

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Seiribhis na Beanna Beola
<b>Centre ID:</b>	OSV-0003531
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Galway
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

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

From:	To:
06 November 2017 09:45	06 November 2017 16:00
07 November 2017 09:45	07 November 2017 16:50
09 November 2017 15:00	09 November 2017 16:50

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

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

**Summary of findings from this inspection**

Background to the inspection:

This was an 18 outcome inspection to monitor compliance with the regulations and standards and to inform a registration decision. This centre had previously been part of a larger designated centre. This was the first inspection of the centre in its current configuration.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed

documentation such as health and social care files, medication records, staff files and health and safety documentation. The inspector met with all five residents who were using the service at the time of inspection. Residents told the inspector that they liked living the centre and felt safe there. Residents said that staff looked after them very well, brought them to places that they wanted to go to, and that they enjoyed the meals in the house. The inspector observed residents to be relaxed and comfortable in the centre and in the company of staff. The inspector also met with two staff members, the person in charge and the service coordinator who was her line manager. The inspector did not have the opportunity to meet with any residents' families, and no satisfaction questionnaires were returned to HIQA by residents' families.

#### Description of the service:

The centre was a large split-level house, which provided separate accommodation on each floor. The house was located on the edge of a coastal town. This centre provided residential accommodation to seven male and female adults who had a mild to profound intellectual disability and autism. There were six permanent places and one respite bed, which was reserved at present for the same individual.

#### Overall judgment of findings:

The inspector found a high level of compliance with the regulations, with thirteen of the outcomes being found compliant and five substantially compliant.

Residents received a good level of health and social care, and stated that they were happy staying in the centre. In addition there were safe medication management practices being implemented.

The centre was suitably resourced to meet the needs of residents, with suitable staffing levels, access to healthcare professionals and transport available to meet these needs.

There were measures in place to safeguard residents, such as, staff were suitably trained and were aware of safeguarding risks and how to address them should any arise. While there were measures in place to support good communication with residents, improvement to the availability and use of assistive technology was required. Minor improvements were also required to the statement of purpose, recording of personal outcomes and fire drills, the identification of risk, and to the service agreement.

Findings from the inspection are outlined in the body of the report and actions required are found in the action plan at the end.

**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:**

This was the first inspection of this centre in it's current configuration.

The inspector found that residents were involved in how the centre was run and their privacy and dignity was respected. Residents also had access to advocacy service information and information about the complaints process.

Monthly house meetings were held in the centre, where residents discussed important issues with staff and other residents. Minutes of recent meetings showed that residents had discussed events such as activities and outings, personal outcomes, and food preferences. In addition, the inspector observed that a resident's profile was updated based on information discussed at a recent meeting. Staff also used these meetings as opportunities to discuss issues of importance with residents, for example, fire safety and evacuation procedures were discussed and the complaints DVD was viewed at a recent meeting.

Residents told the inspector that they were very happy living in this centre and that they had opportunities to do the things they wanted to do, including social activities, visits to family and friends, and community involvement. There was an advocacy service and details of how to access this services were displayed.

The complaints procedure was displayed in a user-friendly format that was clear and accessible to both residents and their families. There was a complaints policy which provided guidance on the management of complaints. There were no active complaints under investigation at the time of inspection and the provider had ensured that there

was a suitable method for recording complaints if required. There were no recent complaints, but the inspector found earlier complaints received, were suitably recorded, managed and resolved.

The inspector observed that the privacy and dignity of residents was respected. Staff spoke with residents in a caring and respectful manner, and residents told the inspector that staff looked after them well and ensured that they could do the things they wanted to do.

Residents had the option of personalising their bedrooms if they wished to, and most residents' rooms were decorated with their own personal belongings and photographs. Residents could lock their bedroom doors if they chose to.

Although residents were quite independent in delivering their own personal care, intimate care plans had been developed to ensure that suitable prompts or support were given by staff as required.

**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:**

This was the first inspection of this centre in its current configuration.

There were suitable communication practices in place to support residents, however, improvement in supporting resident to use assistive technology was required.

Although all residents in the centre could communicate verbally, communication passports had been developed to give information on how residents preferred to communicate. There was information for residents displayed in accessible format in the centre, including information on local events, daily meals and pictures showing the staff on duty each day and night. Furthermore, staff and the management team had been working to increase the range of information available to residents in accessible format. For example, information on the residents' personal goals, the human rights charter, the complaints process, and guidance on the management of money, were available in accessible versions.

Although internet and computer access was available in the centre, residents' potential use of these facilities had not been explored to establish what aspects of this would be enjoyable or beneficial to each individual resident.

A hospital profile had been developed for each resident which contained all relevant information about the resident. In the event of a hospital admission these would be used to share a range of important information about residents to hospital staff.

Some residents preferred to use the Irish language, some preferred English, while some used both languages. Staff in the centre were competent in both languages and the inspector saw residents and chatting in the residents' preferred languages throughout the inspection.

All residents had access to televisions, radio, postal service, internet and reading material.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

This was the first inspection of this centre in its current configuration.

Residents were supported to maintain relationships with their families and friends, and were encouraged and supported to be part of the local community.

Residents' families and friends could visit at any time. Residents spoke of home visits, visiting family graves and outings with family members and friends.

Families were invited to attend and participate in annual support meetings for the review of residents' personal plans and establishing goals for the coming year. Records indicated that families were kept informed and updated of relevant issues.

All residents had an opportunity to interact with the wider community to take part in social events and leisure activities. Residents said that they were supported to attend leisure events, such as concerts and cinema, dining in local restaurants, going for walks in the local area, and shopping, as they wished.

<b>Judgment:</b> 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:**  
This was the first inspection of this centre in it's current configuration.

The person in charge confirmed that agreements for the provision of services had been made with all residents. The inspector viewed some agreements and found that they were informative, stated the service provided and were signed by residents or their representatives. However, while the written agreements stated the total fees and any additional charges, they did not explain that variation of the fee could occur based on nights absent from the service.

There was a policy to guide the admission process, and the person in charge was aware of the importance of suitable assessment prior to admission.

**Judgment:**  
Substantially Compliant

**Outcome 05: Social Care Needs**  
*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services



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

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

**Findings:**

This was the first inspection of this centre in its current configuration.

The inspector found that each resident's social wellbeing was maintained to a high standard of care and support. There was an individualised assessment undertaken with each resident and residents had opportunities to pursue activities appropriate to their own preferences both in the centre, at day centres and in the community.

Each resident had a personal plan which contained important personal information about the resident's background, including details of family members and friends. Plans set out each resident's individual needs and identified life goals. Residents were involved in the development of their personal plans. In addition, the personal plans contained personal profiles of each resident, information about residents' interests and weekly activity records.

Staff worked with residents to help them to reach the personal goals that they wished to achieve each year. Records identified the staff responsible for supporting the residents, the plans to achieve each goal and the final outcomes. Most of the outcomes identified had been achieved, while some were still in progress. Some of the goals that residents wished to achieve included hotel breaks, visits to a family home place and joining a gym.

As some of the residents in this service were retired, there was a home-based activity plan, in addition to activities taking place in a resource service. Some residents chose to attend the resource centre and involvement was supported by staff. Others preferred to attend the home-based service and daily flexible activity plans had been developed for these residents.

There were vehicles available to transport residents to day services or other activities they wished to participate in.

**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:**

This was the first inspection of this centre in its current configuration.

The design and layout of the centre suited the needs of residents and the centre was clean, comfortable, well maintained and suitably furnished.

The centre comprised of one large house on two levels, which was well maintained both internally and externally. The house was spacious and provided separate accommodation on each floor. Each unit had its' own communal space, sanitary facilities, kitchen and dining areas, and utility rooms with laundry machines.

Staff supported residents to participate in their own laundry in accordance with their wishes. The laundry room had been restructured to ensure that it could be accessed by residents with assistive equipment if required.

All residents had their own bedrooms. The bedrooms were bright, well furnished and comfortable. Residents had adequate personal storage space and wardrobes. There were adequate toilets and showers for residents in accessible locations. Residents told the inspector that they enjoyed living in this house and that they found it to be very comfortable.

The inspector found the kitchens to be well equipped and hygienic with adequate storage space for utensils and food.

There were suitable arrangements in place for the disposal of general waste. Residents segregated refuse for recycling before it was transferred to bins outside for removal by contract with a private company. There was no clinical waste being generated.

The inspector viewed the maintenance and servicing records which confirmed that equipment had been serviced regularly and was in good working order.

Residents had access to outdoor areas. There were well-maintained gardens surrounding the house. Improvement work had been carried out on some external railings to increase the level of safety in the garden.

The provider had previously made it known to HIQA that the centre was not built in compliance with planning requirements and that action was in progress to address this matter. This issue has now been suitably resolved.

**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:**

This was the first inspection of this centre in its current configuration.

There were measures in place to protect the health and safety of residents, visitors and staff. However, some improvement was required to the identification of risk.

There was a health and safety statement, a risk management policy and risk register which stated measures to control identified risks. However, while the risks identified were specific to the centre, there were no control measures recorded to reduce the risk associated with smoking. In addition to environmental risks, risks specific to each resident were identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety procedures, and found that the provider had introduced measures to protect residents and staff from the risk of fire. There were up-to-date servicing records for fire fighting extinguishers, emergency lighting, the central heating boiler and the fire alarm system.

The fire procedure was displayed in the centre and the majority of staff had received formal fire safety training and staff who spoke with the inspector knew the evacuation procedure. A recently recruited staff member had not yet received this training, but it was scheduled to take place within days of the inspection. Personal emergency evacuation plans had been developed for each resident. These plans provided guidance about the level of support required by each resident.

Fire evacuation drills involving residents and staff took place four times each year, one of which was carried out while residents were sleeping. Records indicated that drills had been completed in a timely manner. At the time of inspection, most staff working in the centre had taken part in a fire drill, although there were a small number who had not. The person in charge had organised for these staff to attend additional fire training, including a simulated evacuation, in the coming week. The organisation had also developed a fire safety DVD for residents in user-friendly format.

Staff carried out a range of health and safety checks in the centre, such as daily checks of escape routes and medication fridge temperatures, and monthly checks of emergency lights and carbon monoxide alarms.

Staff had received training in moving and handling, although at the time of inspection none of the residents required the use of assistive equipment.

There was an emergency plan in place which gave clear guidance for staff in the event of any emergency or evacuation of the centre. Emergency contact numbers were clearly

displayed in the centre.

**Judgment:**

Substantially 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:**

This was the first inspection of this centre in its current configuration.

There were measures in place to protect residents from being harmed or abused.

There was a safeguarding policy and also a training schedule that ensured all staff had attended safeguarding training. The person in charge and staff, who spoke with the inspector, understood their responsibilities in the safeguarding of residents. To date, no allegations of abuse had occurred in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents told the inspector that staff cared for them well and all residents appeared at ease in the company of staff and with other residents.

At the time of inspection, there were no residents in the centre with behaviours that presented a safeguarding risk to others. There was, however, a policy on responding to behaviours that challenge, to guide staff and the support of a psychologist was also available in the organisation if required.

There were no residents in the centre using bed rails or any other form of physical restraint. However, there was a restraint policy to guide this practice if required.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

This was the first inspection of this centre in its current configuration.

The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. All events and quarterly returns had been notified to HIQA 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:**

This was the first inspection of this centre in its current configuration.

The inspector found that residents had opportunities to develop further skills.

Skills such as cookery and gardening were developed in the centre. Poultry keeping had also been introduced as it was of interest to some residents living in the centre. Some residents planted and maintained outdoor plant pots during the summer, and residents baked confectionary with staff. Residents who wished to were involved in household chores, such as food preparation, light housework, and laundry. The person in charge had recently changed from online grocery shopping to give residents the option of taking part in household shopping. Staff ensured that the level of involvement was consistent with residents' preferences.

**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:**

This was the first inspection of this centre in its current configuration.

Residents' health care needs were well met and they had access to appropriate general practitioner (GP) and other health care services.

Residents' nutritional needs and weights were kept under review. Residents were weighed monthly and were supported and encouraged to eat healthy balanced diets and to take exercise. There was a food and nutrition policy which had been updated to advise staff when any resident's weight presented a risk and when additional dietary or medical intervention was required.

Most residents ate foods of normal consistency but a modified consistency diet was required for a resident based on an assessment by the speech and language therapist. There was clear guidance provided by the speech and language therapist, and staff could explain to the inspector how the required texture was supplied.

All residents had good access to GP services and records indicated that residents went for consultation with GPs as required to maintain their health, and there were annual medical reviews organised for all residents. Appointments were also made for residents to attend other health care checks such as dental visits, mammograms, dementia screening, and to receive an annual 'flu vaccine'.

Residents had access to a range of health professionals including physiotherapy, speech and language therapy, psychology and psychiatry and referrals were made if required.

Each resident had a personal plan which outlined the services and supports to be provided to achieve and maintain good health. Personal plans were in an accessible format and each resident's plan for healthcare was reviewed frequently and when there was a change in needs or circumstances. The plans viewed contained detailed information around residents' health care needs, assessments, medical history and any treatment received and also healthcare support required from staff. For example, plans of care had been developed for a range of health and personal care needs such as, diabetes care, epilepsy, and skin care.

At the time of inspection there were no residents with wounds or pressure ulcers, dementia or who required continence management support.

**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:**

This was the first inspection of this centre in its current configuration.

There were safe medication management practices to safeguard residents. There was a medication management policy to guide staff. Training records indicated, and staff confirmed, that all staff involved in administration of medication had received medication management training. Staff who spoke with the inspector were very clear about safe medication administration practices.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of as-required medications was prescribed with clear guidance on administration. All medication on prescription sheets, including discontinued medication, had been reviewed and signed by a GP. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify identity if required.

There were suitable arrangements for the ordering, storage and return of medications. The inspector found that medication was safely stored and there was a suitable arrangement for the return of unused and out-of-date medication to the pharmacist.

At the time of inspection, none of the residents required medication to be administered crushed or medication requiring strict controls.

**Judgment:**  
Compliant

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<b>Outcome 13: Statement of Purpose</b> <i>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.</i>
<b>Theme:</b> Leadership, Governance and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.  <b>Findings:</b> This was the first inspection of this centre in its current configuration.  There was a statement of purpose that described the service provided in the designated centre and met most of the requirements of the regulations. However, some required information was not included. For example, information in the statement of purpose about consultation with residents was not consistent with what was found on inspection.
<b>Judgment:</b> Substantially Compliant

<b>Outcome 14: Governance and Management</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.</i>
<b>Theme:</b> Leadership, Governance and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.  <b>Findings:</b> This was the first inspection of this centre in its current configuration.  There were effective management arrangements to govern the centre. There was a clearly defined management structure that identified the lines of authority and accountability.



The role of person in charge was full time and the person who filled the post was suitably qualified and experienced. She had relevant health care and health service management qualifications and had experience working in services for people with disabilities. The person in charge had responsibility for more than one designated centre, but she had management support from a service coordinator, and a sector manager. She also worked closely with the team leader and staff who were based in the centre.

The person in charge was very familiar with the needs of residents in the service. She visited the centre at least weekly, and was well known to residents and staff in the house during the inspection. Staff confirmed that the person in charge was accessible to them and there was an out of hours rota system in place to support staff, which staff confirmed was effective.

Persons in charge and service co-ordinators met monthly with a sector manger who reported outcomes to the provider.

The quality and safety of care in the centre was being monitored. The person in charge kept all accidents, incidents and complaints under review. These records were also forwarded to the organisation's health and safety department for further analysis and for the purpose of identifying trends.

The provider was aware of the requirement to ensure that suitable auditing of the service was being carried out. Members of a management team carried out unannounced visits to all centres in the organisation every six months, on behalf of the provider, to review the quality of service and compliance with legislation. The first of these audits for the centre in its current configuration was in progress. Arrangements were also in place for an annual report on the quality of service to be carried out. In addition, staff carried out audits of medication management, personal profiles, residents' finances, and residents' personal outcomes.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff, including manual handling, management of behaviours that challenge, epilepsy awareness, first aid, safe administration of medication and fire safety.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

This was the first inspection of this centre in its current configuration.

The person in charge and management team were aware of the requirement to notify HIQA of the absence of the person in charge.

Arrangements were in place to cover the absence of the person in charge when required.

**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:**

This was the first inspection of this centre in its current configuration.

The inspector found that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was suitably furnished, equipped and maintained. There was transport available to bring residents to day services or other activities they wished to participate in. As there were two vehicles available, this increased residents’ opportunity to attend events or outings of their choice.

**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:**

This was the first inspection of this centre in its current configuration.

There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had received a range of training appropriate to their roles.

Staffing levels were based on the needs of residents. There was a planned and actual roster prepared and this was accurate on the day of inspection. Staff accompanied residents when they wanted to do activities in the local community such as going shopping or for meals, and when attending social events like concerts, cinema or outings.

The inspector reviewed a sample of staff recruitment files and found that the required information, such as garda vetting, photographic identification and suitable references, was present.

The person in charge confirmed, and training records indicated, that staff had received training in fire safety, safeguarding and manual handling. In addition, staff had received other training relevant to their roles, such as training in safe administration of medication, first aid, positive behaviour support, and food, eating and drinking.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

This was the first inspection of this centre in its current configuration.

During the course of the inspection, a sample of documents, such as staff training records, the directory of residents, health and safety records, operational policies and healthcare documentation were viewed and were generally found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were orderly and suitably filed.

However, there was improvement required, as a small quantity of the documentation viewed was not recorded in sufficient detail.

Records of fire drills were maintained, most of which were accurately recorded. However, some recording of fire evacuation drills required improvement as, in one sample viewed, there was insufficient detail of the fire drill recorded.

While most of the personal outcome records viewed by the inspector were comprehensive and up-to-date, some were not recorded in sufficient detail and had not been updated to show the progress that staff had made in achieving resident's personal goals.

All policies required by Schedule 5 of the regulations were available to guide staff.

**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:***

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



# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0003531
<b>Date of Inspection:</b>	06 November 2017
<b>Date of response:</b>	1 December 2017

### Requirements

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

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

### Outcome 02: Communication

**Theme:** Individualised Supports and Care

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

Residents' use of internet and computer technology had not been explored to establish what aspects of this would be enjoyable or beneficial to each individual resident.

**1. Action Required:**

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents

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

are supported to use assistive technology and aids and appliances.

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

Laptop suitable to the needs of residents was ordered from IT department on 10th November 2017.

Staff encouraged to research appropriate Applications and Websites that can be shared with residents.

**Proposed Timescale:** 10/11/2017

**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 did not explain variations to the fee based on nights absent from the service.

**2. Action Required:**

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

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

Service agreement changed to reflect refunds issued to residents following an absence from the designated centre

**Proposed Timescale:** 29/11/2017

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

**Theme:** Effective Services

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

There were no control measures recorded to reduce the risk associated with smoking.

**3. 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:**

The control measures associated with 2 individuals smoking are now also recorded in the Centres Risk Register.

**Proposed Timescale:** 09/11/2017

### **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:**

The statement of purpose did not include all the information required by schedule 1 of the regulations.

**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:**

Statement Of Purpose amended and updated to include all the information required by schedule 1 of the regulations

**Proposed Timescale:** 21/11/2017

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

**Theme:** Use of Information

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

Some personal outcome records were not recorded in sufficient detail and had not been updated to show the progress that staff had made in achieving resident's personal goals.

**5. 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:**

Keyworker updated Personal Outcomes records to reflect the progress made in achieving personal goals.

Person in Charge and Service Coordinator to discuss Personal Outcome Reviews at next Team Leader meeting on 13th December 2017

Team Leader will review all Personal Outcome review forms at each team meeting going forward.



**Proposed Timescale:** 13/12/2017

**Theme:** Use of Information

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

Some fire evacuation drills were not suitably recorded in sufficient detail.

**6. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:**

Memo sent to all staff as a reminder to ensure that Fire Drill records are completed with sufficient detail, to include initials of individuals taking part, names of staff participating, role plays, and accurate times.

**Proposed Timescale:** 29/11/2017