

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0004950
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Raymond Lynch
Type of inspection	Announced
Number of residents on the date of inspection:	18
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:
19 October 2015 10:40	19 October 2015 19:30
20 October 2015 09:30	20 October 2015 16:30

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

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

Summary of findings from this inspection

This announced registration inspection took place over two days. As part of the inspection, inspectors met with residents, staff members and family members. Inspectors observed practices and reviewed documentation including personal plans, policies, procedures and staff files.

The centre comprises of three residential bungalows and can accommodate 18 residents. It is located just outside Galway city and is a prime location for public transport and amenities. Residents living in the centre had significant health care needs which require intensive support and intervention.

Staff were observed to support residents' in a respectful and dignified manner at all times. Residents had opportunities for engagement and community participation in the day and evening times. Family members spoken with were highly complementary of the service their son or daughter received. They mentioned they were welcome to visit at any time and found the staff were accommodating and worked hard to ensure a high standard of care.

However, family members and inspectors noted the amount of time staff could spend with residents was impacted upon due to large volumes of paper work and documentation which required consistent review and updating. While diligent documentation was necessary, given the significant needs of residents, inspectors found it difficult to navigate through with some information which was located across more than one file and duplicated in some instances.

Staff spoken with also mentioned they found the volume of paper work significantly impacted on the amount of time they could spend with residents. A non compliance in relation to this is given in Outcome 5; Social Care Needs.

Inspectors identified where there could be possible risks in the arrangements in place to contain fire and smoke in the centre. After the inspection the provider nominee submitted fire compliance information to assure the Chief Inspector that appropriate arrangements were in place. As a result Outcome 7: Health & Safety & Risk Management met with compliance.

Inspectors observed good practice in all 18 Outcomes inspected. 15 Outcomes were found to be compliant or substantially compliant, 3 Outcomes were found to be moderately non compliant, those were Outcome 2: Communication, Outcome 4: Admissions and Contract for the Provision of Services and Outcome 16: Use of Resources.

Areas of non compliance are discussed in the main body of the report with actions and the provider's response at the end 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):

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

Findings:

Overall good practices were found within this Outcome. During the inspection, inspectors observed staff interacting with residents in a respectful and caring manner. For example, staff spoke with residents respectfully, and supported each resident in a dignified way.

All residents had access to advocacy services and information about their rights. There was a local 'Speak Up Group' in operation where (with the support of staff) residents could raise any issue they had about any aspect of service delivery.

These issues were then brought to the attention the Brothers of Charity Service User Council where they were further discussed and a resolution sought. For example, residents' dissatisfaction with the lack of assisted transport for the centre had been brought to the Service User Council. Since then a new bus had been acquired for the centre.

Complaints were well-managed and brought about positive changes for residents. There were also policies and procedures in place for the management of complaints. Residents and their families were aware of the complaints process and were also supported to make complaints, should the need arise.

There was a nominated person to deal with complaints and all complaints were recorded and promptly investigated. Inspectors reviewed the complaints log book during the inspection. A small number of complaints were made by family members and evidence showed each complaint was dealt with to the satisfaction of both residents and family members.

Inspectors viewed the policy on residents' personal property, personal finances and possessions. It was evident that residents' personal property including monies were safeguarded through appropriate practices and robust record keeping. For example, each resident's personal finances were monitored and audited on a regular basis.

Periodically the team leader also carried out audits of residents' personal finances in order to ensure all monies were correctly accounted for. Receipts were made available to inspectors for all items purchased by residents and were maintained in each resident's personal file.

All residents had their own bedroom, decorated to their own individual style and taste. There was ample room in the centre for residents to receive visitors in private and written feedback from family members with regard to the centre was positive and complimentary of staff.

All actions required from the previous monitoring inspection had been implemented. For example, since the last monitoring inspection the management of the centre had reviewed rosters and made changes to facilitate having additional staff on duty from 9.00 pm to 10.00 pm. This had resulted in more opportunities for residents to engage in more social activities in the evenings.

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):

No actions were required from the previous inspection.

Findings:

The centre had a policy on communication with residents and individual communication requirements were detailed in residents' personal plans, which were reflected in practice. Staff demonstrated an awareness of the different communication needs of each resident.

For example, some residents were non verbal and staff were observed being attentive to residents body language and facial expressions.

All residents had access to radios and televisions and during inspection staff were seen to facilitate the musical and TV preferences of each resident. For example, some

residents liked classical music and were observed relaxing while listening to various classical compact discs (CD's).

While systems of communication were effective in meeting the needs of residents in the centre, there were some instances where residents with sensory disabilities had difficulties with communicating their needs at times. Inspectors noted the use of assistive technology to enhance residents' communication repertoire was limited.

For example, one resident had been waiting over a year for an appointment with a speech and language therapist (SALT) for review of their communication needs. Inspectors noted that staff were continuing to support residents communication needs, while waiting for assessment and review by allied health professionals. However, residents' total communication needs were not being adequately addressed.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The centre promoted and supported positive relationships between residents and their family members. Family members were encouraged to visit the centre the team leader informed inspectors that there were no restrictions on visitations. During the inspection some residents received visits from family members.

Staff also supported residents to see family members if they were unable visit to the centre. For example, one resident was recently supported to visit their Mother in hospital.

All residents could receive visitors in private and families were kept informed of their overall wellbeing. Families and residents attended personal plan meetings and reviews in accordance with the wishes of the resident.

Of a sample of personal profiles viewed during inspection, there were records of family involvement in the care and support of each resident.

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:

Each resident had a written agreement of the terms of their contract in the centre. The contract set out the services to be provided to each resident. Of a sample of contracts viewed, they were signed by the resident or where the resident was not in a position to do so, a representative had signed on their behalf.

However, while each resident had an agreed written contract in place, not all contracts stated the fees that were to be charged.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Each resident had their social care and support needs assessed in the centre. Assessments were carried out as required to reflect changes in need and circumstances and were reviewed annually (or as required). Family members were also actively

involved in the assessment and review of personal plans. From a sample of plans reviewed, it was recorded that family members had attended personal plan meetings with residents.

Each plan was fully implemented and had improved outcomes for residents. For example, some residents had attended musical festivals, gone on outings to Dublin, and had trips to Athlone, Galway and Spidéal. Social outings in the local community to local hotels, markets and shops were also facilitated.

Where a goal from the personal planning process has not been achieved it was recorded in the resident's file along with the reason as to why it had not been achieved.

For example, one resident was to go on a holiday to County Roscommon which did not happen. The reason recorded was that the resident had been unwell and the trip had to be postponed. The team leader informed Inspectors that as soon as the resident was well enough, the planning process would recommence in order to achieve this goal.

The team leader and staff proactively planned ahead when supporting social outings and trips away for residents. For example, the team leader informed the inspectors that when a resident was being supported to go on holidays, the team would plan around their specific health care and mobility needs to ensure the location was appropriate, safe and accessible.

Personal plans were found to be comprehensive and contained all relevant information pertaining to each resident. However, due to the volume and repetition of information across numerous files it was difficult to ascertain if reviews assessed the effectiveness of each plan and took into account changes in circumstances and new developments.

Staff spoken with concurred that a considerable amount of time was spent completing paper work related to residents' care which compromised the amount of time they could spend with residents.

Judgment:

Substantially 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:

Inspectors found that there was adequate private and communal accommodation for each resident in the centre. It was adequately ventilated and had adequate heating and lighting. There was a separate kitchen and dining area, with sufficient cooking. The sitting rooms were spacious, well decorated and maintained to a good standard.

There were suitable equipment, aids and appliances in place to support each resident and the design and layout of the centre is suitable for its stated purpose. For example, the dining rooms were spacious enough for ease of access for residents who use wheelchairs.

Equipment in the centre was fit for purpose and were serviced and maintained regularly. For example, inspectors viewed documentation with regard to the upkeep and maintenance of equipment such as hoists.

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:

Since the last monitoring inspection, all actions required had been adequately addressed. All staff had been trained to administer emergency medication to residents with epilepsy, adequate locking systems had been provided on external doors, and there were robust systems in place to review individual risk for each resident. Falls risk assessments has been updated and completed as required.

There were satisfactory procedures in place for the prevention and control of infection. Alcohol hand gels and adequate hand washing facilities were available to staff, residents and visitors. From a sample of staff files viewed, it was found that staff had undertaken hand hygiene training.

Systems were in place to ensure laundry was cleaned using best practice infection control systems, such as use of alginate bags and specific temperatures, to prevent the spread of any acquired infections. Care plans were in place for the management of long standing acquired infections.

A risk management policy was implemented throughout the centre. It covered the

identification and management of risks for each resident, the measures in place to control risks and any learning or change in practice from accidents and/or incidents occurring. Incidents that occurred were logged on an electronic incident recording system. They were then assessed using a risk matrix system which identified the severity and likelihood of a risk occurring. A risk register was also in place. This identified risks throughout the centre. For each risk identified, a risk assessment score was documented and associated control measures were put in place to mitigate the risk.

Suitable fire equipment was provided in the centre. There was adequate emergency lighting and fire exits were clearly identified and unobstructed. Each resident also had a personal emergency evacuation plan (PEEP). Staff were trained and knew what to do in the event of a fire and demonstrated knowledge of fire procedures when spoken with.

The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Inspectors viewed the relevant documentation detailing dates of maintenance records. Fire drills were undertaken on a regular basis, records showed that since 15/03/15 four fire drills had been undertaken in one residential unit of the centre. Fire records were also maintained which included details, dates and times of fire drills, fire alarm tests and the checking of fire fighting equipment.

In two of the three residential units inspected, an overhead hoist (attached to the ceiling) with a track, was located in all residents bedrooms, the adjoining corridor and bathrooms. In order to accommodate the tracking system a large gap was required over each bedroom door. Inspectors were concerned that the gaps over residents' bedroom doors meant there were inadequate arrangements in place to contain fire and smoke.

Following the inspection, the provider nominee submitted documented information to the Chief Inspector in relation to inspectors concerns about arrangements in place to contain a fire in the centre.

A fire engineering consultant had confirmed that a fire safety certificate for the centre had been granted by the Building Control Authority on foot of drawings which did not include 'fire resisting door sets' to bedrooms. Therefore, the doors and walls within the zone, which accommodated residents' bedrooms, did not form any part of the fire integrity of the centre meaning any gaps over bedroom doors were not in breach of the issued Fire Safety Certificate.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The centre had a policy on, and procedures in place for, the prevention, detection and response to abuse and all staff were trained with regard to client protection. Records of training reviewed by inspectors indicated staff had up to date training in abuse prevention and detection. Staff members spoken with knew how to respond in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The management and staff of the centre did not implement any restriction without due consideration. Where a restrictive procedure to support or protect a resident was in place, it went to the Human Rights Committee for review, consideration and discussion.

As required in Schedule 5 of the Care and Welfare Regulations, 2013, there was a policy in place for the provision of positive behaviour support and the management of behaviour that was challenging. Staff working in the centre had undergone training in low arousal techniques, de-escalation strategies and positive behaviour support. Behaviour management procedures were in place for residents that exhibited behaviours that challenge.

However, it was not clear if the root cause of all behaviours that challenged had been established, i.e. what was the challenging behaviour communicating for the resident? Strategies in place for its management were based on what to do when the behaviour occurred rather than addressing its function or preventing it from happening.

Some residents that presented with behaviours that challenge also had sensory disabilities. As mentioned in Outcome 2, they did not have assistive technology systems in place to support their communication needs. Some were on a waiting list for allied health care professional assessments for over a year. Therefore, there was inadequate evidence of positive behaviour support interventions in place for every resident.

Judgment:

Substantially 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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of all incidents occurring in the designated centre was maintained. Quarterly notifications were also provided to the Authority as per regulations and timelines set in the regulations. The person in charge (PIC) and team leaders (PPIM) could identify key notifications that must be with the Authority within a three day timeframe, for example.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <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>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: All residents were engaged in social activities which were both internal and external to the centre. For example, each resident had an individual weekly activity schedule, which contained information on activities that the resident liked and the dates and times of each activity.</p> <p>Residents enjoyed activities such as swimming, reflexology, discos, outings and trips out. The activity schedule was divided into day and evening activities. Staff working in day activity services supported residents to participate in activities during the day time, while residential staff supported evening activities. Team leaders reported that there was good communication between the residential and day services attended by each resident.</p> <p>Staff working in the centre actively supported residents' weekly activity schedules which. For example, they had started to support trips home for residents as part of their weekly activities. Trips to visit family members were also part of some of the residents' personal plans.</p>
<p>Judgment:</p>

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:

Inspectors found that residents' health care needs were met in line with their personal plans through timely access to health care services to address health related risks. Where medical treatment was recommended and agreed by a resident or family member, such treatment was facilitated. Comprehensive care plans were in place to support the best possible health for each resident.

Health care needs were assessed and monitored regularly. Residents were reviewed by their general practitioner (GP), and had annual check-ups with their dentist, chiropodist and dietician and speech and language therapist (SALT), where required.

For example, where a residents' swallowing was compromised, they were reviewed by a speech and language therapist, (SALT) and were prescribed a modified consistency diets and care plans. Staff working with residents' were trained in the specific feeding regimens prescribed. Other residents with difficulty eating were supported by other means such as a PEG (Percutaneous endoscopic gastrostomy).

Residents' nutritional risk was monitored and assessed on an on-going basis to ensure risks were identified early and acted on if required. Inspectors observed that food was nutritious, appetising and suitably varied. Each residential unit had a large, brightly lit contemporary kitchen with a large dining space. Kitchen cupboards, freezers and fridges were adequately stocked with frozen and fresh foods to create nutritious meals. Cupboards were stocked with condiments and sauces. Nutritional supplements were available in adequate quantities in the centre and stored as per manufacturer recommendations.

At the time of inspection a resident was unwell and being cared for in hospital. Team leaders informed inspectors it was customary for a care staff, known to the resident, to support residents during their stay in hospital. Hospital passports were drawn up for all residents and were used during admissions to inform hospital staff of residents' individual communication needs and specific requirements.

Judgment:

Compliant

--

Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: There were robust systems in place for the management of medication throughout the centre. There was written operational policies relating to the ordering, prescribing, storing and administration of medicines in place. Individual medication plans were appropriately reviewed for each resident. The team leader informed inspectors that there were appropriate procedures for the handling and disposal of unused and out of date medicines. Staff were trained in the administration of medication for the management of epilepsy. None of the residents self administered their medication at the time of inspection. All medicines were stored securely for safe keeping in each residential unit of the centre. Nursing staff signed when they administered medications and there was a section to record any comments with regard to a resident refusing or unable to take their medication. Inspectors observed that the prescription sheets contained the residents name and address (of centre), had a photo of each resident, their date of birth, GP name, name of medication, time of administration and route of administration.

Judgment: Compliant

Outcome 13: Statement of Purpose <i>There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i>

Theme: Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.

Findings:

The statement of purpose set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were to be provided for residents. It highlighted the staffing levels required for the centre and how the residents' well-being and safety would be managed. The person in charge informed the Inspectors that the statement of purpose was kept under review at intervals of not less than one year.

However, it required more information to reflect the significant health care needs and support it could provide to residents.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Six monthly and annual audits had been undertaken by management and staff as required by the regulations.

The provider nominee had visited the centre at least three times in 2015. Each team leader exercised their personal and professional responsibility for the quality and safety of the services delivered. For example, risk management procedures were in place and care plans were comprehensive and reviewed regularly.

There was a clearly defined management structure in place which identified the lines of authority and accountability. For example, the centre had a full time team leader in each unit (which was a Clinical Nurse Manager I post). They were supported by the person in charge. She worked full-time and was suitably skilled, qualified and experienced as a manager. She demonstrated sufficient knowledge of the requirements of legislation and her statutory responsibilities and had participated in a fit person interview during the previous inspection.

The person in charge also provided leadership and support to each team leaders. She had regular supervision meeting with them and copies of minutes were made available to inspectors.

There was an on-call system in place for night and weekends in order to provide consistent governance of the centre at all times. For example, an emergency contact number was on view in the centre, where any staff member could call for a manager at any time for advice, clarification or to address any adverse incident that may occur.

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 Chief Inspector had not been notified of any proposed absence of the person in charge of the centre at the time of the inspection. Arrangements were in place for the management of the centre during any such absence.

There were named persons participating in management (PPIM) for each residential unit of the designated centre and also an on-call management system in place in the event of any unforeseen emergency and/or incident

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:

There was evidence of adequate resources in the most part to ensure effective delivery of care and support in accordance with the statement of purpose. There had been an increase in the number of staff working in the centre in the evening time to ensure residents could be accommodated to engage in evening activities or stay up late if they wished.

However, the centre was not resourced with an adequate number of allied health professionals to implement non health care risk assessments or make recommendations. For example, some residents had been on a waiting list for a sensory assessment by an Occupational Therapist for over a year. Similarly, inspectors did not find evidence of the use of assistive technology (AT) to enable residents' avail of a choice of communication options which would require recommendation by a Speech and Language Therapist, for example.

Judgment:

Non Compliant - Moderate

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:

It was observed during the inspection that there were enough staff with the right skills, qualifications and experience to meet the assessed health care needs of residents at all times. Appropriate nursing care was provided and residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. For example, all staff had received mandatory training in fire safety, medication administration (where appropriate), manual handling, and client protection.

Some staff had attended training in communication skills, management of behaviours

that challenge, accredited training in health care, social care and reflexology. Household staff also had appropriate training for her role, for example, food preparation training and hand hygiene.

Staff spoken with were aware of policies and procedures related to the general welfare and protection of residents. Governance systems in the centre meant staff were supervised appropriate to their role by the team leader (PPIM) and the person in charge.

There were also effective recruitment procedures in place that include checking and recording all required information. From a sample of staff files viewed, inspectors found that the centre was compliant with the requirements of Schedule 2 of the Regulations.

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):

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

Findings:

Records and documentation reviewed during the inspection were accurate and up-to-date.

There was a guide to the centre available to residents which met the matters as set out in the regulations.

There were policies in place which reflected the centre's practice and it was evident during inspection that staff understood policies and could implement them in practice.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

However, while it was evidenced by inspectors that complete and comprehensive records were maintained in the centre, they were not always easily retrievable. In some

instances, information was also duplicated across files. This issue is addressed in Outcome 5; Social Care Needs.

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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0004950
Date of Inspection:	19 and 20 October 2015
Date of response:	14 December 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 02: Communication

Theme: Individualised Supports and Care

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

One resident had been waiting over a year for an appointment with a speech and language therapist (SALT) for review of their communication needs.

The use of assistive technology has not been explored sufficiently in order to support and enhance the communication needs of some individuals with sensory disabilities

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

1. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

- A. The PIC has a meeting arranged with the Speech and Language Therapist on the 13th January 2016 to review the referrals for the designated centre.
- B. The PIC has arranged for the Speech and Language Therapist to meet with Team Leaders starting with one house on the 20th January 2016 to develop a plan for her intervention and for each service user in the house which will include environmental / individual assessments. The Speech and Language Therapist will work with staff in the centre who have already attended the communication training which was delivered by the Speech and Language and Occupational Therapists. The staff who have participated in the communication training will complete the Triple C communication check list which will support the individual plans for the residents. The Speech and Language and Occupational Therapists will continue to mentor and supervise these staff in the implementation of communication programmes.
- C. All other staff in the centre and PIC will be prioritised to attend the next communication training course which is scheduled for 24th March 2016.
- D. The PIC is meeting with the Occupational Therapist on 16th December 2015 to identify and plan the sensory / communication needs for all residents in the centre.
- E. The PIC met with the psychologist on the 23rd November 2015 and they reviewed residents who have been prioritised for sensory and behaviour support input. A follow up review meeting has been arranged for 14th December 2015.
- F. The PIC has arranged a meeting on the 25th January 2016 with all multi-disciplinary personnel, Team Leaders and the PPIM. The purpose of the meeting is to review and identify actions ensuring all residents in the centre have a detailed plan to address their needs in areas of communication, sensory needs, positive behaviour, assistive technology / aids and appliances.
- G. The overall plan will be reviewed and completed by 31st March 2016

Proposed Timescale:

- A. 13/01/16
- B. 20/01/16
- C. 24/03/16
- D. 16/12/15
- E. 23/11/15 & 14/12/15
- F. 25/01/16
- G. 31/03/16

Proposed Timescale: 31/03/2016**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:

Some residents Admissions and Contracts for the Provision of Services did not detailed the exact fees to be charged for the services to be provided

2. Action Required:

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

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

All Service Agreements were reviewed and corrected. They now all have the appropriate fees included.

Proposed Timescale: 20/10/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Due to the volume of information located across numerous files, which at times was repetitive, it was difficult for inspectors to ascertain if personal plan reviews assessed the effectiveness of each plan and took into account changes in circumstances and new developments.

3. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A. The PIC, PPIMs with the Quality Enhancement and Development Department (QED) and Sector Manager will review and amend the structure of the Personal Profile on the 7th January 2016 to support easier retrieval of information while ensuring that it reflects the service users' individualised complex health care needs.

B. The review will include how best to document multidisciplinary interventions.

C. We will link with other agencies for advice with regard to their management of their documentation.

D. This work will be completed by the 30th April 2016.

Proposed Timescale:

A. 07/01/16

B. 28/02/16

C. 28/02/16

D. 30/04/16

Proposed Timescale: 30/04/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was inadequate evidence of positive behaviour support interventions in place for residents.

4. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

A. The PIC met with the psychologist on the 23rd November 2015 and they reviewed residents who have been prioritised for sensory and behaviour support input. A follow up review meeting has been arranged for 14th December 2015.

B. The PIC has arranged a meeting on the 25th January 2016 with all multi-disciplinary personnel Team Leaders and the PPIM. The purpose of the meeting is to review and identify actions ensuring all residents in the centre have a detailed plan to address their needs in areas of communication, sensory needs, positive behaviour, assistive technology / aids and appliances.

C. The overall plan will be reviewed and completed by 31st March 2016.

The PIC and PPIMs will ensure that each resident will have a full Multi-Disciplinary Team review once a year and more often if required.

Proposed Timescale:

A. 23/11/15 & 14/12/15

B. 25/01/16

C. 31/03/16

Proposed Timescale: 31/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

While the statement of purpose contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 it required more information to reflect the significant health care needs and support it could provide to residents.

5. Action Required:

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

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

The statement of purpose for the centre has been reviewed and amended on the 11th December 2015 to reflect the significant complex health care needs and supports provided to the residents.

Proposed Timescale: 11/12/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not resourced with an adequate number of allied health professionals to implement non health care risk assessments or make recommendations.

6. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The PIC and Service Provider have arranged with the relevant multi-disciplinary to prioritise the residents in the designated centre.

A. The PIC has a meeting arranged with the Speech and Language Therapist on the 13th January 2016 to review the referrals for the designated centre.

B. The PIC has arranged for the Speech and Language Therapist to meet with Team Leaders starting with one house on the 20th January 2016 to develop a plan for her intervention and for each service user in the house which will include environmental / individual assessments. The Speech and Language Therapist will work with staff in the centre who have already attended the communication training which was delivered by the Speech and Language and Occupational Therapist. The staff who have participated in the communication training will complete the Triple C communication check list which will support the individual plans for the residents. The Speech and Language and Occupational Therapist will continue to mentor and supervise these staff in the implementation of communication programmes.

C. All other staff in the centre and PIC will be prioritised to attend the next communication training course which is scheduled for the 24th March 2016.

D. The PIC is meeting with the Occupational Therapist on 16th December 2015 to identify and plan the sensory / communication needs for all residents in the centre.

E. The PIC met with the psychologist on the 23rd November 2015 and they reviewed

residents who have been prioritised for sensory and behaviour support input. A follow up review meeting has been arranged for 14th December 2015.

F. The PIC has arranged a meeting on the 25th January 2016 with all multi-disciplinary personnel, Team Leaders and the PPIM. The purpose of the meeting is to review and identify actions ensuring all residents in the centre have a detailed plan to address their needs in areas of communication, sensory needs, positive behaviour, assistive technology / aids and appliances.

G. The overall plan will be reviewed and completed by 31st March 2016

Proposed Timescale:

A. 13/01/16

B. 20/01/16

C. 24/03/16

D. 16/12/15

E. 23/11/15 & 14/12/15

F. 25/01/16

G. 31/03/16

Proposed Timescale: 31/03/2016