

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Miltown Respite
Centre ID:	OSV-0005501
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
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 1 day(s).

The inspection took place over the following dates and times

From: 10 November 2016 09:30 To: 10 November 2016 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

Background to the inspection:

This inspection was the first inspection of the centre by The Health Information and Quality Authority (HIQA). This was a new centre, planned to provide respite services for a maximum of two residents. The centre was pending registration and therefore not operational at the time of this inspection.

How we gathered our evidence:

Prior to the inspection the inspector reviewed the documents submitted by the provider with the application for registration of the centre. The inspection was facilitated by the person in charge and the team leader. The inspector reviewed

records including policies and procedures, assessments, the support plan, staff related records, fire, and health and safety related records.

The inspector met with one resident with complex and high support needs identified for admission to the centre once it was registered and with members of the staff team who had been recruited to work with the resident and in the centre. Feedback was provided on behalf of the resident by family and significant others; the feedback received was positive. The inspector observed respectful and dignified staff and resident interactions.

Description of the service:

This was a new centre that had been sourced by the provider for the provision of respite services.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service to be provided was as described in that document.

Overall Findings:

The inspection findings were satisfactory. There were systems in place to ensure that regulatory compliance should be achieved once the centre was operational. There was clear evidence that the service was planned in consultation with family and other relevant stakeholders such as the primary care team. A staff team had been identified and recruited; staff training that reflected both mandatory requirements and the needs of proposed residents had been completed.

However, two moderate non-compliances were identified. There was strong evidence of actions taken by the provider to ensure that arrangements would be in place to meet residents' healthcare needs, however, access to all healthcare services, core to maintaining health and well-being were not in place at the time of this inspection.

There was limited fire detection coverage in the premises; rooms where there was a fire hazard including the utility, the communal room and the staff office (this list is not exhaustive) were not serviced by detectors. The "sleeping" corridor was a dead end corridor and in the absence of fire-doors may not, as required by Regulation 28(2) (c) provide adequate means of escape in the event of fire. Based on the verbal feedback of the inspection findings the provider confirmed its intention to respond positively to the action plan.

The remaining sixteen Outcomes were judged to be compliant.

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 was documentary evidence that staff had consulted with family and other relevant stakeholders to ensure that the planning and organisation of the centre reflected residents' needs. Staff told the inspector that there would be an on-going process of engagement and consultation with residents and their families; respite would be planned and delivered based on the outcome of these discussions. Completed HIQA questionnaires also confirmed this process of engagement and open communication.

Staff had ascertained resident's religious and spiritual beliefs and if and how they wished to exercise them; staff confirmed that residents would receive any required support.

The provider operated an internal advocacy network; meetings were held in the local area. Staff also recognised the role that staff and family played in advocating for residents. Staff confirmed that access to an external advocate from the national advocacy service for persons with a disability was facilitated as requested or necessary.

Staff confirmed that the provider's policy and procedures on the receipt and management of complaints would be implemented in the centre. The complaints procedure was available in the main hallway and there was documentary evidence that it had been made available to the families of prospective residents. Staff spoken with had a good understanding of the management of complaints and confirmed that a log of complaints would be maintained once the centre was operational.

There were policies and procedures on safely supporting residents to manage their personal finances. Templates of the relevant financial records to be completed and

maintained by staff once the centre was operational were in place.

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:

In preparation for admission to the centre, staff had completed an assessment of residents' communication skills and needs. Staff spoken with were conversant with the findings of this assessment. Staff articulated an understanding of communication ability over and above that of simply verbal communication. Staff described the importance of other means of communication such as gestures and facial expressions in communicating needs and preferences and their interpretation by staff. Communication ability, needs and required supports were set out in a support plan. Staff confirmed that residents would have access to supports required such as assistive technology.

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 documentary evidence that this centre and the service to be provided were planned in close consultation with family. Staff spoken with confirmed that a good working relationship had been established with family, for example in relation to completing an assessment of needs and required supports.

Staff confirmed that once operational there would be no unreasonable restrictions on visits to the centre and that privacy if required for a visit would be provided.

This centre was based in the local community of proposed residents and over the course of the inspection the inspector noted documentary evidence that relevant stakeholders such as the primary care team were consulted with and involved in the planning the service.

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:

The provider had policies and procedures governing admission to, and discharge and transfer from the designated centre. These procedures were also outlined in the statement of purpose. Staff spoken with confirmed that referral and admission considered the needs of all residents, particularly if two residents availed of respite at the same time.

A sample template was in place of the contract for the provision of supports and services to be agreed with each prospective resident. The sample contract satisfied regulatory requirements.

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

Theme:

Effective Services

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

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

Findings:

A comprehensive assessment had been completed of residents' needs; the assessment incorporated consultation with primary caregivers, the multi-disciplinary team and the findings of referrals and reviews.

From this assessment a plan of required supports was developed. Where a requirement for further review and advice had been identified from the assessment so that the correct and appropriate supports were in place, further referral had been made to the multi-disciplinary team.

The care and supports to be provided were supported by relevant risk assessments, for example for manual handling, positioning and the provision of personal care.

The plan incorporated the process for identifying residents' personal goals and objectives; this process was initiated and coordinated by the day service but staff said that it would be integrated into the respite service.

Any actions, responsible persons and timeframes for the review of the plan were specified. There was evidence of actions completed such as staff training and the provision of equipment.

There was evidence of family participation in both the personal plan and the support plan. Where appropriate, a format was available to ensure that the plan was available in an accessible format.

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 premises was a single-storey, domestic-type building located in a pleasant housing development within walking distance of the local town. The premises was suited to its stated purpose and function. To ensure that the capacity of the physical environment to meet the individual needs of residents was maximised, an occupational therapy assessment had been commissioned by the provider and modifications had been completed.

The main entrance was universally accessible.

Each resident was to have their own bedroom for the duration of their stay; bedrooms offered sufficient space. There was a further bedroom converted to use by staff as an office and sleepover room.

The kitchen was suitably fitted and equipped and offered sufficient dining space for the number of residents to be accommodated (two), and for any required assistive equipment such as a wheelchair. A comfortable communal space was accessed from the kitchen.

There was a separate utility area with facilities for personal laundry.

Adequate sanitary facilities that were suited to residents' needs were provided. One bedroom had en-suite facilities that had been modified and equipped to enhance accessibility and the space available so as to meet higher support needs.

There was a further main bathroom located off the main corridor and a further toilet and wash-hand basin were accessed off the utility area.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There was evidence that the provider had measures in place to promote the safety of residents, staff and other persons such as visitors to the centre, however, further review

and work was required on fire safety measures.

The inspector saw that a current health and safety statement was in place; the statement was due for review in 2017. There were policies and procedures in place for the identification and assessment of hazards and the management of incidents, accidents and adverse events.

The person in charge had completed a centre specific register of risks. The inspector reviewed the register and saw that a comprehensive range of environmental and work related risk assessments had been completed. The risk register included the risks as specifically required by Regulation 26 (1) (c), for example the risk of self-harm or the unexpected absence of any resident. Resident specific risk assessments were included in the personal plan and controls required to reduce risk were reflected in the supports to be provided.

There was a plan for responding to emergencies including any requirement to evacuate the centre.

Staff had identified the need for an evacuation assistive device and staff training in its safe use was to be completed. Final exits were clearly indicated and unobstructed; final fastenings were easily released thumb-turn devices. Circulation routes were serviced with emergency lighting and certificates were made available for the installation of the emergency lighting and the fire detection system. Staff confirmed that they had completed fire safety training and a simulated evacuation drill. There were procedures in place for the daily inspection of fire safety measures by staff. Following a fire safety review of the centre completed by an external person in September 2016, two fire doors had been installed between the kitchen and the main corridor and the communal room and the main corridor. Fire evacuation and fire action notices were prominently displayed.

However, on visual inspection the inspector saw that there was limited fire detection coverage; there was only one smoke detector and one heat detector. Rooms where there was a fire hazard including the utility, the communal room and the staff office (this list is not exhaustive) were not serviced by detectors.

All final exits were located at one end of the building; the "sleeping" corridor was a dead end corridor and in the absence of fire-doors may not, as required by Regulation 28(2) (c) provide adequate means of escape in the event of fire.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were measures in place to protect prospective residents from harm and abuse. These included organisational and national policies and procedures, a designated person, risk assessments, staff training and regular and consistent communication with families. Staff spoken with had a sound understanding of their reporting responsibilities; the person in charge had in her career to date practical experience of the management of alleged, suspected or reported abuse.

Staff spoken with confirmed their attendance at safeguarding training. Staff articulated a good understanding of what constituted abuse and possible indicators of harm and abuse where a resident may not be able to articulate concerns or did not have the skills needed for self-care and protection.

Based on the assessments completed at the time of this inspection there were no identified behaviours of concern or risk. Staff had however completed relevant training in the management of potential and actual aggression (MAPA).

On speaking with staff, staff were clear on what may constitute a restrictive practice and had reflected on the use of interventions such as bedrails and lap-belts. There was documentary evidence that such interventions were based on review and recommendation by the appropriate healthcare professional and were required for the comfort and safety of residents.

Staff confirmed that oversight of the use of restrictive practice within the organisation was provided by the principal psychologist and or the behaviour support specialists.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

There were risk based policies and procedures for the recording, reporting, investigation and learning from any incidents, accidents and adverse events that may happen once the centre was operational. Staff were familiar with the operation of these procedures. The person in charge had good knowledge of the events that required submission by her to the Chief Inspector as prescribed by Regulation 31, for example any serious injury to a resident or any alleged abuse.

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:

Staff had and continued to assess and establish residents' likes and dislikes, what residents liked to participate in and activities that were not enjoyed by residents. Staff confirmed that prior to each admission for respite; residents would be consulted with to establish if there was a particular activity that they wished to engage in during their stay. There was an activity planner that included established interests including traditional music, walks in the local community and trips to the beach.

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:

Staff spoken with had ready knowledge of residents' healthcare needs. Staff confirmed that General Practitioner (GP) review and access would be facilitated as required.

Staff said and there was documentary evidence that staff had and were consulting with relevant stakeholders including family, GP and community nursing services so as to collate all relevant information and ensure that the required supports for maintaining resident well-being were in place. The provider had arranged for an occupational therapy assessment of the premises and necessary equipment such as seating. A physiotherapy review had been completed and staff confirmed that the recommendations made were either in place or in progress.

However, while there was strong documentary evidence that staff had, and were, taking action to ensure access to healthcare services core to maintaining health and well-being, this access was not in place at the time of this inspection.

Judgment:

Non Compliant - Moderate

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 policies and procedures dated April 2016 governing the management of medicines including their management in a respite setting; the practice described by staff was as required by these policies.

Staff confirmed that they had completed medicines management training including the administration of prescribed rescue medicines.

There was a current medicines prescription record and an administration record that corresponded to the instructions of the prescription. Medicines required to be administered in an altered format (crushed) were indicated on the prescription. There were additional medicines management plans and protocols for specific medicines such as p.r.n medicines (a medicine only taken as the need arises) and rescue medicines.

Staff had further records that were to be implemented so as to enhance the safety of medicines management once the centre was operational, these included records of the reconciliation of stock balances and the administration of p.r.n medicines (a medicine only taken as the need arises).

However, facilities for the secure storage of medicines were not yet in place.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose contained all of the required information. The inspector was satisfied that it was an accurate description of the services that the provider intended to provide in the centre.

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 an identified management team in place comprising the team leader, the person in charge and the regional manager. There was clarity on individual roles, responsibilities and reporting relationships.

The person in charge had established experience in working with and supporting persons with a disability. The person in charge had relevant qualifications in education and social care supervision. The person in charge had also completed further training for managers in health and safety and risk management and how to carry out an investigation. The person in charge continued to participate in the provider's general programme of education and training, for example all mandatory training. This was the only designated centre that the person in charge had responsibility for; she was also the co-ordinator of the local day services. The person in charge over the course of the inspection articulated good knowledge of regulatory requirements and was confident that she had the capacity and supports to effectively govern the services under her remit. The person in charge worked full-time.

On a day-to-day basis the person in charge was supported by the team leader. The team leader also held suitable qualifications in applied social studies and education and had previous experience of working as a team leader. The team leader said that she enjoyed the challenge and the responsibility of the team leader role. The rota to be worked by the team leader meant that the team leader would be present in the house at times when staff and residents were present.

The team leader confirmed accessible and supportive working relationships with the person in charge; the person in charge confirmed accessible and supportive working relationships with the regional manager. There were formal monthly management team meetings. Additional supports such as from quality and assurance were available to the management team as required.

The provider operated a formal system of staff supervision and annual performance reviews. Centre based staff team meetings had commenced.

The person in charge confirmed that once operational the centre would be the subject of an annual review and unannounced visits to the centre as required by Regulation 23 (1) (d) and (2).

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There were suitable arrangements for the management of the centre in the absence of the person in charge. The person in charge and the team leader confirmed that in such instances the centre would be managed by the team leader supported as necessary by the regional manager.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: It was confirmed to the inspector that the centre would be adequately resourced to ensure the effective delivery of care, support and services in accordance with the statement of purpose.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>

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

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

Findings:

There was a proposed staff rota and staff had been identified and recruited; this included the person in charge, the team leader, a further social care worker and support workers. The person in charge confirmed that the staffing numbers and arrangements would be matched to the needs and the number of residents accommodated; the maximum number of residents that could be accommodated was two.

Staff files were available for the purpose of inspection. The staff files were well presented and contained all of the information required by the regulations, for example references and Garda vetting.

The person in charge said that if relief staff were required these were available from within the organisation. The inspector was told that relief staff generally worked only in the local services so that they were familiar with residents and their needs.

Training records were available for all of the staff recruited; staff spoken with confirmed their attendance at training. The training completed by staff reflected mandatory training requirements (fire safety, people handling, safeguarding and responding to behaviours that challenged) but also training that equipped staff with the knowledge and skills to meet the assessed needs of residents who had been identified for admission. This training included medicines management, epilepsy awareness and the administration of rescue medicines, occupational first aid, and the management of alternative means of nutritional support, that is where oral intake was not possible.

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):

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

Findings:

The inspector was satisfied that 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 were either in place or would be in place once the centre was operational.

There was documentary evidence that the provider had the required liability insurance in place.

Policies 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 were available as requested. The review date indicated that the policies had been reviewed within the past three years as required by Regulation 4 (3).

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Moore
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 Ireland
Centre ID:	OSV-0005501
Date of Inspection:	10 November 2016
Date of response:	21 December 2016

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 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:

There was limited fire detection coverage; there was only one smoke detector and one heat detector in the premises.

1. Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for

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

giving warning of fires.

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

Smoke Detectors to be installed in the following areas, the utility, the sitting room, the staff office and also the bedroom that is designed to meet the needs of the residents with higher support needs.

Proposed Timescale: 14/02/2017

Theme: Effective Services

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

The "sleeping" corridor was a dead end corridor and in the absence of fire-doors may not, as required by Regulation 28(2) (c) provide adequate means of escape in the event of fire.

2. Action Required:

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

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

3 fire doors to be installed, one for each of the bedrooms situated on the 'sleeping' corridor.

Proposed Timescale: 14/02/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Access for residents to healthcare services core to maintaining health and well-being was not in place at the time of this inspection.

3. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- Appointment with the Dietician on January 4th 2017, for review of resident specific diet.
- Referral has been made by GP for a joint Neurology and Dietician appointment. This is a new service and they will commence issuing appointments in January 2017.
- A referral was made to Consultant Dermatologist by GP.

- An appointment has been arranged for the second week in January for the Optician and a dental appointment will be arranged for January.
- The Community O.T has completed a review of the Resident's postural care needs and has sent this report to the relevant service. The Resident is now on a waiting list for a review of his wheelchair with them.

Proposed Timescale: 30/03/2017

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:

Facilities for the secure storage of medicines were not yet in place.

4. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

Storage unit to be put in place, to ensure safe storage of medication.

Proposed Timescale: 14/02/2017