

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by G.A.L.R.O. Limited
<b>Centre ID:</b>	OSV-0004977
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	G.A.L.R.O. Limited
<b>Provider Nominee:</b>	Joe Sheahan
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Siobhan Kennedy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	4

## 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: 16 September 2015 10:00 To: 16 September 2015 17:30

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

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

**Summary of findings from this inspection**

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

The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre as a centre for four adults with a disability.

The centre consisted of a two story house that can accommodate four residents. Both male and female residents are to be accommodated. Suitable and sufficient facilities, management structures and resources, and guidance documents were available and in place to support the operation of the centre.

A core staffing roster plan was available to confirm staffing support over a 24 hour basis. There were no staff working at the centre and there were no residents living in the centre which was awaiting a registration decision by the Chief Inspector.

The area manager and person in charge facilitated the inspection. The person in charge was interviewed as part of a registration process. The provider nominee was previously interviewed in July 2015 in relation to another designated centre operated by the registered provider.

All proposals presented prior to and during the inspection, will be verified and followed up by an inspection that will be carried out when registered and occupied by residents.

Documents, care plan templates, policies and proposed plans were reviewed and discussed with the area manager and person in charge. The overall findings are presented in the body of this report. Areas for improvement highlighted on inspection were progressed during the inspection or communicated following the inspection as being addressed. As the result, the centre was found to be in compliance with the legislation and was recommended for registration.

Overall, the inspectors found that, when written policies, procedures and staffing arrangements are implemented, the care support will consistently and sufficiently provide a quality service to meet residents assessed needs and wishes.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspectors found that arrangements were in place to ensure the rights, privacy and dignity of residents will be promoted and residents' choice encouraged.

Policies and procedures were in place to promote or ensure residents are consulted with, and participate in, decisions about their care and about the organisation of this centre.

Access to advocacy services and information about resident rights was to form part of the support services to be made available to each resident. The identity and contact details of advocates available to residents were on display in the centre.

Arrangements were in place to promote and respect resident's privacy and dignity, including receiving visitors in private. Resident meetings were to form part of the arrangements for consultation and decision making processes.

Procedures and arrangements were in place and described by the person in charge to enable residents to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence.

A complaints policy was in place. The complaints procedure was displayed at the entrance to the centre and an easy read version was also available. A dedicated log book for recording complaints was present.

**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.

The inspector found that arrangements were in place so that residents will be supported and assisted to communicate in accordance with their needs and preferences.

Residents communication needs will be identified in the assessment and personal planning process. Personal plan documents available for implementation aim to capture individual communication limitations, abilities and support requirements. Assessment documents and templates related to personal plans also included systems and interventions to be made available to meet the diverse needs of all residents. This may include the input of internal or external professionals, where necessary and on a referral basis.

Residents of the centre are to form links with the local and wider community. The inspectors were informed that residents are to have access to radio, television, social media, newspapers, internet, information on local events and entertainment. Access to assistive technology and aids and appliances where required are to be made available to promote residents' full capabilities and facilitate needs.

**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:**

Based on the information available, the inspectors were satisfied that family, personal

relationships and links with the community are to be encouraged.

A policy was in place in relation to visitors. The policy supports residents to be facilitated to receive visitors in private with no restrictions on family visits, except when requested by the resident or due to a health and safety risk.

The inspectors were informed that residents will be supported to develop and maintain personal relationships and links with the wider community. Families are to be encouraged to get involved in the lives of residents in accordance with resident's wishes.

The inspectors were informed by the area manager and person in charge that residents would be supported with staff and transport arrangements to promote engagement.

Residents, families, advocates and representatives of residents are to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

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

Residents' admissions are to be in line with the centre's Statement of Purpose. The area manager confirmed that admissions and/or transitions will be facilitated in accordance with the centre's admission policy.

The inspectors were informed by the person in charge that the centre's admissions and transition procedure will consider the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available outlining the terms and conditions of services to be provided. The inspector was informed that each resident is to receive a written agreement of the terms of their stay in the centre given to them or their representative on admission. An easy read version was also available.

The service agreement sets out the services to be provided and any fees or charges are to be specified and included when agreeing the contract.

**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:**

The inspectors found that arrangements were in place, and when implemented, the social care support as described by the area manager and person in charge will consistently and sufficiently reflect the residents assessed needs and wishes.

The admission policy included a process of preliminary screening and assessment to include the person in charge following referral. An invitation for prospective residents to visit the centre formed part of the pre-admission assessment procedures to be completed to ensure each resident's health, personal and social care and support needs are fully assessed before admission.

The inspectors were informed of arrangements whereby an assessment is to be carried out as required to reflect changes in need and circumstances and at a minimum twice a year. Each resident (or their representative) along with their key worker are to be actively involved in all assessments to identify residents individual needs and choices.

Assessments pertaining to residents will include multi-disciplinary input and review.

Arrangements were described by the person in charge to ensure each resident has a written personal plan that details his or her individual needs and choices. The plan is to be prepared no later than 28 days after admission to the centre. A template of the personal plan to be made available to each resident was available and was in an accessible easy read/understood format.



Personal plans aim to support residents and improve outcomes for them, if implemented as intended.

Each plan is to be reviewed on an bi-annual basis or more frequently if there is a change in circumstances.

Residents and their family members or representatives, where appropriate, are to be consulted and involved in reviewing plans.

Planned supports such as familiar staff and key records of information were described to form part of the process when residents transfer between services. Admission to the services is to be carried out on a planned basis.

**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 inspectors found that the location, design and layout of the centre was suitable for its stated purpose and aims to meet residents' individual and collective needs in a comfortable and homely way.

There were appropriate facilities and the layout aims to promote residents' safety, dignity, independence and wellbeing.

The centre comprises of a two storey house, which was suitably furnished and fitted for occupancy by four residents.

Resident accommodation included four single occupancy bedrooms that had ensuite bathrooms, two on the ground floor and two on the first floor. A communal ground floor toilet, utility room, kitchen/ dining room, sitting room and store room were ready for use.

External patio/courtyards were provided with some garden furniture. Any additional modifications to the premises and required for residents were to be completed prior to occupancy and dependent on prospective residents needs.

The centre was clean, suitably decorated and well-maintained. Additional furnishings and decorations were to be facilitated at the discretion of residents being accommodated. The premise had suitable heating, lighting and ventilation.

There was suitable space and a storage facility for the personal use of residents.

A maintenance system was in place and arrangements were in place for the safe disposal of general and clinical waste.

Adequate car parking was available.

**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:**

The inspectors found that arrangements were in place to ensure that the health and safety of residents, visitors and staff will be promoted.

There were policies and procedures in place for risk management and emergency planning.

The centre had policies and procedures relating to health and safety.

Suitable procedures and arrangements were in place for the prevention and control of infection.

A risk management policy was in place and to be implemented throughout the centre which included the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

Arrangements for investigating and learning from serious incidents/adverse events involving residents were in place and described by the area manager and person in charge.

There was adequate means of escape, including emergency lighting, and fire exits were unobstructed. There were prominently displayed procedures for the safe evacuation from parts of the house in the event of fire. The fire alarm was serviced and to be

maintained on a regular basis and fire safety equipment was serviced and to be maintained on an annual basis. Evacuation plans and procedures for each resident were to be completed once occupied in line with the centre's policy.

The inspectors were informed that all staff would be trained in fire safety and safe evacuation procedures. Fire drills at regular intervals and fire records to include details of fire drills were to be maintained.

**Judgment:**  
Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**  
Safe Services

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

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

**Findings:**

The inspectors found that arrangements were in place to ensure that measures to protect residents being harmed or suffering abuse would be in place.

There was a policy on and procedures in place for, safeguarding residents which staff are required to be trained on during induction and prior to working in the centre.

There was a policy in place for providing personal intimate care.

There were policies, procedures and training arrangements in place to keep residents safe and protect them from abuse.

Arrangements were in place and described to ensure the area manager and person in charge monitor the systems put in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse.

Systems were described and outlined in policy documents to ensure any incidents, allegations or suspicions of abuse were recorded, appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

There was a policy in place for the provision of positive behavioural support. The inspectors were told that all staff would be fully trained in managing behaviour that

is challenging including de-escalation and intervention techniques as required.

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint to reflect the aims and objectives of the statement of purpose.

**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:**  
Arrangements were in place to ensure a record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

The area manager and the person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector.

**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:**  
The inspectors found that arrangements were in place to ensure that if the plans discussed are implemented, the general welfare and development needs of residents will

be promoted and residents will be afforded new experiences, social participation, education, training and employment.

There was a policy on access to education, training and development.

Educational achievement of residents is to be proactively supported by practices in the centre. An assessment process to establish each resident's educational/employment/training goals are to be maintained for each resident.

Social activities, internal and external to the centre are to be made available to residents to promote general welfare and development.

Arrangements were described as in place for residents to undergo training and development, and examples shared based on previous experience in a separate designated centre.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that arrangements were in place to ensure that residents health care needs will be regularly reviewed with appropriate input from multidisciplinary professionals where required. The area manager and person in charge told the inspectors that arrangements in relation to residents having access to the local GP, doctor on call and a range of allied health care services were available.

Allied health care professionals, medical and other multi-disciplinary professionals will be facilitated on a referral basis.

Health monitoring documents were available and to be completed which include regular checks of clinical observations and treatment provided.

The inspectors found that arrangements were in place to ensure that if the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Weights will be recorded and monitored on a weekly basis and when required.

Menu planning and healthy choices are to form part of the discussion between residents

and staff in weekly meetings. Menu choices are to be displayed. Photographs of shopping/food and meals choices are to be available to serve as a support aid for residents.

A policy on the monitoring and documentation of nutritional intake was available to support resident needs.

**Judgment:**  
Compliant

### **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

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

**Findings:**

The inspectors found that the medication management policies were satisfactory and that the proposed practices described by the person in charge were suitable and safe.

A locked drug safe secured in the staff office was in place and medication prescription kardexs' were available that included sufficient detail that, if completed, would ensure safe prescription, administration and recording standards. The centre's staffing skill mix is to include staff trained in medication management.

The person in charge explained that if required for use, staff will maintain a register of controlled drugs and the administration and storage arrangements will be maintained in accordance with the legislative requirements.

**Judgment:**  
Compliant

### **Outcome 13: Statement of Purpose**

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

The inspectors found that the statement of purpose met the requirements of the Regulations.

It described the service that is to be provided in the centre and will be kept under review. It will be available to residents and staff.

**Judgment:**  
Compliant

#### **Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

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

#### **Findings:**

The inspectors found that arrangements were in place to ensure that the quality of care and experience of residents will be monitored and developed on an ongoing basis.

Management systems were described as in place to ensure effective support to residents and to promote the delivery of safe, quality services.

The area manager and person in charge have responsibility for the day to day management of the centre and report to the provider nominee who has overall governance and management responsibility. Governance, organisational and reporting structures were in place.

A range of audits and quality review meetings were to be implemented on a weekly and monthly basis to identify risks, trends, determine outcomes and inform governance and management arrangements.

An annual review is to be completed as part of the quality assurance systems.

Staff and management meetings, on call arrangements and core staff roster plans had been established and were to be maintained and adjusted according to the assessed needs of residents.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The area manager and person in charge were aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

The inspectors were informed that sufficient resources would be made available to meet residents assessed needs as required. There was no evidence to indicate that adequate resources would not be provided to ensure effective delivery of care and in accordance with the statement of purpose.

Core staffing levels had been rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources maybe adjusted and increased based on resident support needs, activity, and dependency and occupancy levels.

The area manager and person in charge confirmed that the centre has the resource of a vehicle on a full-time basis to support residents transportation needs/wishes.

**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:**

On the basis of the information available on inspection and from discussion with the area manager and the person in charge, the inspectors found that arrangements were in place to ensure that an adequate number of core staff and skill mix will be available to residents.

The area manager informed the inspectors that all staff will have completed mandatory and relevant training prior to the opening of the centre.

The centre's recruitment policy included that all staff will supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and the regulations. The inspectors reviewed two staff files who were identified to work in the centre and found records maintained and available in accordance with the regulations.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

The inspectors found that systems were in place to maintain and complete accurate records.

A copy of insurance cover for the centre was available in the centre.

The centre had written operational policies required and specified in schedule 5.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and complaints process.

The inspectors found that records to be completed that related to residents and staff, were to be accurately maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A template for the directory of residents was available and if completed will meet the requirements of the regulations.

**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:***

Sonia McCague  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by G.A.L.R.O. Limited
<b>Centre ID:</b>	OSV-0004977
<b>Date of Inspection:</b>	16 September 2015
<b>Date of response:</b>	25 September 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.

#### Theme:

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

#### **1. Action Required:**

Under Regulation you are required to:

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

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

**Proposed Timescale:**