

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0004826
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
06 May 2015 09:00	06 May 2015 16:00
07 May 2015 09:00	07 May 2015 15:00

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

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

Summary of findings from this inspection

This was the second inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

The centre provides 24 hour care and support for people with an intellectual disability.

As part of the inspection, the inspector met and spoke with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, policies and procedures.

The centre was a purpose built single storey building. The house was comfortable, appropriately furnished and well maintained. The design and layout of the house met the needs of residents.

Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their individual interests and goals.

Staff and residents knew each other well, and residents were observed to be relaxed and comfortable in the company of staff.

Areas of non compliance related to updating the complaints policy, this is discussed further in the report and included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted in how the centre was planned and run. There were regular in house meetings held with residents. Residents discussed and planned the menus for the week ahead, social activities, discussed planned renovations to the house including the new kitchen and colour schemes. Staff confirmed that they spoke with all residents on a daily basis to seek their views regarding all daily activities. The inspector observed this taking place in practice.

Residents had access to advocacy services. Residents and their families had recently been given a copy of the complaints procedure. The complaints process, how to access advocacy services was discussed and families had signed to confirm that they had been informed. The contact details of the advocacy service were clearly displayed in the centre.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a complaints policy in place, which included details of the designated complaints officer and appeals process. However, the policy required updating to include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records were maintained. A large colourful pictorial painting clearly outlining the complaints procedure was displayed on the main corridor. A key worker was assigned to each resident, and residents confirmed that they could speak with their key worker if they had any concerns or issues.

There was a complaints log book available to record complaints, comments or

suggestions. There were no open complaints and no complaints had been received in 2015.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single en suite bedrooms. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Each bedroom had been personalised with residents preferred colour schemes, soft furnishings and furniture. The inspector observed that residents were relaxed and happy in the company of staff.

Judgment:

Non Compliant - Minor

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that systems were in place to assist and support residents to communicate.

Staff spoken with were aware of the different individual communication needs of each resident. The communication needs of each residents were assessed and individualised communication support plans were in place as required. There was evidence of multi-disciplinary input and their recommendations were reflected in the support plans. Some staff had undertaken specific training to assist communication with some residents. The inspector observed staff communicating and being understood by residents.

All residents had access to televisions, radio, newspapers and magazines. Some residents had their own televisions, music systems, laptop computer and tablet. There was access to the internet. Some residents had their own personal mobile telephones and had access to the house telephone if they so wished.

Information regarding local events was available to residents. Some residents got the local newspapers, there was a copy of the monthly family resource newsletter available and reminders regarding upcoming local events were displayed in the centre. Residents were involved in the local tidy town competition, some residents were actively involved in the local Irish Country Woman Association (ICA) and some exhibited arts and crafts at local shows.

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:

The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community.

All residents went home and visited families on a regular ongoing basis. Residents had many photographs of their family members displayed in their bedrooms and some residents showed these to the inspector. There was an open visiting policy in place and family and friends could visit at any time. Staff told the inspector that visitors were always welcomed and offered refreshments. Residents could receive visitors in private if they wished.

The inspector noted evidence in residents files that family members were kept up to date regarding their relatives well-being and attended regular reviews/personal plan meetings. Relatives indicated in the returned questionnaires that they were satisfied with communication and were always kept up to date regarding their relatives well being.

Residents were supported to go on day trips in the local area, some residents liked go on shopping trips, go to the cinema, go bowling, go horse riding, go for drives and dine out in local restaurants. Some residents regularly attended local church ceremonies.

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):

No actions were required from the previous inspection.

Findings:

The admissions policy clearly set out the criteria for admissions, the inspector found this to be in line with the statement of purpose.

There was a signed service agreement in place for each resident. The inspector noted that the agreement set out the services to be provided and included details of additional charges such as monthly rent, and the weekly contribution to utility bills, food and transport.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal care plans. Residents and their families were involved in the development of personal plans and staff provided a good quality of social support to residents.

The inspectors reviewed a sample of personal plans, they were based on the individual support needs of each resident. Each resident had an accessible version in a folder that they kept in their bedrooms, some used pictures, words and photographs to depict the information in the residents' folders.

The personal plans contained important information about the residents' backgrounds, including details of family members and other people who were important in their lives. They also contained information about residents' interests. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. They also included intimate care protocols and individual protocols to facilitate activities such as day trips, using public transport and eating out. The personal care plans were found to be person centred and individualised and the inspector saw staff implementing the personal plans with residents. There was evidence of referrals to a range of multi disciplinary health professionals and recommendations were reflected in personal plans.

There was evidence of regular review and participation of residents/relatives in the development of and reviewing of plans. Each file had an individualised weekly activities

timetable. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the design and layout of the house fitted with the statement of purpose and met the needs of residents.

The centre was purpose built and found to be well maintained both internally and externally. The centre was found to be clean, bright, homely, suitably decorated and comfortable. The layout promoted residents independence, privacy and safety.

There was a variety of communal day space including a large sitting room and a large bright kitchen cum dining room. The rooms were comfortably and appropriately furnished. Residents artwork was framed and displayed throughout the house.

All bedrooms were for single occupancy; they were bright, well furnished and decorated in varying colour schemes. All bedrooms had en suite toilet and shower facilities. There was a separate bathroom also available.

The person in charge told the inspector that works had been approved and due to commence shortly on the conversion of part of the building to provide a self contained apartment for one of the residents whose goal it is to live independently.

The inspector found the kitchen to be well equipped and maintained in a clean condition. The person in charge told the inspector that new kitchen units and flooring were being provided in the near future.

There was adequate storage facilities provided to safely, discreetly and securely store equipment. There were separate well equipped utility/laundry room. There were adequate arrangements in place for the storage and removal of domestic waste.

There was a separate office/bedroom and toilet facilities for staff.

Residents had access to a large garden and patio area at the rear of the building.

Suitable garden furniture was provided for residents use.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected. Issues identified at the last inspection had been addressed.

There was an up to date health and safety statement available. There was a recently updated risk management policy and risk register which included the risks specifically mentioned in the Regulations. The person in charge carried out and recorded monthly health and safety checks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in October 2014 and a new fire alarm system had recently been installed and commissioned. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. All staff had received up to date formal fire safety training. The procedures to be followed in the event of fire were displayed. Regular fire drills and emergency evacuation practices took place involving all residents and staff.

A personal emergency evacuation plan had been documented for each resident. There was a fire and emergency plan in place which outlined clear guidance for staff in the event of a fire and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation. The emergency plan had been updated and included clear guidance for staff as to what their roles might be in the event of range of other types of emergencies including the loss of water, electricity and water leak.

The house was found to be maintained in a clean and hygienic condition throughout. There was an infection prevention and control policy dated September 2014 in place and guiding practice in areas such as hand hygiene, laundry, cleaning, food safety, waste management and management of outbreaks of infection. Staff stated that they had received training in infection control and food hygiene. Training records reviewed confirmed that training had taken place.

All staff had received up to date training in moving and handling.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policy on the safeguarding of vulnerable adults at risk of abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations of abuse including conducting an investigation. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the comprehensive policies on restraint and responding to behaviours that challenge. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. Some environmental restrictions were in place such as locking of bathroom doors and wardrobes, but clear rationales regarding these practices were documented in residents' personal plans. Restrictive procedures were reviewed regularly by a multidisciplinary team to ensure that least restrictive options were in use. A restrictive practice log was maintained and a restrictive intervention protocol was in use for each individual resident which clearly outlined the reason/protocol for using restraint measures. All staff had received training on managing actual potential aggression (MAPA). Individualised, detailed behaviour support plans were documented outlining clear guidelines for staff in positively supporting individual residents with behaviours that challenged.

The inspector was satisfied that residents finances were managed in a clear and transparent manner. The policy on good practice procedure in the handling of personal assets guided practice. The finances of some residents were fully managed while others partially managed their own finances following the completion of a money management

competency assessment. All money was securely stored in the safe. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by a staff member or a resident. Monthly balance checks were carried out by the person in charge and also by the financial controller.

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):

No actions were required from the previous inspection.

Findings:

The person in charge and management staff spoken with were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All incidents to date had been notified as required.

The inspector reviewed the incident logs and noted that comprehensive details of all incidents were maintained. All incidents were reviewed by the person in charge and included follow up action required and learning outcomes. Staff confirmed that all incidents were discussed at team meetings.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents had opportunities for new experiences, social participation, training and employment. There was a policy on access to education, training and development and one of the domains that featured in the personal plan related to learning, growth and new experiences.

Some residents attended a local resource centre each week and partook in various

activities including felting, knitting, cooking and gardening. Some residents also attended drama and arts groups.

Some residents were supported to attend literacy classes at an adult basic education service and had attended computer training classes in the past.

Residents spoken with confirmed that they were supported to engage in a range of social activities both internal and external to the centre.

Residents had attended recent in house information sessions on the complaints process and on the upcoming referendum.

Staff discussed ways in how life skills were being developed to support residents to live as independently as possible such as dressing independently, cooking, laundry, cleaning and gardening.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to general practitioner(GP) services. There was an out-of-hours GP service available.

Residents had access to a range of allied health professionals including physiotherapy, dietician, occupational therapy (OT), speech and language therapy (SALT), dermatology, psychiatry, psychology, dental, optical and chiropody. Records of referrals and appointments were observed in residents' files. Support/care plans were in place to clearly guide staff for specific identified health care issues.

The inspector was satisfied that residents' nutritional needs were well monitored. Residents who required specialised diets were catered for. Residents weights was monitored regularly. Advice was sought from the dietician as required and recommendations reflected in residents nutrition plans. Resident's were supported to maintain a healthy diet and lifestyle. Residents spoken with told inspectors that they were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have

their meals. Fresh fruit was readily available. Residents had access to fluids and snacks throughout the day.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector noted that the policies and procedures for medication management were generally robust.

There was a comprehensive medication management policy guiding practice. Staff spoken with were knowledgeable regarding medication management policies and practices. All staff had attended medication management training which included a clinical competency assessment.

The inspector reviewed a sample of prescription/administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN medications were prescribed and all medications were regularly reviewed by the GP.

There were no residents prescribed controlled medications at the time of inspection.

Systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy. Systems were in place to record medication errors and staff were familiar with them.

Regular medication management audits were carried out by the clinical nurse assessor. Staff confirmed that the results of audits were discussed with them. The inspector noted that issues identified in the April 2015 audit had been addressed.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the updated statement of purpose and noted that it complied with the requirements of the Regulations. It accurately described the services provided and was demonstrated in practice. The person in charge undertook to submit the updated version of the statement of purpose.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the person in charge had the appropriate experience for the role. She worked full-time and was on call out of hours and at weekends. A senior supervisor who works in the day-care services locally deputised in the absence of the person in charge. The person in charge is also the coordinator of services which includes day supports, shared living supports and supports for people living on their own in the North Clare area. She is working in her current role for the past 11 years. She was knowledgeable regarding the requirements of the Regulations and Standards and had very clear knowledge about the support needs and personal plans of each resident. She was in daily contact with staff and visited the centre three/four times a week. Inspectors observed that she was well known to staff and residents.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the

person in charge to assist her to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. The designated person to act on behalf of the provider visited the centre annually and was knowledgeable about the service. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how she regularly met with the regional manager and other service coordinators. The regional manager in turn attended senior management meetings when issues relating to centres could be discussed. The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

An annual review of the quality and safety of care in the centre had been carried out in November 2014. The audit clearly set out the findings and identified areas for improvement. The action plan included the issues to be addressed, the name of the person responsible and the timeframes for completion of actions. The inspector noted that actions highlighted had been addressed. Audits had also been completed on medication management, incidents and accidents. The provider nominee told the inspector that an audit on restrictive practice was currently in progress.

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):

No actions were required from the previous inspection.

Findings:

The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. To date this had not been necessary.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was sufficient resources to support residents achieve their individual personal plans.

The organisation had a service level agreement with Health Service Executive in place based on the number of residents in the centre.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the centre had a sufficient number and skill mix of staff to meet the needs of the resident in the centre. There was a planned and actual rota which matched the shift pattern outlined by the person in charge. The inspector noted that there had been a low turn over of staff in the centre. Staff spoken with were satisfied with the staffing levels and told the inspector that staff were flexible and supported on another. The inspector observed staff interacting with the residents in a warm and respectful manner.

The person in charge maintained a training matrix which monitored staff training needs. All staff had undertaken up to date mandatory training.

The inspector reviewed a number of staff files, they contained all the information as required by the Regulations.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended on going training and records of training were maintained in staff files. Recent training included safe administration of medication, managing actual potential aggression, food safety and occupational first aid.

A protocol for ensuring staff competency had been introduced since the previous inspection. The person in charge told the inspector that staff underwent annual

performance appraisals, and this was confirmed by a member of staff.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available and up to date. Systems were in place to review and update policies. The person in charge had put systems in place to ensure that staff read and understand policies.

Judgment:

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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0004826
Date of Inspection:	06 May 2015
Date of response:	04 June 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints policy did not include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records were maintained.

Action Required:

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

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Complaints Policy will be reviewed and amended to include a named person other than the PIC and Complaints Officers to ensure that all complaints are responded to and all records are maintained.

Proposed Timescale: 19/06/2015