### Health Information and Quality Authority

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002445</td>
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<tr>
<td>Centre county:</td>
<td>Cavan</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Kevin Carragher</td>
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<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
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<tr>
<td>Support inspector(s):</td>
<td>Paul Pearson</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 unannounced and took place over 2 day(s).

The inspection took place over the following dates and times

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<th>From:</th>
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<tr>
<td>16 December 2014 12:00</td>
<td>16 December 2014 17:00</td>
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<tr>
<td>18 December 2014 09:00</td>
<td>18 December 2014 13:45</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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Summary of findings from this inspection

This report set out the findings of an announced registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register a designated centre.

The inspection took place over two days and was the second inspection of the centre undertaken by the Authority. The findings of the previous monitoring inspection concluded that some improvements were necessary to meet all of the requirements of the Regulations.

The actions plans outlined in the inspection report dated 23 July 2014 were reviewed
during this inspection. The inspector found that the majority of the actions had been completed satisfactorily. However, the action plan in relation to Outcome 6, Safe and Suitable Premises was not completed. The timescale agreed with the provider to complete this work had not lapsed at the time of this inspection. Further work was required in the promotion of individualised goal setting for residents to support and enhance their life experiences.

The centre currently accommodates eight female adult residents for long term care. The majority of the residents have resided together in the house for over fifteen years and have formed strong bonds and good friendships. Residents’ ages at the time of this inspection ranged from 47 to 85 years old. The specific care and support needs of the residents were in the mild to moderate range of intellectual disability. Additionally one resident has a physical disability and some have age related healthcare needs.

The Action Plan at the end of the report identifies all areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.
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):

No actions were required from the previous inspection.

### Findings:

Staff were able to articulate their knowledge of the residents’ personal preferences for meals, preferred activities and clothing. The majority of the residents had good verbal skills. Residents were asked and consulted with regarding their daily routines and preferences. The manner in which residents were addressed by staff and in which their needs were discussed was seen by the inspector to be respectful.

The person in charge was knowledgeable about the residents. It was evident that the residents were very familiar with and engaged well with the person in charge. Their documented profiles described well their level of independence and what they could do for themselves. Assessments were completed in relation to independent living, self help skill and nutritional needs.

The accommodation comprised of three twin bedrooms and two single bedrooms. Residents occupying double bedrooms were sharing with the same person for a long period of time and there was familiarity in each other’s routines. There was sufficient space in each bedroom to hold clothing and other personal belongings. However, some residents and relatives in questionnaires submitted to the Authority expressed a wish for their own bedroom. Adequate personal and communal space to include the facility to meet visitors in private was not available.

There was a complaints policy in place. An easy-to-read version for service users was prominently located in each resident’s bedroom. A second person was available to ensure that complaints are appropriately responded to and records maintained. If the complaint was not resolved by the organisation, the complainant could bring their complaint to the HSE complaints officer. However, the names of individuals, their
contact details and position within the service were not outlined. The policy referred to
the unit and service manager and general manager. The ombudsman was identified as
the independent appeals procedure. However, the name of the past ombudsman was
identified as the contact person in the complaints policy.

Service users did not have the ability to have control over their own finances. A policy
and procedure was in place to protect service users in this area. However, the
safekeeping of resident’s financial records did not fully assure their privacy. Financial
statements for each resident were filed in their medical records and available to all staff
and visiting allied health professionals.

Residents had access to an advocate. However, access was not actively promoted. A
named photograph was not available of the advocate or the designated officer to assist
residents familiarise themselves to whom they could report a concern or make a
complaint. Questionnaires were completed by residents and submitted to the Authority
in advance of the inspection with assistance from staff. Impartial assistance to complete
the questionnaires through an advocate was not pursued. Staff assisted all residents’
complete questionnaires.

Judgment:
Non Compliant - Minor

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions
are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector observed that staff were aware of the resident’s communication methods
and how they expressed themselves. By virtue of long standing relationships the staff
understood the resident’s preferences and the meaning behind their non verbal
communication. Staff were observed skilfully interpreting what individual residents’ were
communicating to them. Each resident had their specific communication needs clearly
identified in their own personal plan.

Residents had access to television and staff were aware of their favourite television
programmes, music, and activity or preferred clothing. Community links were
maintained with access to outside activities, music or concerts and shopping centres.

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

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Families were actively encouraged and involved in the lives of residents. Relatives of residents through questionnaires submitted to the Authority confirmed that there was open visiting in the centre. Residents were facilitated to go and stay with family members at weekends or for holidays.

Residents were involved in various outings and activities outside of the centre and a vehicle was available for staff to use to transport residents to external activities. All eight residents living at the centre attend a day service most days during the week. Relatives and staff confirmed that residents were frequently escorted by staff to various events and this was also captured in the resident’s personal plans. Residents spoken with described their daily outings and excursions at the weekends.

Many of the residents have resided together in the house for over fifteen years and have formed strong bonds and friendships. Some have become interdependent on each other and support one another in their daily lives. They attend social outings and day centres in each other’s company.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
As required by Schedule 5 of the Regulations, there was a written policy and procedures regarding admission, transfer, discharge and temporary absence of residents. The statement of purpose also outlined the admission process. The person in charge stated due to limitations of space no new admissions are planned. All residents have lived at the centre for a considerable period of time. There has been no new admission in the recent years to the centre.

Work was in progress to ensure each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged. A copy of the contract of care was retained in each file examined and a copy was sent to the nominated next of kin. The person in charge was awaiting the return of copies of signed contracts from each resident’s nominated next of kin. However, the total fee and the amount payable by the residents was not detailed in the contract of care.

Judgment:
Non Compliant - Minor

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Each resident had a plan outlining their personal goals for the year. There was evidence of appropriate multidisciplinary involvement in resident’s personal plans. A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents to support and enhance their life experiences. There was no linkage between personal goals and learning and development programs at day services.

There was an improvement in developing personal plan since the last inspection. Staff members were named now to take forward objectives in the plan within agreed time-scales. There was evidence of personal goals being reviewed. However, in some cases,
the supports required to meet goals were not specified. One goal identified by a resident was to visit family in Scotland. However, the personal plan did not detail the planned steps to achieve this goal. The goal was carried forward repeatedly. This was evident in other examples of personal plans reviewed.

The development of the personal plans indicated that further monitoring of practice was needed to fully ensure staff are supported to implement social as well as health care plans for residents suitable to the complexity of the resident needs.

While there was simplified or easy to read version of resident’s personal plans available. They were generic in format and did always reflect current personal goals for each resident. There was no use of assistive technology, aids or appliance for example, digital photo frames to promote residents full capabilities in their personal care plan or assisting to communicate their aspirations.

**Judgment:**
Non Compliant - Moderate

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**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The centre presently accommodates eight female residents. As discussed in Outcome 1, Residents Rights, Dignity and Consultation some residents and their relatives have expressed a wish for their own bedroom. As identified on the last inspection the dining room was not suitable in size to cater for all residents and two separate sittings were required at each mealtime to facilitate meals.

The suitability of bedroom accommodation for one resident on the first floor required review. The resident had limited mobility and it required strenuous efforts to manage the stairs. An assessment by the physiotherapist and occupational therapist confirmed the unsuitability of a bedroom on the first floor to meet the needs of the resident.

Baths, showers and toilets were not of a sufficient number and standard to meet the needs of residents’. There was no downstairs toilet on the ground floor apart from the en suite in one resident’s bedroom. Some residents utilised this during the day which
compromised the privacy and security of the resident occupying the bedroom. The main bathroom was fitted with a bath only. The only shower available to residents was in either of the two en suite bedrooms which is the personal space of residents occupying these bedrooms.

There is only one sitting room to meet the needs of all eight residents and it was very crowded on occasions and noisy when fully occupied during the inspection. Residents’ did not have adequate personal and communal space to meet their social and recreational needs. There was no space available or facility to meet visitors in private. Residents’ did not have the option in the communal space available to choose a quieter sitting room environment. These matters were identified as an area for improvement on the last inspection. The proposed works to address the matter and the time-scale to complete this action has not lapsed.

**Judgment:**
Non Compliant - Major

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was proactive response to the management of risk while maintaining residents' independence. Individualised risk assessments were completed for each resident with precautions outlined to minimise the risk of harm or injury. There was a health and safety statement developed which included emergency planning and health and safety policies and procedures.

The Authority was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for adults with disabilities in advance of this inspection. Similarly evidence of compliance with planning and development legalisation was submitted to the Authority.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. All staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed. However, these were not undertaken routinely. No recent fire drills were completed. The last drill was undertaken in July 2014.
Identification of hazards in relation to the physical environment of the building or equipment were identified and appropriate controls implemented. However, the temperature of dispending hot water in the two bathrooms was noted to be excessively hot on the day of inspection and may pose a risk of burn or scald to residents.

The inspector viewed evidence confirming all staff had up to date training in the safe moving and handling of residents.

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

Findings:
Staff to whom inspectors spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. All staff had up to date refresher training in protection of vulnerable adults.

In the sample of personal plans reviewed it was clearly stated whether a resident could maintain their own safety when away from the centre and if not what level of support and supervision was required. There was also information in the personal plans regarding the level of support required with personal and intimate care.

The inspector found that there were secure arrangements in place regarding the management of residents' finances which were supported by appropriate organisational policy. The person in charge was a designated agent for the majority of residents’ pensions. Each resident’s petty cash was held in a separate envelope. A record of the handling of money was maintained for each transaction. Receipts were retained for purchases. Two staff signatures were recorded in all instances for each transaction to ensure transparent arrangements.

There were two residents with behaviours that challenged at a mild level. Each resident had a behavioural support plan in place. The plans were developed in conjunction with staff and the behaviour support therapist. One resident’s behaviour that challenge
escalated in March 2014. The resident was reviewed by the psychiatry team within a short time frame of being referred. Medication changes were recommended to ensure optimum therapeutic values. The behavioural support therapist and the psychologist reviewed the resident and developed a new behavioural support plan. The care plan was well personalised to identify triggers and outlined preventative and reactive strategies to guide staff interventions.

The inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had been provided to all staff.

**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):**
No actions were required from the previous inspection.

**Findings:**
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided 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):**
No actions were required from the previous inspection.
Findings:
There was evidence that residents’ general welfare and development was promoted. There was evidence of residents’ individual involvement in stimulating activities that were appropriate to their capacities and preferences. Residents were facilitated and had had opportunities for new experiences and social participation.

Residents were facilitated to partake in numerous activities and events external to the centre and in the local community. This included attendance at day centres, shopping trips and dining out. Residents’ and staff spoken with by the inspector and their relatives through questionnaires submitted to the Authority, confirmed the residents had opportunities for meaningful engagement and community participation.

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

Findings:
There was evidence that resident’s health care needs were met. Access to appropriate treatments and allied therapies was available to residents. Residents had access to dietetic, optical, speech and language, occupational therapy, psychology, psychiatry, dental, chiropody and audiology services. On the last inspection it was noted one resident was not reviewed by the general practitioner (GP) for an eleven month period. This was addressed in the aftermath of the inspection as evidenced on review of the medical file on this occasion. There was timely access to (GP) service, including out-of-hours. There was evidence nursing care plans were updated to reflect changes and recommendations from allied health professionals.

On the last inspection there was one resident with a diagnosis of epilepsy without a plan of care in place. While a care plan was developed it required further review as it provided conflicting information and did not reflect practice. The resident was prescribed emergency medication in the event of a seizure by a nurse from another house. The centre is staffed by care assistants and they are not trained in the administration of emergency medication. The care plan indicated the emergency services are to be contacted. This is identified as an action under Outcome 5 Social Care Needs.

Staff to whom inspectors spoke stated that the quality and choice of food was frequently discussed with individual residents and changes were made to the menu accordingly.
Some residents assisted staff with the weekly shopping. The inspectors noted the fridges were well stocked with a variety of nutritious and wholesome food.

The inspectors reviewed the policy and guidelines for the monitoring and documentation of residents’ nutritional intake. This policy was revised as required by the action plan from the last visit. Nutritional screening was carried out using an evidence-based screening tool. Residents’ weight was checked routinely.

Residents had been referred to a dietician for recommendations based on nutritional assessments. Residents with swallowing difficulty were reviewed by the speech and language therapist. Staff were familiar with the different types of modified diets required by residents and could describe well to the inspector how their individual dietary needs are met. There was evidence following assessment of this information being communicated to the resident’s day service.

**Judgment:**
Non Compliant - Minor

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

**Findings:**
There was a policy on the management and prescribing of medication which was compliant with guidelines and the legal framework. Medicines were being stored safely and securely. All medications were in blister packs. Staff were knowledgeable on the different medications and their functions. There were no residents self medicating at the time of this visit.

New medication prescription charts and administration records were provided since the last inspection. They were legible and the maximum amount for PRN (as required) medication was noted in the sample examined.

Staff training records indicated that staff had undertaken relevant medication management training as described in the policy. There was evidence of monitoring medication management practices as auditing was undertaken. However, two staff members from another house who cover some work shifts when the need arise had not completed training in medication management. This is discussed under Outcome 17, Workforce.
**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

A written statement of purpose was available and it reflected the day-to-day operation of the centre, the services and facilities provided. The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below:

- A description in narrative form of all the sizes of the bedrooms in the designated centre including their size in metres square was provided. However, the sizes of the other communal rooms were not detailed to include the sitting room, dining room and kitchen.
- Apart from the management team the staffing complement does not require each staff members name to be identified.
- The person nominated to deputise in the absence of the person in charge was not indicated.

**Judgment:**
Non Compliant - Minor

**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): 
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The person in charge worked full-time and had the skills and experience necessary to manage the centre. It was evident that both the person in charge and the provider had in-depth knowledge of the residents and their backgrounds.

Residents and relatives via questionnaires were clear as to who was in charge. The person in charge has responsibility for another centre in the same town. Staff confirmed that the person in charge visited the centre at least daily and assisted in transporting residents to appointments and kept in frequent phone contact with the staff.

The system to review the quality and safety of care and quality of life requires further development by the provider to ensure a more robust approach in line with the requirements of Regulation 23. This was identified as an area for improvement on the last inspection. Work remains in progress to satisfactorily complete this action. The management team advised the inspector an audit tool is being developed to audit a broad range of areas.

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):
No actions were required from the previous inspection.

Findings:
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The head of nursing acted for the person in charge in her absence on a short term basis. In the event of a prolonged absence the management team advised a senior nurse would be appointed to fulfil the role until the return of the person in charge. There were sufficient arrangements in place to manage the service out-of-hours and at weekends, with other service managers available to do on-call on a rotating basis.
At the time of inspection the person in charge had not been absent for a period of time that required notification to the Authority.

**Judgment:**
Compliant

### Outcome 16: Use of Resources
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

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

There was evidence that the person in charge monitored the centre's resources. Staffing levels were adequate to meet the needs of the residents.

The centre had access to regular maintenance services. Service contracts reviewed indicated that external contractors were engaged to service equipment on a regular basis. There was evidence of ongoing maintenance and decoration.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspector examined staff rosters, reviewed residents physical care and psychosocial needs in care files and met with residents and discussed with staff their roles, responsibilities and working arrangements. The inspector judged there was sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account the purpose, size and the number of residents accommodated.

The inspector reviewed a selection of staff files and noted that the files contained all documents as required under schedule 2 of the regulations. Garda Siochana vetting was in place in each staff file examined.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Records evidenced a range of training was ongoing. Mandatory training required by the regulations was completed by staff.

However, as detailed under Outcome 12, Medication Management two staff members from another house who cover some work shifts had not completed training in medication management. Furthermore, the centre is staffed by care assistants and they are not trained in the administration of emergency medication in the event of a continuous seizure by a resident.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
As addressed in previous Outcomes, the inspector found evidence of compliance in regard to records that need to be maintained in the centre as per Schedule 3 (residents’ records) and Schedule 4 (general records) of the Regulations.
A directory of service users was maintained in the centre and this contained all of the matters required by the Regulations.

All of the written policies and procedures as required by Schedule 5 of the Regulations were in place.

It was noted by the inspector that records were maintained in a complete and organised manner and this made for ease of retrieval.

There was evidence that the centre was adequately insured against accidents, or injury to residents, staff and visitors.

**Judgment:**
Compliant

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**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:**

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002445</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>16 December 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td></td>
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</tbody>
</table>

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Financial statements for each resident were filed in their medical records and available to all staff and visiting allied health professionals.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
Financial statements removed from clinical files and new individual files developed to maintain all financial records. These files will be securely maintained in the Person in Charges office and will be made available to the relevant persons for inspection.

**Proposed Timescale:** 04/02/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Advocacy access was not actively promoted. A named photograph was not available of the advocate or the designated officer to assist residents familiarise themselves to whom they could report a concern or make a complaint. Impartial assistance to complete the questionnaires through an advocate was not pursued.

**Action Required:**
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has contacted the National Advocacy on 04.02.15 with a view to meeting in relation to ensuring access to advocacy services is actively promoted.

**Proposed Timescale:** 10/03/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The names of individuals, their contact details and position within the service were not outlined. The policy referred to the unit and service manager and general manager. The ombudsman was identified as the independent appeals procedure. However, the name of the past ombudsman was identified as the contact person in the complaint policy.

**Action Required:**
Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

**Please state the actions you have taken or are planning to take:**
Complaints Policy has been revised to reflect the names of individuals, their contact details and position within the service. The ombudsman office details have also been revised.
Proposed Timescale: 14/01/2015

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The total fee and the amount payable by the residents was not detailed in the contract of care.

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

Please state the actions you have taken or are planning to take:
Contract of Care now details the total fee and the amount payable by the residents.

Proposed Timescale: 11/02/2015

Outcome 05: Social Care Needs
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents to support and enhance their life experiences. There was no linkage between personal goals and learning and development programs at day services.

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

Please state the actions you have taken or are planning to take:
All person centred plans will be reviewed to ensure that each individual’s goals take into account their preferences and also support and enhance their life experiences. As part of this review the designated centre will interlink with Day Services.

Proposed Timescale: 10/03/2015
Theme: Effective Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The development of the personal plans indicated that further monitoring of practice was needed to fully ensure staff are supported to implement social as well as health care plans for residents suitable to the complexity of the resident needs.

Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
All person centred plans will be reviewed to the ensure implementation social as well as health care plans for residents suitable to the complexity of the resident needs. The Person in Charge will ensure constant monitoring and support to staff in relation to same. Ongoing

Proposed Timescale: 10/03/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While there was simplified or easy to read version of resident’s personal plans available. They were generic in format and did always reflect current personal goals for each resident. There was no use of assistive technology, aids or appliance.

Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
Referral forwarded to the Central Remedial Clinic, Clontarf, Dublin 3 requesting assessment of a number of residents for the use of assistive technology, aids or appliance.

Proposed Timescale: 10/03/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A care plan for the management of epilepsy was developed required further review as it provided conflicting information and did not reflect practice. The resident was
prescribed emergency medication in the event of a seizure by a nurse from another house.

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

**Please state the actions you have taken or are planning to take:**
The management plan for epilepsy developed for the resident in question has been reviewed and updated to reflect current practices in the house.

**Proposed Timescale:** 11/02/2015

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The dining room was not suitable in size to cater for all residents and two separate sittings were required at each mealtime to facilitate meals.

The suitability of bedroom accommodation for one resident on the first floor required review.

There is only one sitting room to meet the needs of all eight residents and it was very crowded on occasions and noisy when fully occupied.

Residents did not have adequate personal and communal space to meet their social and recreational needs.

Residents did not have the option in the communal space available to choose a quieter sitting room environment.

There was no space available or facility to meet visitors in private.

Baths, showers and toilets were not of a sufficient number and standard to meet the needs of residents.

**Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
The Designated Centre will reduce its capacity for residents by three. This will eliminate the need for and two separate sittings at mealtimes. This will also ensure that each resident will have their own bedroom and create additional space within the house for
**Proposed Timescale:** 31/12/2015

<table>
<thead>
<tr>
<th><strong>Outcome 07:</strong> Health and Safety and Risk Management</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
<td></td>
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<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
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<tr>
<td>The temperature of hot water in the two bathrooms was noted to be excessively hot on the day of inspection and may pose a risk of burn or scald to residents.</td>
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<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.</td>
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<tr>
<td>Please state the actions you have taken or are planning to take:</td>
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<tr>
<td>Temperature controls for hot water have been sought and approved.</td>
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<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 11/03/2015</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
<td></td>
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<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
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<tr>
<td>Fire drill practices were not undertaken routinely. The last drill was undertaken in July 2014.</td>
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<tr>
<td><strong>Action Required:</strong></td>
<td></td>
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<tr>
<td>Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</td>
<td></td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
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<tr>
<td>Practice fire evacuation conducted on the 14.01.15. Scheduled fire drill practices are scheduled for the remainder of 2015 on the following dates;</td>
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<tr>
<td>16.03.15</td>
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<tr>
<td>22.04.15</td>
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<tr>
<td>06.06.15</td>
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<td>22.09.15</td>
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<td>27.10.15</td>
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<tr>
<td>04.12.15</td>
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<tr>
<td>Complete and ongoing</td>
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</table>
Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are:

- A description in narrative form of all the sizes of the bedrooms in the designated centre including their size in metres square was provided. However, the sizes of the other communal rooms were not detailed to include the sitting room, dining room and kitchen.
- Apart from the management team the staffing complement does not require each staff members name to be identified.
- The person nominated to deputise in the absence of the person in charge was not indicated.

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

Please state the actions you have taken or are planning to take:
Statement of Purpose revised to include the following;

- The sizes of communal rooms to include the sitting room, dining room and kitchen inserted.
- Staffing compliment names removed.
- Arrangements inserted outlining person to deputise in the absence of the person in charge was not indicated.

Proposed Timescale: 11/02/2015

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:
The system to review the quality and safety of care and quality of life requires further development by the provider to ensure a more robust approach in line with the requirements of Regulation 23.

Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A system to review the quality and safety of care and quality of life of residents is currently being developed to ensure a more robust approach in line with the requirements of Regulation 23.

Proposed Timescale: 01/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two staff members from another house who cover some work shifts had not completed training in medication management. Furthermore, the centre is staffed by care assistants and they are not trained in the administration of emergency medication in the event of a continuous seizure by a resident.

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:
All relief staff are scheduled to complete training in medication management. 30.06.15

Proposed Timescale: 30/06/2015