

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0004858
<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>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	23
<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:
12 October 2015 12:30	12 October 2015 21:00
13 October 2015 09:30	13 October 2015 18:00

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 first inspection of this centre the purpose of which was to inform a registration decision. As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

During the inspection the inspector found a high level of compliance with the Regulations, with fifteen of the outcomes reviewed being assessed as compliant and three as substantially compliant.

Evidence of good practice was found throughout the service. Residents' health and

social care needs were well met. There were comprehensive assessments and personal plans for each resident and residents had good access to general practitioners (GP) and health care support services.

The dwellings in the centre were comfortable, appropriately furnished and well maintained and residents had good access to the local community. Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

The provider and person in charge had robust fire safety controls and other safety measures to promote the safety of residents in place. Residents confirmed that staff supported them well and that they felt safe in the centre.

Although risks associated with the service had been identified and control measures were in place, there was improvement required to the identification and recording of risk to ensure that it was clear and centre specific. Some minor improvement to recruitment documentation was required. In addition, the person in charge had recently revised the contract of care and the revised version, which was in line with the requirements of the Regulations, had not yet been agreed with all residents.

Findings from the inspection and actions required are outlined in the body of the report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that residents were consulted in how the centre was planned and run. There were residents' meetings held in each of the houses during which residents could make plans and discuss issues of importance to them. The frequency of the meeting varied from monthly to quarterly depending on the preferences of residents.

Staff recorded minutes of the meetings, a sample of which showed that at one meeting residents had discussed and given feedback around a summer break exchange which they had been involved in. At a meeting in another house residents informed staff that they did not like the layout of the new staff rota as they did not find it easy to read. As a result the old format of the rota was reinstated. Residents had also discussed friends, household duties and birthdays at meetings.

Residents told the inspector that they lived their lives the way they wanted to and could come and go as they pleased, but if they were going out alone they let staff know of their plans. Residents further confirmed that they could get up and go to bed when they liked.

Details of the complaints process were clearly displayed for residents and had been discussed at residents meetings. The complaints procedure for residents was in the format of a user friendly booklet, which was designed to be clear and accessible to residents.

There was also a clear complaints and compliments form, which was available to residents and they could use to express if they were happy or not happy with any issues. Residents were clear about the complaints process. They told the inspector who

they would speak to if they had a complaint and they felt sure that if they raised any issue that it would be addressed.

There was also a complaints policy which provided guidance on the management of complaints. It identified who to make a complaint to 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. To date any complaints received had been clearly recorded and suitably resolved.

An advocacy service was available to residents and details of how to access this service were clearly displayed.

Residents were very involved in household activities such as shopping, laundry and food preparation and some residents did baking in the kitchen every week.

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 bedrooms and had keys to lock their bedroom doors if they wished to. Residents' belongings were respected and safeguarded. There was ample wardrobe and storage space in bedrooms, in which residents could store personal belongings.

Residents had their rooms decorated with photographs, pictures and personal belongings. Although residents were generally independent in delivering their own personal care, intimate care plans had been developed to ensure that suitable prompts were given by staff as required.

Some residents took full responsibility for their own money and valuables while some required support from staff. The inspector found that residents' finances were managed in a clear and transparent manner. All money was securely stored in lockable safe storage, individual balance sheets were maintained for each resident and all transactions were clearly recorded. Residents told the inspector that staff took care of their money for them but that they could have their money whenever they needed it.

Residents' civil and religious rights were respected. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. There was a church nearby which residents could visit at any time. Any resident who wished to were registered to vote.

The organisation had a charter of rights. Each resident had a copy of the organisation's charter and a copy was available in an accessible communal area.

**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:**

All residents living in the centre had good communication skills and no specific communication techniques were required.

The person in charge and staff had introduced some processes to enhance communication of important information to residents and to further promote their independence.

For example the following information was displayed in communal areas:

- advocacy services
- when residents agreed the weekly menu, this was written on a white board and displayed in kitchen
- names and colour photos of staff members who would be on duty each day
- the safe cross code
- information about the forthcoming inspection by the Health Information and Quality Authority
- dinner preparation roster, in shared houses
- local news and events
- reminders of daily activity plans
- information such as the complaints process and the residents guide were available in easily readable format with pictures.

A hospital profile had also been developed for each resident which contained all relevant information pertaining to the resident in an accessible format. In the event of a hospital admission these would be used to communicate a range of important information about residents to hospital staff.

Residents had access to television, radio, books and magazines and residents had their own mobile phones.

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Residents were supported to maintain relationships with their families and involvement in the local community.</p> <p>There was an open visiting policy and family and friends could visit at any time. Most residents also visited and stayed with family members regularly throughout the year. Staff confirmed that residents received regular visits from friends and family.</p> <p>Families were invited to attend and participate in residents' annual support meetings for the review of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues.</p> <p>Residents either visited day services or worked on weekdays when they had the opportunity to meet and socialise with their colleagues and friends. They also interacted with the wider community when they participated in voluntary work, sport and leisure activity at other times.</p> <p>Residents were supported to go on day trips in the local area, attend sporting events, the hairdresser and dine out in local restaurants and pubs. Residents frequently visited the local shops and amenities and also went to larger supermarkets for household shopping.</p> <p><b>Judgment:</b> Compliant</p>
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<p><b>Outcome 04: Admissions and Contract for the Provision of Services</b> <i>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.</i></p>
<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Contracts for the provision of services had been developed and the person in charge said that a contract had been agreed with each resident. The inspector reviewed some contracts and noted that they included the services to be provided, and identified some that were not included in the fee.</p>



However, the fee to be charged was not specified in the contract and details of additional charges were not indicated in sufficient detail. The person in charge promptly addressed this deficit and showed the inspector a revised version of the contract which included the fee and there was also an additional appendix to the contract which clearly explained what was not included in the fee and required payment by residents. It was intended that this version of the contract would be used in future and would be supplied to all residents or their representatives for agreement at annual contract renewals which was scheduled to take place early in 2016.

There had been no recent admissions to the centre. There was a policy to guide the admissions process and the person in charge explained how the admission process would be managed. The person in charge was fully aware of the need to manage any admissions having regard to the needs and safety of the individual and the needs of the other residents in the centre.

**Judgment:**  
Substantially Compliant

#### **Outcome 05: Social Care Needs**

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

**Theme:**  
Effective Services

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

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

#### **Findings:**

The inspector found that residents' wellbeing and welfare was promoted through a high standard of evidence based care and support.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident, relevant key workers and family members. The inspector found that personal plans were developed to a high standard, were focussed on improving the quality of residents' lives, identified health and social care needs and provided detailed guidance on how to meet these needs.

In this centre there was a large focus on promoting independent living skills and supporting increased community involvement for residents.

Personal plans were based on assessments and the plans were updated annually or more frequently in response to any changes in the resident's condition or needs. Residents' individual goals were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to.

Some of the goals identified by residents included learning to developing better budgeting skills, to learn to do specified housekeeping tasks independently and one resident wished to achieve a healthier and fitter lifestyle. Plans had been developed and staff and residents were working together to achieve these goals.

The inspector found that there was multi-disciplinary input in the care of residents as provided by social care workers, the psychiatrist and behavioural support team as needed. Residents' plans also contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about medications.

**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 centre consisted of four separate housing units. There were three houses, each of which could accommodate up to six residents and an apartment block with five individual, self-contained dwellings. As part of the inspection, the inspector visited all of the dwellings and met with residents and staff.

The three houses were spacious, comfortable, clean and well furnished, with ample private and communal space. Each resident had his/her own bedroom and there was an additional bedroom in each house for use of staff who sleep over to support residents. Most residents had en suite bathroom facilities, with 11 of the 18 bedrooms in the three houses having en suite showers, toilets and wash hand basins. Sufficient additional bathrooms were also available for residents' use.

Some of the residents invited the inspector to see their bedrooms, which were

comfortable, well decorated and personalised with photographs, books, paintings and personal belongings. All the houses had adequate sitting rooms, dining rooms and spacious well equipped kitchens and utility rooms.

The fourth residential unit comprised of six self-contained apartments in one complex. Five of the apartments were occupied by residents and the sixth was used by staff as office and sleeping accommodation. Each apartment had a combined sitting room and kitchen, a separate bedroom, a bathroom and a storage area. All apartments had an intercom link and also mobile phone access to staff in the building for support as required.

There were adequate facilities for residents to launder their own clothes with washing machines and driers in the houses and clothes lines in the gardens. There were washer/driers in all of the apartments.

All the accommodation that the inspector visited was clean, comfortable, well furnished, suitably decorated and well maintained and was suited to the needs of the residents living there. All the residents who spoke with the inspector said that they liked their accommodation and were very happy living there.

There were suitable arrangements for the safe disposal of general waste. Residents had separate waste and recycling bins in each dwelling and the main bins were stored outside in a hygienic manner. Bins were emptied regularly on contract with a private company. There was no clinical waste being generated.

All the houses had well maintained gardens supplied with garden furniture.

The houses and apartments were centrally located and were close to the public transport system.

**Judgment:**  
Compliant

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

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

**Theme:**  
Effective Services

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

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

#### **Findings:**

There were systems in place to promote and protect the health and safety of residents, visitors and staff.

There was a health and safety policy, a risk management policy and a risk register available to guide staff. There were also a range of policies which were viewed in conjunction with the risk management system and which included a missing person policy and a behaviour that challenges policy. The risk management policy identified the procedures for the identification and management of risk in the centre, including all the risks specified in the Regulations such as self harm, violence and aggression.

A range of personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures. However, some parts of the risk register were generic and included a wide range of risks which could occur in any centre within the organisation and some were not relevant to this centre. Due to the volume of the document it was more difficult to identify the risks specific to the centre.

The provider had measures in place to ensure that staff and residents knew what to do in the event of a fire. Training records showed that all staff had received formal fire safety training, which was mandatory every two years in this organisation. Staff who spoke with the inspector confirmed that they had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed. Residents had also attended the fire safety training.

In addition, three fire drills were carried out annually, one of which was at night. All residents who spoke with the inspector described safe procedures for evacuation upon hearing the fire alarm. They were clear on how to evacuate the building and confirmed that they could always hear the fire alarm even if they were asleep at night.

Records of fire drills were maintained which included information such as the total time taken to evacuate the centre and who had participated in the drill. In addition, to the fire alarm there were individual alternative measures in place to alert some residents with hearing impairments, such as a vibrating device in the pillow of one resident.

Service records showed that all fire safety equipment had been suitably serviced. The fire alarm system and emergency lighting were serviced quarterly and fire extinguishers were serviced annually. In addition, staff also carried out monthly checks of fire extinguishers and emergency lighting and weekly checks of fire alarm and these were being recorded.

The inspector also noted that all fire exits were unobstructed. In one of the houses in the centre, a resident carried out and recorded daily checks of fire exits to ensure that they were not obstructed. Where applicable, the lift and the central heating boilers were serviced annually.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary. The procedures to be followed in the event of fire were displayed in each of the dwellings.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary. The

procedures to be followed in the event of fire were displayed in each of the dwellings.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Measures were in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals. Staff who spoke with the inspector confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

The person in charge and the service co-ordinator confirmed that they had received training in adult protection. Both were knowledgeable regarding their responsibilities in this area and were clear on how they would respond to any allegation or suspicion of abuse. Any allegations of abuse which had occurred in the centre had been suitably investigated.

The inspector observed staff interacting with residents in a respectful and friendly manner. All residents told the inspector that they were very well supported by staff and felt safe living in the centre. They knew the person in charge and service co-ordinator well and were aware that they could talk to them or to their team leaders if they had any concern.

Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging. There was a policy on responding to behaviours that challenge to guide staff.

There were no residents using bed rails or any other form of physical restraint.

<p><b>Judgment:</b> Compliant</p>
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<p><b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All required incidents and quarterly returns had been suitably notified to the Chief Inspector.</p> <p>The inspector reviewed the incident records and noted that comprehensive details of all incidents, how they were managed and agreed preventive measures were recorded.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>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.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector found that residents were supported to live independent lives and to participate in training and development opportunities to assist them achieve their best potential. All residents had opportunities for new experiences and to develop further skills based on their interests. The aim of the service was to promote independent living and to support residents' transition to independent living.</p> <p>Employment opportunities in the local area had also been organised. Several of the</p>

residents had jobs in the community. For example, one resident works in a charity shop, another does voluntary work in a garden facility while another is a professional actor. Other residents worked in the resource centres where they had jobs such as picture framing.

Residents were very involved in household duties, such as laundry, cleaning, cooking, baking, making their packed lunches and recycling their used products. In one house a resident had been appointed as health and safety officer and ensured that the visitors log was completed by all visitors. This resident also carried out and recorded daily checks to ensure that fire exits are not obstructed. The resident was also very involved in the upkeep of the garden and had entered a community garden competition.

Other household responsibilities included feeding the cat in one house and in another unit a resident cared for a rescue dog.

Residents told the inspector of a range of social activities that they were involved in, such as going out for meals, to concerts and for outings. Some residents were very interested in sport and several told the inspector that they went horse riding regularly and showed the inspector pictures of themselves involved in this activity. Residents also spoke to the inspector of participation in swimming, drama lessons and art. Although transport was available several residents used the bus independently or walked to their resource centres.

**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:**

The inspector found that there were suitable arrangements in place to support residents' health care needs.

All residents had access to GP services and some residents attended medical appointments independently. There was an out of hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of health care professionals. Records of referrals and

appointments were viewed in residents' files and recommendations were reflected in residents' personal plans

Each resident had a personal plan which outlined the services and supports to be provided to achieve a good quality of health care. Personal plans were in an accessible format and each resident's plan for health care was reviewed frequently and when there was a change in needs or circumstances.

Staff had made arrangements for residents to be reviewed by health care professionals, such as speech and language therapists, opticians, podiatrists, dieticians and chiropodists as required. Individual plans of care had been developed for residents to guide staff in the care of various health care issues such as diabetes and asthma.

The inspector found that residents' were supported to buy, prepare and cook the foods that they wished to eat. Residents who lived in single units cooked their own meals, either with support from staff or independently as they preferred. They told the inspector that they could choose a time that suited them to have their meals and could cook and eat whatever they liked each day. Residents in the shared houses said that they generally cooked and ate their meals communally. All residents confirmed that they had access to the kitchen and could have meals, drinks or snacks at any time.

Staff were aware of any dietary needs of residents and ensured that they were being met. Staff also encouraged and advised residents on healthy eating choices. For example, one resident had identified a wish to take more exercise and to eat more healthily. To support this staff had agreed a plan with the resident which included increased walking, monthly weight monitoring, a healthy eating plan and a referral to a weight management clinic.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

**Findings:**  
The inspector found that there were safe medication management practices in place.  
  
There was a comprehensive medication management policy guiding practice. Training records indicated that all staff had received medication management training which



included a competency assessment. There were appropriate systems in place for the ordering, storage and return of medications. Medication for each resident was supplied in individual monitored dosage sealed packs which were prepared and delivered weekly by the local pharmacist. Staff explained that there was a good relationship with the pharmacist who was available on 24 hour call.

The inspector reviewed a sample of prescription/administration charts and noted that they contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of PRN (as required) medications was prescribed with clear guidance on administration. Personal administration plans had been developed for each resident.

At the time of inspection there were no residents prescribed medication requiring strict controls and no residents required their medication crushed. There were secure arrangements in place for storage of medication requiring temperature control. Assessments for self-administration of medication had been carried out for all residents. As a result of this most residents had their medication administered by staff although some residents either self administered or partially self administered their medication. This was regularly reviewed by staff to ensure that the practice was safe.

Detailed medication audits are carried out twice each year.

**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 in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.

**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):**

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

**Findings:**

The organisational structure of the service was clearly laid out in the statement of purpose and the inspector found that this structure adequately supported staff in the delivery of the service.

The person in charge explained that the service co-ordinator normally met with him daily and visited each unit in the centre at least twice each week to review files and oversee areas such as personal outcomes, risk management and finances.

She knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents.

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 had relevant health care and health service management qualifications and had extensive experience working in services for people with disabilities. The person in charge has overall responsibility for the management of this service. She worked in close liaison with the service co-ordinator who worked more closely with the team leaders and staff who were based in each house.

The person in charge was very familiar with the needs of residents in the service and was well known to the residents and staff in the houses visited during the inspection. There were arrangements in place to cover the absence of the person in charge and there was an on call out of hours rota system in place to support staff.

The person in charge held formal meetings with care leaders every six to eight weeks. Service managers met monthly with a sector manager who represented and reported outcomes to the provider nominee.

There were systems in place for monitoring the quality and safety of care. The person in charge kept all accidents, incidents and complaints under formal review within the centre for the purpose of identifying trends. Members of a service management team carried out unannounced visits to the centre every six months to review the quality of service and compliance with legislation and a health and safety manager carried out annual health and safety audits. The management team also carried out annual internal audits of all of the houses in the service. Findings from all audits and reviews were communicated to the person in charge for attention and were also reported to the provider nominee.

The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies found were addressed by the person in charge.

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

**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 staff was aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

Suitable arrangements were in place to cover the absence of the person in charge.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

The inspector found that there was sufficient resources to support residents achieve their individual personal plans and goals. T

here were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents. In addition, the accommodation was clean, safe, and well maintained and suitably furnished to meet residents needs.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate.

Staff were present in the centre to support residents on weekdays from evenings until morning time and throughout weekends. Residents required minimal assistance with cooking and personal care and during these times staff provided this support as required. One staff member slept over each night in each of the houses. One staff member also slept over in the apartment block and was accessible to all residents there.

All residents who spoke to the inspector explained that they could contact staff at any time by call bell, intercom or mobile phone and confirmed that they would do this if required. Separate staff supported the residents while in their resource centres.

Residents generally did not required support to do things in the local community such as going shopping or for coffee, attending appointments, going for a walk or attending social events. Staff accompanied residents for other outings, such as concerts and trips away.

A range of staff training was organised and training records indicated that they had received training in fire safety, medication management, client protection, behaviour management and manual handling, all of which were mandatory in the organisation. Staff had also received other training as required such as infection control, epilepsy care and positive behaviour support.

The inspector found that staff had generally been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references and photographic identification. Gaps in staff employment history were not explained in one of a sample of files viewed.

**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.

During the course of the inspection a range of documents, such as the residents guide, medical records, accident and incident records, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made readily available to the inspector. Records were neat, clear, orderly and suitably stored.

All policies as required by Schedule 5 of the Regulations were available and up to date.

**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:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0004858
<b>Date of Inspection:</b>	12 October 2015
<b>Date of response:</b>	19 November 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The contract of care did not include the fee to be charged and details of additional charges were not indicated in sufficient detail.

#### 1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

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

of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Reviewed the Individual Service Agreement to include information and it now meets HIQA Regulations. The revised Individual Service Agreement will be circulated from Monday 16/11/15 and all residents will have the updated service agreement on file by 31/1/16

**Proposed Timescale:** 31/01/2016

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

**Theme:** Effective Services

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

Some parts of the risk register were generic and included some risks which were not relevant to the centre.

**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:**

Person in Charge and Service Coordinator will meet with teams within the designated centre to identify risks that are specific to the centre.

The risk register which will include the assessment of risks throughout the designated centre will be completed by 27/11/15.

**Proposed Timescale:** 27/11/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Gaps in staff employment history were not explained in one file viewed

**3. 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:**

Following inspection all staff files for the designated centre have been reviewed and we



are now satisfied they meet the required standards.

**Proposed Timescale: 20/11/2015**