question also had long term goals identified.

Inspectors noted that supporting some of the long term goals required significant and careful planning to ensure that adequate supports would be in place. For example, the resident was a keen golfer and wanted to attend some of the major golf tournaments. Such trips had been facilitated in the past and the resident was keen to show inspectors photographs of same. Staff also supported the resident to play golf. Inspectors also noted that the resident had been supported to go on holidays of choice and again inspectors saw photographs of these trips.

Personal plans were easy to follow and well organised, giving all essential information required about the resident's social care needs. They 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 and as required in order to meet the individual needs of each resident. From the sample viewed, they was last reviewed and updated in December 2015.

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:

Inspectors found that the premises were suitable to meet the needs of residents.

The designated centre comprised two units both located in close proximity in rural areas. The first unit provided a home to four residents, each of whom had their own apartment within the unit. Within these apartments each resident had their own bedroom, sitting room, kitchenette and bathroom facilities. A staff bedroom and office was also in place. A garden was located to the front of the property with another garden area and poly tunnel at the rear.

The second unit was comprised of two fully self contained apartments, with one resident residing in each. In between these two apartments was a staff area. A garden was located to the side of the property along with a poly tunnel while a small shed was at the rear of the property.

Overall inspectors found that the two units were maintained to a good standard and presented in a clean manner on the days of inspection. It was laid out to meet the needs of residents with accessibility aids put in place where required. Both units were decorated in a warm homely fashion and personalised in respect of the residents living there through photographs and paintings on the walls depicting topics of interests for residents.

Bedrooms were observed to be a suitable size for residents. There was ample storage space while laundry facilities were also available. There was a sufficient numbers of baths, showers and toilets to meet the needs of residents. Inspectors observed residents relaxing in both units during the course of inspection.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The centre was competently managing risk on a daily basis and inspectors were satisfied that the health and safety of residents, visitors and staff was promoted.

There was a Health and Safety Statement in place which was current and up to date. The risk management policy also met the requirements of the Regulations. From a sample viewed, comprehensive individual risk assessments were completed for each resident which included a risk assessment as appropriate for behavioural and social issues.

There were also policies and procedures in place to guide practice which were followed through on by the staff in the centre. For example, at times some residents would be at risk in the community and needed two staff to support them on social outings. This risk was being adequately managed and the resident got to access the community on a regular basis as staff implemented the guidelines on how to mitigate the risk rigorously.

The fire register was reviewed by inspectors which contained records of fire drills carried out in both units of the designated centre. These drills took place at varying times of the day with any observations recorded. The fire extinguishers, emergency lighting and fire alarm were also subject to regular maintenance checks with records of such checks available for inspectors to review.

Staff training records were reviewed and it was found that staff working within the designated centre had undergone fire safety the week before inspection. Personal evacuation plans were in place for residents while an emergency plan which outlined the response to emergencies such as flooding and power cut was also in operation. A 'mission persons plan' was in place for each resident and a water and surface assessment had been conducted in January 2016.

Inspectors also noted that there were adequate cleaning facilities, warm water and hand sanitizing gels throughout the centre.

Judgment:

Compliant

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:

Overall it was found that there were policies, procedures and practices to ensure residents' safety. However, an issue was identified with regard to maintaining adequate documentation regarding how residents' were supported in contributing to the purchase of certain services and/or goods in the centre.

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 anything in their home or needed support with something. 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 any allegations of abuse.

There was a policy in place for the provision of personal care. 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. .

There was also a policy in place for the use of restrictive procedures. Where a restrictive practice was in place, inspectors observed that the least restrictive option was used. For example, one resident needed significant support and supervision in the kitchen. The person in charge informed the inspectors that rather than lock the kitchen door, they used a sensor alarm. This meant that the resident could freely access the kitchen while at the same time the sensor alerted staff that they needed to provide supervision and support for the resident. All restrictive practices were brought before the human rights committee of the organisation.

There was a policy in place for the provision of behavioural support and where required positive behavioural support plans were in place. Inspectors also observed that on-going support was provided for by allied health care professionals such as access to mental health professionals and psychiatry. Positive behavioural support plans were informative on how best to support each resident.

For example, it was important for one resident to know and be reassured about what staff members would be on duty each day. To support the resident staff developed a pictorial calendar, which contained pictures of all staff members. Each day pictures of the relevant staff members would be placed into the calendar so the resident would have a reference point to know and recall what staff would be on duty each day.

Inspectors observed that occasionally resident's contributed to the purchase of goods and/or services for the centre. For example, one resident had made a substantial contribution to the purchase of a new car for his apartment and personal use. Previous to this adequate transport was provided by the service, but the person in charge informed inspectors that the resident had requested that a new car be bought and was willing to contribute to the cost. The car was purchased in 2013 and inspectors observed that it was documented on the resident's file that they owned half the vehicle. It was also recorded that the resident in question and a staff representative had signed a contract outlining this agreement.

However, adequate documentation was not maintained in the centre to ensure that the resident was fully protected from all forms of financial abuse. For example, the terms and conditions related to this contract were non informative as to how consent was achieved, whether an external advocate was made available to support the resident with the decision to make the purchase or how the resident would be reimbursed in the event of either party requesting the contract to be terminated.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a log of accidents and incidents within the designated centre and found all events requiring notification the Chief Inspector had been submitted within the necessary timeframe.

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:

A policy on education, training and development was in operation in the designated centre. This policy had last been reviewed in May 2015 and promoted access to education and training for residents. From speaking to the Person in Charge it was evident that access to education was facilitated. Inspectors were also informed of plans for a new day service for some residents.

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 variety of social activities facilitated by the residential centre.

During the course of the inspection, inspectors observed residents being supported to use local amenities in their community. For example, residents were supported to access local facilities such as shops, restaurants, pubs, and trips to nearby towns.

Of a sample of personal plans viewed, it was also identified that opportunities for

residents were explored to develop their skills and maintain levels of independence appropriate to their assessed needs and requests. For example, each apartment in the centre had a self contained kitchenette. Some residents were being supported to develop skills on how to use some of the appliances such as the microwave.

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 to achieve and enjoy best possible health. Health care plans were also found to be updated annually or as required.

Health care needs were met in line with personal plans and through timely access to appropriate health care services and treatments with allied health care professionals.

Records showed that routine visits were organised as and when required to the General Practitioner (GP), dentist and optician. The centre followed through comprehensively on any healthcare need identified for each resident. For example, one resident required a substantial dental treatment in 2015. Records showed that six dental visits and follow ups were supported over a seven month period. Annual medical appointments were also facilitated. From a sample viewed, residents' blood sugars, blood pressure, cholesterol, weight, hearing, vision and skin condition were checked annually.

Any issues identified in the annual check ups were treated. For example, one resident had an issue with a skin tag and this was removed after the annual check up in 2015. Another resident was diagnosed with chronic obstructive pulmonary disease (COPD) and was seen regularly by the doctor to monitor the condition, the last visit being facilitated in December 2015.

Specific issues were also comprehensively provided for, such as mental health and wellbeing. Some residents' required significant mental health support and interventions. From a sample of files viewed, mental health reviews were routinely and systematically supported and residents were being comprehensively supported to experience positive mental health.

Residents contributed to the weekly menu and individual preferences were provided for. Food was varied, fresh and nutritious. Some residents had their meals in the communal dining area while some chose to dine in the privacy of their own apartment.

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:

A policy covering the medication management cycle was in operation in the designated centre. This required staff to undergo medication management training at regular intervals. Inspectors reviewed training records and found that all staff administering medication had received such training. Medication management was audited on a monthly basis by the person in charge. Staff members spoken to were familiar with the procedure to follow in the event of a medication error.

Inspectors reviewed the storage of medication and found the storage to be secure with most medications in date. However inspectors observed one bottle of eye drops which were still in use at the time of inspection which had been opened in October 2015. The directions for these eye drops stated that they must be discarded 28 days after opening. Inspectors requested the person in charge staff to address this issue.

Inspectors reviewed medication records and found that for the most part all the required information such as the medication name and method of administration were recorded. However it was noted that the time of administration for one medication on a resident's prescription sheet was not indicated. A sample of administration records were also reviewed and inspectors were satisfied that the times of administration corresponded with the times indicated on prescription sheets.

In line with the centre's policy, individual medication plans were in place for each resident. Inspectors reviewed a sample of these and noted that they had been recently reviewed. On one of resident's medication plans it was noted that some sections of the plan had not been completed. This was brought to the attention of the person in charge who assured inspectors that this was an oversight and would be addressed immediately.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors reviewed the Statement of Purpose in the designated centre and found that it was missing some of the information as required by the regulations such as the fire precautions and associated emergency procedures.

In addition some information given in the Statement of Purpose, such as the criteria for admissions and the procedures for emergency admissions, was not adequately detailed.

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 in place with clear lines of authority, accountability and responsibility for the provision of the service. However, the person in charge had no protected management hours built into the roster which impacted his capacity to carry out all the duties required of a person in charge.

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. From speaking with the person in charge it was evident that he had an in-depth knowledge of individual support needs of each resident residing in the centre. He was also knowledgeable of his statutory obligations and responsibilities with regard to his role as person in charge.

The person in charge was supported by senior management 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. Staff members also spoke positively of him.

Inspectors reviewed the annual review of the quality and safety of care and support of the centre, which was carried out by the provider nominee and in accordance with regulations. It was observed that the actions coming from these reviews were being addressed accordingly. For example, the review highlighted the need for grab rails at the kitchen door. These were installed in November 2015. The review also highlighted that the house vehicle required an NTC test. This was also completed in November 2015.

While it was acknowledge that the person in charge was a skilled, qualified nurse with additional qualifications (including a management qualification), inspectors observed that he had no protected management hours. He was a core staff member for both units comprising the centre, as well as being the person in charge.

On viewing the roster, inspectors noted that at times the person in charge could be absent from the centre for periods of up to ten days. On one occasion this was because he was providing hospital cover for a resident who had been unwell. Inspectors observed that because he had no protected management hours built into the roster, some of the duties required of him as a person in charge were not being fully implemented. For example, some of the required paperwork and documentation kept in the centre needed to be reviewed and updated.

Judgment:

Substantially 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 the commencement of regulation. The provider was aware of the requirement to notify the Authority of the procedures and arrangements to be put in place in the event of the absence of the person in charge for over 28 days.

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:

Overall inspectors found the skill mix of staff was based on the assessed needs of each resident living in the centre. However, there were issues with regard to the person in charge not having adequate protected management hours to carry out this role as effectively as possible. This was discussed in detail in outcome 15: governance and management.

Maintenance issues were addressed promptly and the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Inspectors reviewed a sample of staff files and found that all the necessary information such as Garda vetting and proof of identity were appropriately maintained.

The inspectors found that there were caring, skilled and competent staff on duty during the course of the inspection. At times, some residents required two to one support, especially when accessing the community and this support was always available. In meeting the individual and complex needs of each resident in the centre, inspectors noted that the person in charge and all staff spoke positively about each resident in a caring and dignified manner.

A selection of staff files were reviewed in the organisations central offices and all contained the documents as 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.

All staff were appropriately trained for their roles, and from viewing a sample of training records, they had the required mandatory training to support the residents. The person in charge also informed inspectors that all staff were supervised according to their role and responsibilities. Inspectors observed the supervision notes during the course of the inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

While inspectors were provided with the information and documents required under

Regulation it was noted the maintenance of records to ensure clarity and avoid duplication required improvement. For example some residents' documents were difficult to find while for others it was difficult for inspectors to identify the dates which related to particular reviews or appointments.

While reviewing the fire register inspectors noted two personal evacuation plans for one resident. One of the plans referred to the resident residing upstairs while the more recent plan accurately stated that the resident now resided on the ground floor.

Inspectors reviewed the directory of residents and found that it contained all the information as required by the Regulations. A residents' guide was also in place but inspectors noted that it did not contain any guidance on how to access inspection reports on the designated centre.

All Schedule 5 policies, as required under the Regulations, were in place. These had been reviewed within a three year time frame and were available in both units of the designated centre. However, as highlighted under Outcome 1 aspects of the policy on managing resident finances were not being implemented in practice.

Appropriate insurance cover was in place. All other information requests made by inspectors were facilitated.

Judgment:

Non Compliant - Moderate

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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0005029
Date of Inspection:	20 January 2016
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 02: Communication

Theme: Individualised Supports and Care

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

Adequate detail with regard to some residents communication needs was not provided in some care plans

1. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or

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

individual communication supports required by each resident as outlined in his or her personal plan.

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

The communication needs of residents will be reviewed in consultation with the speech and language therapist. Following that review, communication goals and plans will be further developed.

Proposed Timescale: 31/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Documentation with regard to residents contributing financially for purchasing goods and/or services for the centre was not robust or adequately transparent to ensure residents are protected from all forms of financial abuse.

2. 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:

Together with the Finance Department we will examine the legal and financial implications in relation to residents purchasing goods and/or services. We will develop a more robust and explicit agreement for any situation whereby a resident wishes to purchase goods/services which protects the resident from any potential financial abuse. This will include explicit statements on ownership of the goods, responsibilities of the Services in terms of support, maintenance and upkeep of goods where relevant, and explicit statements on disposal or renewal of goods as relevant.

Proposed Timescale: 31/03/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The time of administration of one medication was not indicated. Eyedrops were being used for longer than instructed. A medication management plan for one resident was not fully completed in line with the centre's policy.

3. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and

administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

In relation to the time for the administration of medication not being indicated, this has been rectified with the GP and an accurate Individual Medication administration recording sheet is now in place.

In relation to the out of date medication, this has been returned to the pharmacy. Staff are aware to regularly check all expiry dates. Medication audits also take place. All medication management plans have been reviewed and are now completed and up to date.

Proposed Timescale: 22/02/2016

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:

Not all the required information was contained in the Statement of Purpose while some information did not contain sufficient detail.

4. Action Required:

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

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

The Statement of Purpose has been reviewed and updated to meet the requirements of the regulations and will be sent to the Authority

Proposed Timescale: 22/02/2016

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:

The person in charge had no identified protected management hours. The centre comprised of two individual houses supporting individuals with significant individual and complex needs. Because of this some of the duties required of the person in charge were not being fully implemented.

5. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A minimum of 12 hours per week protected time for the person in charge has been implemented with immediate effect. The organisation feels that this is a sufficient amount of protected time in which the person in charge can ensure the quality and safety of the service which they provide.

Proposed Timescale: 31/03/2016

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 policy on managing resident finances was not being fully implemented.

6. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures 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.

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

The policy supporting service users to manage their money has been clearly explained to staff and will be fully implemented going forward.

Proposed Timescale: 22/02/2016

Theme: Use of Information

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

The residents' guide did not document how inspection reports were to be accessed.

7. 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:

The Residents guide has been amended to include how people can access inspection reports.

Proposed Timescale: 02/02/2016

Theme: Use of Information

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

The maintenance of resident records required improvement.

8. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Personal profiles will be formally reviewed 6 monthly. Residents' records and documentation will be updated in a timely fashion.

Proposed Timescale: 22/02/2016