

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Dunkellin Services
<b>Centre ID:</b>	OSV-0005037
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>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>	3
<b>Number of vacancies on the date of inspection:</b>	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:	To:
16 January 2018 09:30	16 January 2018 18:10
17 January 2018 10:00	17 January 2018 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.

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 and health and safety documentation. The inspector met with all three of the residents who lived in this centre. A resident told the inspector that she liked living in the centre

and got on well with the other residents there. The inspector observed residents to be relaxed and comfortable in the centre and in the company of staff. The inspector also met with three staff members and the person in charge. The inspector did not have the opportunity to meet with any residents' families, there were no completed questionnaires from residents or their families returned to HIQA.

#### Description of the service:

The centre was a single house in a rural area, which had been reconfigured from a larger centre. This centre provided residential accommodation to three adults with intellectual disabilities, who may present with complex needs such as physical, medical, mental health, autism, mobility, communication and or sensory needs.

#### Overall judgment of findings:

The inspector found a high level of compliance with the regulations, with twelve of the outcomes being found compliant and four substantially compliant. Two outcomes were moderately non-compliant - there were no major non-compliances.

Residents received a good level of health and social care, had access to health care professionals and they appeared happy in the centre. In addition there were safe medication management practices being implemented. There were measures in place to safeguard residents and good communication plans had been developed. The centre suited the needs of residents and was comfortably furnished and suitably equipped. The centre had suitable staffing levels, access to health care professionals and transport available to meet these needs.

There were measures in place to safeguard residents; such as, staff training and awareness of safeguarding risks and how to address them should any arise.

The areas found to be in moderate non-compliance were records and documentation and health and safety and risk management. Minor improvements were also required to the statement of purpose, building maintenance, recruitment documentation and healthcare.

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:**

The inspector found that there were measures in place to ensure residents' participation in how the centre was run.

There was a process for the management of complaints, details of which were clearly displayed. There was also a clear complaints and compliments booklet, which was available to residents to express if they were happy or not happy with the service or to raise any other issues they had about the service. There was a complaints policy which provided guidance on the management of complaints and included an independent appeals process, which could be used in the event of a complainant not being satisfied with the outcome of a complaint. Although there had been no complaints received, there was a suitable process for recording and investigating them.

Residents' involvement in the centre was achieved in various ways. Staff confirmed that they established residents' views and preferences through observation and by responding to residents' responses to choices offered to them. Staff were observant of residents' needs and advocated for them as required. Staff also liaised with residents' families who also advocated for them. In addition, monthly house meetings were held in the centre to plan around residents' wishes and preferences. Residents had access to an advocacy service and contact details for this service were readily available

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All doors were closed when personal care was being delivered. All residents had single bedrooms. An intimate personal plan had been developed for each resident to ensure that privacy was

respected, to protect the resident from any risk during the delivery of intimate care, and to support the independence of the resident.

Residents' belongings were respected and kept safe. There was ample storage and wardrobe space in each bedroom, in which residents could store personal belongings. There was an option for residents to lock their bedroom doors if they chose to.

The inspector found that residents' finances were managed in a clear and transparent way. All money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed. Receipts were maintained for all purchases.

**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:**

There were good arrangements in place to assist and support residents to communicate, based their individual capacities.

All residents had communication profiles which identified the most appropriate communication techniques to support them to communicate. These profiles were individualised, and clearly described residents' levels of comprehension and communication.

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

There was a range of information displayed in accessible format in the centre, including notices about local events, daily food options, and the complaints process. There was a picture board, which changed daily, with names and pictures of the staff on duty each day and night. Furthermore, some information, such as the complaints process and the fire evacuation plan, was presented to residents in a clear, accessible format.

Residents had access to televisions, internet, radio, postal service, telephone, books and

magazines.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

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

Families and friends could visit residents in the centre. There were records 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 opportunities to interact with the wider community to take part in social events and leisure activities. Residents were supported to attend events, such as concerts, the cinema, dining in local restaurants, going for walks in the local area, and shopping, as they wished.

**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:**

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

The person in charge confirmed that agreements for the provision of services had been agreed with all residents and/or their families.

The inspector reviewed some agreements and found that they were suitably signed and reflected all aspects of the service provided, including the fee to be charged, and any additional costs that residents may incur.

There was a policy to guide the admission process. The person in charge was very mindful of the importance of pre-admission assessment and the compatibility of residents in the centre.

**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:**

Residents' social wellbeing was maintained by a high standard of care and support. Individualised assessments had been carried out for all residents. Residents had opportunities to pursue activities appropriate to their own preferences both in the centre, at day centres and in the community.

All residents had personal plans that contained information about their backgrounds, family and friends and interests, in addition to their assessed needs. Plans set out each resident's individual needs and identified life goals. Residents had the option to become involved in the development of their personal plans, with support from staff and family.

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 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 visits to a family home place, holidays, specific social and entertainment events. In the sample of personal goals viewed during the inspection, staff had reviewed the achievement of goals four times a year, and progress was clearly recorded.

Residents in this service had the option of a home-based activity plan, in addition to attending activities taking place in a nearby service. Some residents chose to attend some day service events and their involvement in these was supported by staff. Others preferred to attend the home-based service and flexible activity plans had been developed for these residents. During the inspection activities that residents took part in included, attending a music session, visiting a bookshop, using a computer, listening to music, and going for walks.

There was a vehicle available to transport residents to day services or other activities they wished to take part 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:**

The design and layout of the centre suited the needs of residents. The centre was comfortable and generally well-maintained. However, some improvement to the maintenance of external areas was required.

The centre was a large house near a rural village, with amenities such as shopping, restaurants, post offices and churches nearby. The house was spacious, clean, warm and comfortable.

There was ample communal day space including sitting rooms, dining area and a large kitchen.

All bedrooms were for single occupancy. The bedrooms were bright and well-furnished. Residents had adequate personal storage space and wardrobes. Some bedrooms had en-suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities. There was a large office for staff.

The kitchen was well-equipped and clean. There was a utility room with laundry facilities, where residents could participate in their own laundry if they wished.

There were suitable arrangements for the storage and disposal of waste and there was no clinical waste being generated.

Residents had good access to outdoors areas. There were gardens adjoining the house, including an enclosed garden.

However, external maintenance to the property required improvement. External paintwork both on the house and external fencing required attention. In addition, there was a considerable growth of moss and an accumulation of leaves, on some of the external grounds, which could present a trip or slip hazard to residents and staff walking in these areas.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

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

There was a health and safety statement, a risk management policy and a risk register which stated measures to control identified risks. The inspector reviewed the risk management policy and risk register and found that they included a range of centre-specific risks, including the specific risks required by the regulations. Environmental risks, and risks specific to each resident, were identified and control measures documented in residents' personal plans. However, while the risks identified were specific to the centre, some risks and their control measures had not been updated to reflect their current risk status. For example, the risk register had not been updated to reflect the changes to the level of risk associated with a transport vehicle.

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 staff had received formal fire safety training. Staff who spoke with the inspector knew the evacuation procedure. Personal emergency evacuation plans had been developed for each resident. While these plans were generally informative and detailed, some did not include some relevant evacuation guidance that staff explained to the inspector. This presented a potential risk that some staff may not have access to up to date information as required.

There were fire doors fitted in some areas of the house, although fire doors and automatic closing devices had not been fitted to all bedroom doors. The provider was asked to confirm that the fire containment measures in the house were adequate to protect the safety of residents and staff in the event of a fire.

Six fire evacuation drills involving residents and staff took place throughout 2017, two of which were carried out while residents were sleeping. Records indicated that all drills had been completed in a timely manner. The fire drills had been planned to ensure that each staff member took part in at least one fire drill each year.

Staff carried out a range of health and safety checks in the centre, such as weekly checks of panic alarms and fire alarms, and monthly checks of emergency lighting, carbon monoxide alarms and automatic door releases.

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.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

There were measures in place to protect 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. The inspector observed staff interacting with residents in a respectful and friendly manner, and all residents appeared at ease in the company of staff and with other residents. The services of a designated officer were available if required. At the time of inspection there were no safeguarding plans required in the centre, but the person in charge was clear on how any safeguarding issues would be managed.

There was a policy to guide staff on responding to behaviours that challenge. Positive behaviour support plans were in place for residents who displayed behaviour that challenges. These included the identification of triggers, on-going support strategies and reactive strategies. Staff were aware of this information and how to respond to occurrences of behaviour that challenges. All staff had attended training on managing behaviours that are challenging. Support plans were developed with the input from a behaviour management specialist. These plans were regularly reviewed by a multidisciplinary team with involvement from psychology, psychiatry, social work, speech and language, the person in charge and staff as appropriate. Staff were clear on the most up-to-date strategies for each resident and these were being implemented. The inspector found that the plans were effective and that behaviour management events had decreased.

No bed rails or other forms of physical restraint were being used in the centre.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents, accidents and quarterly returns. To date all required incidents and quarterly returns had been notified to the Chief Inspector.

<b>Judgment:</b> Compliant

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

**Theme:**  
Health and Development

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

**Findings:**  
Residents had opportunities to interact with the local community and to develop further skills.

Residents took part in a range of activities in the centre, in day services and in the community. These were based on their interests, and included walking, arts and crafts, photography, cookery and baking. Residents were also supported by staff to develop living skills such as involvement in cookery, basic housekeeping and laundry. Staff had received training in promoting residents independent living skills and were implementing this programme in the centre. Some residents attended training programmes that included classes in music, writing and computers.

The centre was situated in a rural area, which was close to several villages and larger towns and residents had good interaction with the local community. Residents were able to use the local amenities such as shops, cafés, bookshops and restaurants, with support from staff. At the time of inspection there was an organised health and fitness programme taking place in the local area and a resident was taking part. It included planned events such as aqua aerobics, tai chi, walks, health eating advice and weigh-ins.

**Judgment:**  
Compliant

**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

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

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

**Findings:**

Residents' healthcare needs were well met and they had access to good quality healthcare in the centre, a general practitioner (GP) and other health care services. However, improvement to a weight management plan was required.

Each resident had a personal plan that outlined the services and supports to be provided to achieve and maintain good health. Personal healthcare plans were reviewed frequently and when there was a change in needs or circumstances. Generally, the plans viewed contained detailed information around residents' healthcare needs, assessments, medical history, treatment received and support required from staff. Plans of care had been developed to guide staff in the care of all residents assessed needs.

Residents' nutritional needs and weights were monitored. Residents were weighed monthly and were supported and encouraged to eat healthy, balanced diets, and to take exercise suited to their abilities. Plans of care had been developed for issues relating to nutrition. However, some of these were not recorded in sufficient detail to guide staff practice. For example, plans of care for weight and cholesterol management did not provide enough information of the care interventions required. In addition, a recommended food diary had not been recorded in sufficient detail to make a judgement of its effectiveness.

Some residents required modified consistency diets based on assessments by a speech and language therapist, and these were provided. There was clear guidance provided by the speech and language therapist and, the inspector observed, that meals of the required texture were 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 healthcare checks such as dental and optical checks, and visits to consultants were arranged.

Residents had access to a range of health care services in the organisation including physiotherapy, speech and language therapy, psychology and psychiatry, and referrals were made as required.

At the time of inspection there were no residents with wounds, diabetes or infections.

**Judgment:**

Substantially Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

There were safe medication management practices to protect residents.

There was a medication management policy and training records indicated that all staff, who were involved in the administration of medicine, had received training in the safe-administration of medication.

The inspector reviewed a sample of prescription and administration charts and noted information required to guide staff on safe medication administration was present. Names of medications, times of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of p.r.n. (as required) medications was recorded to guide staff.

All medication on prescription sheets had been reviewed and signed by a GP. 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. Medication was safely stored and there was a suitable arrangement for the return of unused and out-of-date medication to the pharmacist.

Self-administration of medication had been considered, but there were no residents who were assessed as being suited to this process.

At the time of inspection, none of the residents were prescribed medication requiring strict controls, or required emergency medication. In addition, there were no residents who required their medication to be administered in a crushed state.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was a statement of purpose that met the majority of the requirements of the regulations. However, some required information, such as the number and gender of the residents for whom the service is intended, and the arrangements for residents to access education, training and employment, were not clearly explained in the statement of purpose.

The person in charge reviewed the statement of purpose annually, or when there was any change in the service.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There were effective management arrangements to govern the centre and there was a clearly defined management structure that identified the lines of authority and accountability. There were good procedures for reviewing and improving the quality of service in the centre.

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. The person in charge was very familiar with the needs of residents in the service, and was well known to residents and staff in the centre during the inspection. The person in charge worked closely with the team leader and staff in the centre and also attended meetings with other persons in charge in the area, three to four times each year.

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 team 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. A member of the management team, on behalf of the provider, carried out unannounced visits to all centres in the organisation every six months, to review the quality of service and compliance with legislation. To date one such audit had been completed in this centre in its current configuration, and any actions arising had been completed or were in the process of being addressed. The person in charge and staff carried out additional audits, such as audits of finances, and medication management. In addition, the person in charge kept residents' personal plans under informal review. The provider had taken a further action to ensure that a good quality of service was maintained. A quality accreditation had been awarded to the services in the organisation by an external body.

As the centre had not been operating for a year in its current configuration, an annual review and report on the quality of service had not yet taken place. The person in charge explained that she had commenced gathering information for the annual review, and that this report would be completed in the near future.

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, 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:**

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.

<p><b>Judgment:</b> Compliant</p>

**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:**  
There was evidence of adequate resources to ensure effective delivery of care and support. The centre was adequately furnished and equipped and there were resources, including transport, to facilitate residents’ occupational and social requirements. Furthermore, staffing levels were sufficient to ensure that there were enough staff to support all residents to live their daily lives as they chose, and to best suit their needs. For example, staff were available in the centre at all times to support residents who did not wish to attend day services each day.

**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:**  
There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection, staff had received training appropriate to their roles, and staff had been suitably recruited.

Staffing levels were based on the needs of residents. 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. Staff were also based in the centre daily, to ensure that residents could stay at home or go out in the local community as they wished. The skill mix of staff in the centre included nursing and care staff, and it was the intention of the provider and person in charge that residents would remain in the centre for their whole life, wherever possible.

There was a planned and actual roster prepared and this was accurate on the day of inspection.

The inspector reviewed a sample of staff recruitment files and found that most of the required information, such as Garda vetting, photographic identification and suitable references, was present. However, evidence of up-to-date registration with a professional bodies was not available in all staff files, although it was confirmed that this was being processed and would be available within the coming week.

The person in charge confirmed, and training records indicated, that staff had received training in fire safety, safeguarding and manual handling. In addition to statutory mandatory training, staff had received other relevant training, such as training in the safe administration of medication, first aid, communication, epilepsy care, feeding, eating and drinking, and food hygiene. Staff had also received training in an independent living skills support programme which they were implementing in the centre.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The inspector found that records required by the regulations were maintained in the centre, although some improvement was required to the recording of some information. Some of the information provided to guide staff in the administration of medication required improvement. Some improvement was also required to the recording of behaviour support information, and incidents occurring in the centre.

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

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

The inspector found that some of the recorded medication administration guidance was not adequate. While routes of administration of long term medications were recorded to guide staff on the sample of prescription sheets viewed, this information was not recorded for all p.r.n. medications. This presented a risk that staff may not be sure of the required administration routes of some medications.

While reviewing behaviour support plans, the inspector found that, while staff were aware of residents' current behaviour support needs, this information was not clearly presented, and was not easily retrievable in files. This presented a risk that new staff might not be able to access the most up to date guidance in a timely manner.

There was a computerised system for recording accidents and incidents that occurred in the centre. However, some incidents were not suitably recorded, as staff had been recording a composite overview of several incidents together rather than making a record of each individual incident.

**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:***

Jackie Warren



# 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-0005037
<b>Date of Inspection:</b>	16 & 17 January 2018
<b>Date of response:</b>	23 March 2018

### 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 06: Safe and suitable premises

**Theme:** Effective Services

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

External paintwork both on the house and external fencing required upgrading and some parts of the grounds required cleaning.

#### 1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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

construction and kept in a good state of repair externally and internally.

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

Fencing surrounding the property has been upgraded. It has been arranged for the property to be painted externally and the leaves and moss to be cleaned around the grounds.

**Proposed Timescale:** 05/06/2018

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

**Theme:** Effective Services

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

Some risks and their control measures had not been updated to reflect current risk status. The risk register had not been updated to reflect the changes to the level of risk associated with a transport vehicle.

**2. 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 risk register will be reviewed and updated to reflect the decreased risk associated with transport.

**Proposed Timescale:** 31/03/2018

**Theme:** Effective Services

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

Fire doors and automatic closing devices had not been fitted to all bedroom doors. The provider was asked to confirm that the fire containment measures in the house were adequate to protect the safety of residents and staff in the event of a fire.

**3. Action Required:**

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

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

Fire checks are completed daily along with regular fire drills. Personal Evacuation Plans will be reviewed and further details relating to night time drills will be added. A Fire detection system is also in place along with arrangements to extinguish fires which are checked and serviced. Fire doors will be installed to ensure that arrangements are in

place to contain a fire.

**Proposed Timescale:** 20/04/2018

**Theme:** Effective Services

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

Some personal emergency evacuation plans did not include some relevant evacuation information.

**4. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The Person in Charge will ensure that all Personal Emergency evacuation plans will be reviewed to ensure they contain all relevant information. In particular information in relation to night time evacuations will be included along with improving the details documented and actions taken as a result of fire drills.

**Proposed Timescale:** 05/04/2018

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Cholesterol and weight management plans were not recorded in sufficient detail to guide practice and did not provide enough information of the care interventions required. A recommended food dairy had not been recorded in sufficient detail to make a judgement of its effectiveness.

**5. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Person in Charge will ensure that diet plans will be revised by a dietician and suitable plans of care will be developed and implemented. All daily recordings will be logged in detail.

**Proposed Timescale:** 05/06/2018



### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not meet some of the requirements of schedule 1 of the regulations.

**6. 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 will be reviewed to meet the requirements set out in schedule 1 of the regulations.

**Proposed Timescale:** 06/04/2018

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Evidence of up-to-date registration with a professional body was not available to view on all staff files.

**7. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Person in Charge has ensured that all professional registrations are on file for all staff.

**Proposed Timescale:** 23/03/2018

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

**Theme:** Use of Information

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

Some information required under schedule 3 of the regulations was not recorded in

sufficient detail to guide staff.

**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:**

The medication recording system has been reviewed and updated to ensure it meets the requirements set out under schedule 3.

**Proposed Timescale:** 06/03/2018

**Theme:** Use of Information

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

Some information required under schedule 4 of the regulations was not recorded in sufficient detail to guide staff.

**9. 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:**

Information set out in schedule 4 of the regulations will be reviewed to ensure they are recorded in sufficient detail to guide staff. The Person in charge will ensure that all behaviour support plans will be reviewed and updated in accordance with schedule 4. The computerised system for recording incidents and accidents will be reviewed to ensure that each incident is suitably documented.

**Proposed Timescale:** 05/05/2018