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A designated centre for people with disabilities operated by Brothers of Charity Services Galway, Galway

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Authors	Egan, Lorraine;Lynch, Raymond
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**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-0005041
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:	Lorraine Egan
Support inspector(s):	Raymond Lynch
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
06 October 2015 11:30	06 October 2015 19:00
07 October 2015 10:00	07 October 2015 16:45

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 which comprises of two houses and provides a residential and respite service for a maximum of eight adults.

A residential service was provided for one resident on a full time basis and for four residents for a specified number of nights each week. A respite service was provided for two residents for two nights each per week. There were plans in place to offer respite breaks to a specified number of adults once planned renovation of the centre is completed.

As part of this inspection inspectors met with residents, staff, the person in charge and two persons participating in management. Inspectors reviewed a variety of documents including residents' personal plans, medication documentation, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

Prior to and following this inspection the lead inspector reviewed a number of questionnaires submitted by residents and their family members. These questionnaires outlined residents and their family members' satisfaction with the service provided.

Residents spoken with outlined their satisfaction with the centre and the service provided. They said they saw the centre as their home, liked the staff and were supported to take part in activities and community events in line with their wishes.

Inspectors found that residents were receiving a good quality service in line with their assessed needs. It was evident staff knew residents well and were aware of residents' needs, likes and dislikes. There was evidence of good outcomes for residents availing of a residential or respite service in this centre.

12 of the 18 outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the Regulations) with 2 outcomes in substantial compliance and 4 outcomes judged as moderately non compliant.

Areas identified as requiring improvement were:

- decor and accessibility of one house
- measures in place to ensure a fire could be contained in one house
- systems in place to ensure residents were protected from the risk of financial abuse
- systems to ensure all medicines prescribed for residents were not administered past their use by date
- consultation with residents and their representatives as part of the annual review of the quality and safety of care and support in the centre
- measures in place to ensure the provider carried out unannounced visits every six months
- training for staff in supporting residents to manage their weight.

The non compliances identified and the provider's response are included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

There were systems in place to ensure residents were consulted about the running of the centre, had access to advocacy, were supported to make a complaint and received support which was delivered in a dignified and respectful way in line with their assessed needs and choices.

Resident consultation meetings were taking place on a weekly basis and residents discussed a variety of issues at these meetings. Team leaders and staff arranged and facilitated training for residents in a variety of areas including rights, the capacity bill, voting, the management of medication and advocacy.

Appropriate communication aids such as pictures were used to support residents to participate fully in the training and information sessions. It was evident the importance of residents being fully informed to make all decisions about their lives was promoted in the centre.

Residents were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Staff spoken with outlined the way residents are consulted in regard to all aspects of their lives. Residents told inspectors that they make all decisions about their care and support.

Support provided and language used by staff was respectful and in line with residents' assessed needs and wishes. It was evident staff and residents knew each other well. Inspectors observed friendly interaction and residents appeared relaxed and happy in the presence of staff.

Residents were encouraged to maintain their own dignity and privacy. Residents had intimate care plans in place to identify the support residents required in areas such as personal hygiene.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control over their own possessions. Residents were supported to do their own laundry if they wished. A resident outlined the way they were supported to complete their laundry on a specific evening each week.

There was enough space for each resident to store and maintain his/her clothes and other possessions. Some improvement was required to the system in place for ensuring residents' money is kept safe through appropriate practices and record keeping. This is discussed further under Outcome 8: Safeguarding and Safety.

Residents were registered to vote and were supported by staff to understand the process and to vote if they wished.

Residents had access to advocacy. There was an organisation advocacy group for residents and external advocacy was sourced from the national advocacy service. It was evident staff perceived their role as one of advocating for residents when required. The person in charge told inspectors that residents would be supported to access external advocacy if required.

There were policies and procedures for the management of complaints. The complaints process was user-friendly, accessible to all residents and displayed in the hallway of the centre.

There was a nominated person to deal with all complaints and all complaints were recorded and fully and promptly investigated. There was an appeals process and residents were made aware promptly of the outcome of any complaint.

It was evident complaints were well-managed and brought about changes. For example, some residents had made a complaint about the centre closing at weekends. This had resulted in the centre remaining open some weekends to facilitate residents who wished to remain in the centre. Residents spoken with expressed their satisfaction with this outcome.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and inspectors observed staff communicating with residents in line with their assessed needs and wishes.

Residents requiring assistance had a communication profile outlining their preferred way of communicating. These profiles were comprehensive and clearly outlined residents' preferred style of communication and how the resident communicated when he/she was happy, sad, angry or experiencing pain.

Information in the centre was available in a format which was assessed as suitable for residents' needs.

Residents had access to radio, television, internet and information on local events.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

There was evidence that residents were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in meetings to discuss and identify goals for residents and in multi disciplinary meetings. There was evidence that families were kept informed and updated of relevant issues where the resident wished for their family to be involved. There were adequate facilities for residents to meet with family members and friends in private.

Questionnaires reviewed outlined satisfaction with the service provided for their relatives. Residents spoke of how they visit family and attend events with their families. The person in charge outlined the support provided to a resident to visit a family

member who lives a considerable distance from the centre.

Staff spoken with outlined the ways residents were supported to spend time and participate in community events which were used to increase opportunities for residents to get to know other members of the community and to become part of community groups. For example, a resident was a member of a local flower club and some residents attended local exercise classes and had jobs in local businesses.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

There had been no recent admissions or transfers to the centre. Discharges were managed in a planned manner in line with residents' wishes. It was evident that discharges from the centre to other centres in the locality, which had taken place in response to incidences of emotional abuse, had taken place in a planned and safe manner. Transition plans were viewed as part of another inspection in the locality and the inspector found the transition plans were comprehensive.

It was evident the centre was meeting the needs of residents in regard to the support provided. Parts of the physical premises required improvement to ensure it could meet the needs of residents. This is discussed further under Outcome 6: Safe and Suitable Premises.

Each resident had a written agreement which outlined the service provided and the fees being charged. The written agreement included an outline of any additional charges payable by the resident.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Residents had individual personal plans which outlined their assessed health, personal and social care and support needs. Plans were reviewed on an annual basis and more frequently where required. Residents had been supported to be actively involved in the assessment to identify their individual needs and choices.

Plans outlined the supports residents required and included an outline of the input of multi-disciplinary professionals where relevant. For example, residents had been supported to attend speech and language therapy, chiropody, occupational therapy, physiotherapy, psychiatry and psychology.

Residents had been supported to identify goals on an annual basis and were supported to achieve these goals. Short term goals were identified and it was evident the goals were improving outcomes for the resident. Progress on the achievement of goals was maintained and reviewed on a regular basis.

The achievement of some residents' goals had been impacted by health concerns. In the interim, the resident had been supported to achieve related goals and the team leader said that the resident would be supported to achieve the larger goals once the resident had recovered sufficiently.

Multi disciplinary meetings took place as required and these meetings were attended by all relevant people with clearly documented minutes of discussions and actions agreed as contained in residents' personal files.

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 was comprised of two houses with one located in a housing estate near the town centre and the other located on a road a short distance from the town centre.

Residents had moved into one of the houses in 2014 and it was a newly decorated, bright and homely house. It was evident the residents viewed the house as their home and this was evidenced in some residents' request to remain in the house at weekends as the house was not funded to open on those dates. As discussed under Outcome 1 this request was responded to by the service provider.

All residents had their own bedrooms which were individually decorated and personalised. Residents showed inspectors their bedrooms and it was evident that they had decorated their bedrooms to their preferred taste. All bedrooms in use had appropriate storage facilities for residents' belongings. Some bedrooms had en suite facilities while others had access to shared bathroom facilities.

Both houses contained adequate communal and private accommodation for the current residents. There were gardens in both houses which could be accessed freely by residents.

Thermostatic controls were in place to regulate the temperature of the water in both houses and to ensure residents were protected from risk of scalding.

Appropriate assistive equipment was available for residents, for example grab rails in the bathrooms where required, wheelchair accessible shower facilities and adjustable height beds.

Improvement was required to the decor and accessibility of one house. The house was not adequately accessible for residents who used wheelchairs and the internal and external decor required updating and painting. For example, the floors in some bedrooms were suited to an industrial setting rather than a home and some furniture required updating. This had been identified by the person in charge and a plan to change the use of the house was in process.

The plan outlined to an inspector included the renovation of the house to provide an

independent apartment for one resident. The remainder of the house would be used as a respite centre for a specific number of residents who require longer respite stays than were currently available in the respite house in the locality.

Judgment:

Non Compliant - Moderate

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. Improvement was required to the measures in place to ensure that if a fire occurred it would be contained.

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy identified the procedures for the identification and management of risk in the centre.

Residents had individual risk assessments which outlined the risks individual to residents and the measures in place to control the risks. This included individual missing person profiles for each resident.

Residents had individual plans which outlined residents' support needs in regard to moving and handling.

There were arrangements in place for investigating and learning from accidents and incidents. An inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge and staff.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency.

There were systems were in place for the prevention and detection of fire. Regular fire drills were carried out and documentation was maintained. Fire drills had taken place at different times of day and night.

Staff had received training in fire safety and staff spoken with were knowledgeable of the evacuation needs of residents.

Residents spoken with outlined how they would respond if the fire alarm was activated. It was evident residents had taken part in fire drills and had been supported by staff to respond appropriately in the event an evacuation of the centre was necessary.

The centre had a fire and intruder alarm and emergency lighting. The inspector reviewed the maintenance and servicing records for the fire alarm and fire equipment and found that they had been serviced at the required routine intervals.

Individual personal evacuation plans outlined the support required by residents in the event an evacuation of the centre was necessary. Improvement was required to one resident's evacuation plan. This was brought to the attention of the team leader and person in charge who amended the procedure on the day of inspection. An inspector viewed the amended procedure and found it provided adequate guidance for staff to support the resident.

An inspector asked a team leader to activate the fire alarm in one house. The kitchen and sitting room fire doors did not close fully when the alarm was activated. It was therefore evident that these doors would not fully contain a fire if required. This was brought to the immediate attention of the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The centre had implemented measures to protect residents being harmed or suffering abuse. However, improvement was required to the measures in place for supporting residents to manage their money.

There was a policy and procedures in place for responding to allegations of abuse and

staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

Allegations of emotional abuse had been identified and responded to. This had resulted in some residents choosing to move from this centre to live in other centres in the locality. An inspector had met one resident who was moving as part of another inspection and he told the inspector that he was happy with the decision and was looking forward to moving into his new home. As part of this inspection the inspector was told the resident had been supported to move at his own pace and that he was happy with the move.

Part of the response to the allegations of emotional abuse was to change the layout and purpose of the centre. This is discussed further under Outcome 6: Safe and Suitable Premises.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports residents required.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

Residents who required support with behaviours that challenge had support plans in place and staff spoken with were knowledgeable of how to support residents.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint. There were no restrictive practices in use in the centre.

There was a system in place to support residents to manage their money. The inspector viewed a sample of residents' finances and found that there was a clear system for tracking residents' expenditure and ensuring the balance maintained was accurate. This included daily checks by staff.

However, improvement was required to the systems in place to ensure residents were protected from all risks of financial abuse. Till receipts were not maintained for all purchases and residents were not signing when they received 'pocket money'. In one instance the 'pocket money' detailed was a significant amount of money and an inspector viewed records which showed that the cumulative amount over a period of time was significant. There was no documentary evidence that this had been received by the resident.

In addition, there was no system for balance checking the ledger sheets in the centre

against the bank statements to ensure the balances were consistent with the records maintained in the centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

A record of all incidents occurring in the designated centre was maintained and all incidents had been notified to the Authority as required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Residents were supported to access education and training programmes and all residents were accessing day programmes.

Day programmes were provided by the provider and by other service providers. There was evidence of good communication between the residential centre and the day centre. This included a daily log which was completed by both day and residential staff for some residents.

A timetable of the training programme residents were partaking in was maintained in the centre. The inspector viewed a sample of these and saw that residents were taking

part in woodwork, knitting, literacy and numeracy, aqua aerobics and cooking.

Some residents had paid roles and others had volunteer roles and work experience. A resident who had completed a hairdressing course was availing of work experience in a local hairdressing salon and other residents had jobs in a local supermarket and a local pub. Residents told inspectors about their jobs and were vocal about how much they enjoyed these.

Residents were supported to access activities in the evenings and at weekends in line with residents' wishes. On the days of inspection residents were supported to go to yoga classes and to their paid employment.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

Residents were supported to achieve and enjoy the best possible health. The inspector viewed a sample of residents' personal plans which showed that residents' health needs were being identified and responded to.

Some residents lived with family members and attended the centre for respite breaks and their healthcare needs were supported by their families and the centre had relevant information such as the results of appointments and any supports the residents required.

Residents were supported to access their general practitioner (GP), dentist and allied health professionals such as speech and language therapists, occupational therapists and physiotherapists as required.

Food was available in adequate quantities and residents were supported to make healthy food choices. Some residents were adhering to healthy eating plans and a resident had recently been supported to attend the dietician. A team leader spoken with outlined the benefit of this to both the resident and to her own understanding of healthy eating and portion sizes.

It was evident from information regarding some residents need and desire to lose weight that further support was required for staff to fully support residents in a

consistent manner in regard to diet and weight management. Some residents had been supported to attend a dietician and staff spoke with residents regarding healthy eating. However, staff had not received training to ensure they were providing consistent and accurate support for residents in regard to managing their weight. The action relating to this is included in Outcome 17: Workforce as it is related to training needs for staff.

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:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Improvement was required to ensure the expiry date was detailed on all medication.

Individual medication plans were appropriately reviewed and put in place. This included self administration assessments for residents who were administering their own medication.

A resident showed an inspector their medication. It was stored in a locked drawer in their bedroom and they held the keys. The resident outlined the procedure they follow when taking their medication.

There was a system for staff to check and count medication when residents arrived in the centre, went to stay with family at weekends and during the week as part of a 'spot check'. A team leader outlined how these checks had been carried out on a more frequent basis when residents were first supported to take control of administering their own medication.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

An inspector viewed a sample of prescription sheets and found they contained all required information.

Improvement was required to ensure some medication was not passed its use by date. Two PRN (as required) medicines did not contain the date of expiry and it was therefore not evident that these medicines were not passed their expiry dates.

<p>Judgment: Substantially Compliant</p>

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 written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also states the facilities and services which are to be provided for residents.

 The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

 The inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

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:
There was a clearly defined management structure which identified the lines of authority

and accountability in the centre. The person in charge worked full time Monday to Friday and was also responsible for the management of a number of other designated centres. She outlined the systems in place to ensure her responsibility for the management of other centres did not impact on this centre.

The person in charge was a suitably skilled, qualified and experienced manager. She demonstrated sufficient knowledge of the legislation and her statutory responsibilities. She outlined the ways she is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was a registered nurse and was committed to her own professional development. She told an inspector she had completed a frontline management certificate in 2014 and was currently undertaking a management development course which was facilitated by an external trainer for staff working in the organisation. She outlined how her management style had been positively impacted by the courses she had undertaken and how this had a positive impact on the way she supports staff to support residents.

Two persons participating in management of the centre were present on the days of the inspection. These persons held the roles of team leader of the houses in the centre. An inspector interviewed these persons and found they were knowledgeable of their responsibilities and of the residents and their needs.

An unannounced visit by the provider had been carried out in one of the houses in this centre in March 2015 however, there was no documentary evidence that these visits were taking place in line with the six monthly frequency required by the Regulations.

Annual reviews had taken place and areas for improvement had been identified and were responded to or were in the process of being responded to. Although these reviews outlined how residents were consulted in the centre they did not consult with residents or their representatives as part of the annual review. In addition, a copy of the review had not been made available to residents.

Judgment:

Non Compliant - Moderate

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 had not been absent from the centre for a period which would require notification to the Authority.

The person in charge's line manager was the person identified as the person who would act as person in charge of the centre in the absence of the person in charge. The line manager was interviewed as part of another inspection and was knowledgeable of the person in charge role should she be fulfilling the role. She was person in charge of another centre in the organisation.

The provider was aware of the requirement to notify the Chief Inspector 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 her absence.

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 the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose.

The inspector noted appropriate staff numbers available and all residents were supported throughout the two day inspection.

Some aspects of the premises required improvement and updating. The person in charge told inspectors that this had been identified and that funding had been allocated and approved for the structural work required. This was confirmed by the provider nominee at the close of the inspection.

The provider nominee said the reason this had not been attended to prior to the inspection was due to a plan for residents to move to individual independent living apartment accommodation in the town. However, this was no longer a viable option due to planning constraints. As a result the house which required refurbishment would continue to be used by the service provider and the provider nominee told inspectors that funding was allocated to ensure the house meets the needs of residents and is kept in a good state of repair internally and externally.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The staff rota was arranged around the assessed needs of residents. Formal supervision and support meetings had commenced and minutes of meetings and actions agreed was maintained. Team Leaders worked alongside staff providing informal support and supervision on an ongoing basis.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, moving and handling and the safe administration of medication. Staff required training to ensure they could support residents in regard to their diet and weight management as discussed under Outcome 11: Healthcare Needs.

Inspectors found staff were committed to enhancing the lives of the residents and it was evident staff, team leaders and the person in charge viewed their role as one of supporting the residents to have the best possible life.

There was one volunteer working in the centre. An inspector viewed the file maintained for the volunteers and found appropriate documentation was maintained including evidence of An Garda Síochána vetting and the roles and responsibilities of the volunteer.

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

Theme:

Use of Information

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

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

Findings:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

There was a directory of residents which contained the information required by the Regulations.

The centre's insurance policy was due to expire the day after the inspection. The provider nominee told the inspector she would forward a copy of the updated insurance for the centre to the Authority.

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:

Lorraine Egan
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-0005041
Date of Inspection:	06 October 2015
Date of response:	30 October 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 06: Safe and suitable premises

Theme: Effective Services

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

One house was not adequately accessible for residents who used wheelchairs.

1. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its

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

accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Funding has been allocated to make alterations to the house including increasing accessibility, knocking the current conservatory and building a new sitting room. A new kitchen will also be installed.

Changes to the current layout of the house will make provision for a one bedroom self contained apartment as part of the main property for one individual. This apartment will have a wheelchair accessible kitchen area and bathroom.

It is proposed that new bathroom and sitting room works will be carried out without affecting the current function of the house and alternative arrangements will be made for one individual currently in receipt of respite while finishing works are completed on the apartment.

All quotations and plans for the redecoration of the house will be completed by the 30th November 2015. It is proposed that a builder will appointed by 31st December 2015 and that all works will be completed by 30th April 2016.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The internal and external decor required updating and painting in one house.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Funding has been allocated for the redecoration of the property in question. Internal and external painting will be completed along with the updating of décor to bedrooms and upstairs bathroom.

This work will be carried out along with the other building works and will be completed by 30th April 2016.

Proposed Timescale: 30/04/2016

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:

The kitchen and sitting room fire doors in one house did not close fully when the fire

alarm was activated.

3. Action Required:

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

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

Doors were readjusted and are now closing fully.

Proposed Timescale: 08/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some measures in place for supporting residents to manage their finances were not adequately robust to ensure residents were not at risk of financial abuse.

4. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Team leaders were informed of the need to cross reference bank statements against current tracking of bank withdrawal at team leader meeting on October 21st, 2015. Team leaders will ensure that this information is passed on to all staff members and that measures are put in place to ensure that cross referencing is carried out regularly.

Staff have a responsibility for the management of some individuals' monies. Where monies are requested by residents this money will now be signed for by the individual and countersigned by staff. This system will be used to track residents' expenditure along with all other receipts. Commenced on October 21st, 2015

Proposed Timescale: 21/10/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Some PRN (as required) medicines did not contain the date of expiry and it was therefore not evident that these medicines had not passed their expiry dates.

5. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored

in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

Pharmacist was contacted on October 6th, 2015 and all medicines dispensed from now on will have an expiry date on the label. Medications without an expiry date were returned to the pharmacy.

Proposed Timescale: 06/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

A copy of the annual review had not been made available to residents.

6. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

A copy of the annual review is currently available in both houses within the designated centre and staff members will go through the document with service users.

The Brothers of Charity Advocacy Coordinator has also been contacted to see if any work can be done to make the document more service user friendly.

Feedback meeting with residents will be completed by December 31st, 2015 once report on annual review is completed.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

There was no documentary evidence that residents and their representatives were consulted with as part of the annual review of the quality and safety of care and support in the centre.

7. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

A family questionnaire was sent to all families in April 2015. All questionnaires were

reviewed at that time and a summary of the feedback will be included in a new report to be generated by the PIC from the Annual review. Formal and informal consultation will also be carried out by the PIC with all residents. Feedback from this forum will also be included in the Annual Review report to be produced. A copy of this report will be made available to all residents and their representatives. Consultation with residents will take place by November 15th and a report on the Annual Review will be completed by December 31st, 2015.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

There was no documentary evidence that the provider, or a person nominated by the provider, carried out an unannounced visit to the centre at least once every six months.

8. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider had carried out an unannounced visit in March 2015 and had scheduled a second unannounced visit for Oct 2015. This provider visit to the centre has been completed and the provider undertakes that visits will take place within a 6 month timeframe going forward.

Proposed Timescale: 21/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff required training to ensure they could support residents in regard to their diet and weight management.

9. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

An application has been made to the Quality Enhancement and Development

Department to organise training for staff in the area of diet and weight management for residents. Contact has also been made with the local Primary Care Nutrition & Dietetic Service to see what services may be available regarding training locally.

Proposed Timescale: 30/04/2016