**Centre name:** A designated centre for people with disabilities operated by Health Service Executive

**Centre ID:** OSV-0002448

**Centre county:** Cavan

**Type of centre:** The Health Service Executive

**Registered provider:** Health Service Executive

**Provider Nominee:** Kevin Carragher

**Lead inspector:** PJ Wynne

**Support inspector(s):** None

**Type of inspection** | Announced
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| **Number of residents on the date of inspection:** | 3 |
| **Number of vacancies on the date of inspection:** | 2 |
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

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

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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 first inspection of the centre undertaken by the Authority. As part of the application for registration, the provider was requested to submit relevant documentation to the Authority. All documents submitted by the provider for the purposes of application to register were found to be satisfactory.
The main ethos of the service as outlined in the Statement of Purpose is to provide a respite service and to offer those availing of the service the maximum opportunity to stay within a family environment with a focus on social and community based experiences.

The centre offers a respite service to a maximum of 38 children and 62 adults. A maximum of five service users are accommodated at any time. Children and adults are accommodated separately on alternate weeks. Respite breaks are offered to service users from one night up to a maximum of seven nights.

The specific care and support needs of the service users vary from moderate to severe intellectual disabilities. The centre offers respite services to both children and adults with associated complex needs to include epilepsy, autism or challenging behaviour and those who require personal care support needs.

Care needs relate primarily to social care where many service users are building on skills through school and day service programs. Service users are facilitated to attend school and their day placement programs during their stay. There are opportunities for service users to participate in a range of activities based on their interests and choices. There was evidence of good communication between the centre, the school and day service placements.

However, the following areas were identified for improvement and are outlined in the action plan at the end of this report. There was variance in the promotion of individualised goal setting for service users taking account of their preferences, to support and enhance their stay. Due to the diverse range of needs of the different client groups of service users the inspectors formed the opinion further training was required in the areas of autism, rights, culture and sexuality.

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:
Each service user was enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise their independence. The voice of the child and adult service users and their families was reflected in the person centred plans. Written records evidenced daily consultation with child and adult service users in relation to food likes/dislike, preferred activities and their daily routine.

Staff members were seen to treat service users with dignity and respect during the inspection. Relatives provided positive feedback including ‘the staff are kind’, and ‘the staff are attentive and very helpful’ in questionnaires submitted to the Authority.

There was a policy in place that covered resident’s personal possessions. Records were maintained of all their personal belongings on admission. There was adequate storage in each bedroom for clothing and possessions. The inspector reviewed the systems in place to support service users with management of finances during their stay to facilitate social activities and outings. There were clear and transparent arrangements in place. Receipts were retained and reconciled with expenses incurred. Two staff signatures were noted in records for all financial transactions.

There was a policy on the management of complaints. An easy-to-read version was prominently located in each bedroom. This included a photograph of the person to whom a complaint should be made. The complaints policy included an appeals process which is based on the ‘HSE- Your Service Your Say’. The policy indicated issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. The complaints procedure included time scales to acknowledge and resolve matters raised by
complainants.

The inspectors viewed the complaints log. This documented the nature of complaints, the investigation and the outcome to resolve the issue raised to complainants satisfaction.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Service users were supported and assisted to communicate in accordance with their assessed needs and preferences. The individual communication requirements of service users were outlined in detail in their personal support plans. There was good detail recorded on how the service users likes to spend their day in relation to their leisure interests, their daily care routine, their level of dependency and the activities of daily living they required assistance with.

Service users were assisted and supported to communicate, appropriate to their identified needs, and had any aids necessary to support them. The majority of child service users were admitted to the centre in the afternoon when school was over for the day. Many adult service users were admitted from their day service placement. During the week service users continued to attend school and their day service placement as per their usual routine.

There was evidence of good communication between the centre, the school and day service placements. A communication diary was maintained and nursing notes evidenced good communication links in relation to health, wellbeing and medication issues as they arose.

Picture-enhanced communication was available and displayed. This supported non-verbal communication and helped to relay information regarding daily activities, food choices and staff on duty.

Due to the large number of service users and the intervals between their stay at the centre, there was limited time available for staff to become very familiar with the meaning behind individuals non verbal communication. Only 50% of the staff were
trained formally in communication systems with a need for further professional
development in this area identified.

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

**Findings:**
The main ethos outlined in the Statement of Purpose of the centre is to provide a respite service and to offer those availing of the service the maximum opportunity to stay within a family environment with a focus on social and community based experiences. The inspection evidenced the service works to fulfil their objectives and ethos.

Service users are facilitated to attend school and their day placement programs during their stay. There are opportunities for service users to participate in a range of activities based on their interests and choices. The centre had access to transport to support service users attend activities. Outings for meals, bowling and the cinema were organised.

There were opportunities for service users to attend autism specific cinema screenings.

**Judgment:**
Compliant

### Outcome 04: Admissions and Contract for the Provision of Services
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The centre’s admission and discharge policy set out in a clear manner the criteria for admission. The majority of initial referrals for respite for children come to the person in charge through the child development team. Initial referrals for adult respite placements are made through the community clinical nurse specialist. In a small number of cases some families may contact the centre directly.

The centre offers a respite service to a maximum of 38 children and 62 adults. A maximum of five service users are accommodated at any time. Children and adults are accommodated separately on alternate weeks.

All admissions are planned three months in advance. A letter is sent to families advising of respite dates. Two weeks prior to their planned admission date a copy of the contract of care is sent. A new form has been introduced outlining the terms and conditions of the offer of respite care. There are no charges applied by the centre in relation to the provision of the respite service.

There was evidence in the planning of service user’s respite that the dependency and needs of clients was well coordinated to negate any negative impact. Additionally the maximum number of service users accommodated was reduced periodically to ensure sufficient staff were available to meet the needs of each client group.

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):
No actions were required from the previous inspection.

Findings:
There was a good emphasis on personal care and ensuring personal wishes and needs were met. Care and support provided to service users reflected their assessed needs and respected their wishes. The care plans and other documents reflected this clearly, and were completed fully where needs were identified. Service users’ preferences and
wishes regarding their daily routines were recorded in detail. The files examined contained information that outlined their health, intimate and personal care needs along with their family contacts and relationships. Risk assessments were completed to inform care planning and detailed interventions in relation to identified needs. These included behavioural challenges, supports and medical issues.

Each service user’s documented profile described well their level of independence and what they could do for themselves. Assessments were completed in relation to independent living, self help skills, numeracy, literacy, money management and safety awareness. There was knowledge and linkage between the person centred plans and learning and development programs at day services and educational achievements at school.

However, intimate care plans were not in place for all service users. The person in charge has commenced the development of intimate care plans within the past two months. Those completed to date have been developed to a high standard. Work is in progress to complete intimate care plans for all service users. Nursing staff are assigned as key workers with responsibility to complete a number of plans each.

The format to document personal goals for each admission has been revised and newly introduced within the service. There was evidence of family links in personal plans. New goals were identified on each admission since the format has been revised to document goals for each respite period.

However, there was variance in the promotion of individualised goal setting for service users taking account of their preferences, to support and enhance their stay. Some service users had goals identified which reflected the ethos of a respite service and had the opportunity for outings and social participation in the community. The objectives of some of the goals in personal plans of some service users were not inspirational and focused on passive activity. They did not lead to a choice of doing an activity different from being at home. In each care file reviewed it was not documented whether the goal was achieved during their stay. While an activity record was maintained they were not dated in all cases to identify the respite dates they correlated to.

**Judgment:**
Substantially Compliant

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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):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the centre is suitable for its stated purpose and met the residents’ individual and collective needs in a comfortable and homely way. The house is well maintained both internally and externally and is decorated to a good standard.

There were appropriate soft furnishings and these were changed each week when the service provision transitioned between adult and children. There were stocks of age appropriate duvets with themes linked to the service user’s interest.

Each service user was provided with their own bedroom. All bedrooms were spacious and doors could be locked from within by occupants to protect their privacy. There were two bedrooms on the ground floor. These were allocated to service user with impaired mobility. Respite was planned accordingly to ensure each service users could be accommodated in a bedroom that met their needs. There are three bedrooms on the first floor and one bathroom. The stairs are provided with a chair lift.

While the windows on the first floor were kept locked there were no restrictors fitted to any windows throughout the centre. There was one service user identified at a high risk of absconding.

The temperature of the hot water was checked in ensuites and bathrooms. The temperature of the dispensing hot water from the bath on the first floor was excessively hot and may pose a risk of scald to service users.

The communal areas included a well equipped kitchen, dining room and sitting room. Comfortable furniture and fittings are provided. Televisions and DVD players were provided in bedrooms.

The garden contained a paved area with table and chairs where service user could enjoy sitting outside. The gardens were secured by closing the entrance gate. There was an enclosed children’s play area with swings. The surface of the play area was safe and specifically designed for a children’s play area. Car and bus parking spaces were available to the front of the house.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

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

Findings:
There was proactive response to the management of risk while maintaining service user's independence. Systems and procedures were in place to promote the health and safety of residents, staff and visitors. There was a corporate and centre specific health and safety statement available. This detailed the organisational safety governance structure.

The risk management policy included the procedures required by regulation 26. They were procedures on incident reporting and risk escalation. Staff were trained on completing the incident reporting form in June 2014 by the Quality and Safety team. There is an emergency plan in place in the event of a serious disruption to the service.

There were procedures to guide staff in the event of a service user going missing. A profile description of each service user to include photographic identification was available in the sample of files examined. However, the missing person's policy was generic to adults and children. The policy requires further development to fully define adequate procedures to guide staff in response times and alert reporting to protect children in the event they leave the centre unaccompanied.

There were infection control policies in place to guide staff. A household staff member was employed full time and had responsibility for all cleaning and cooking. All parts of the centre were visibly clean. Staff were trained in HACCP (a food safety system). A hygiene audit was undertaken by the person in charge each month. However, the hygiene audit tool used was not specific to the centre and many parts of the form were not applicable.

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. The fire escape routes and action to take on discovering a fire were displayed on each floor.

All residents had a personal emergency evacuation plan in place. Fire drills were undertaken weekly and a night time fire drill very five weeks. The outcome and learning of the fire drills is being documented to further develop each service user's personal evacuation plan. This work has commenced since January 2015. Those completed to date detailed well how the service users responded to the fire alarm and outlined the specific interventions required to ensure they could be safely evacuated.

All staff had completed training in fire safety evacuation procedures. However, refresher training was not completed within the 12 month period for two members of staff. They were last trained in December 2013. Another member of staff was not trained in the specific evacuation requirements of the centre as she attended training off site in another location.

The inspector viewed evidence confirming all staff had up to date training in the safe
moving and handling. Due to the dependency of service users a hoist was required by staff to assist with moving and handling of some service users in a safe manner. A total of six adult and five children of the 100 service users availing of respite required the use of a hoist. An overhead tracking hoist was provided in one bedroom on the ground floor. Moving and handling assessments were completed where a need was identified. Details of the sling type and size were outlined in each assessment reviewed.

The inspector noted there were systems in place to ensure the transport vehicle used by the service was roadworthy, insured and equipped with appropriate safety equipment. Documentation viewed indicated the vehicle was fitted with wheelchair safety belts and anchorages. However, nine staff had not undertaken training in transport safety.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
There was a policy on protecting vulnerable adults in place and all staff had received up-to-date training on responding to suspicions or allegations of abuse. No notifiable adult or child protection incidents which are a statutory reporting requirement to the Authority have occurred or being reported to date.

Staff members spoken with by inspectors were knowledgeable of the various forms of abuse, were able to identify signs of abuse in service users with communication difficulties and what to do in the event of suspicions or allegations of abuse. Staff were familiar with the contact details of the designated officer to whom they would report a concern. The contact details of the designated officers were displayed in the nurse’s office.

All staff with one exception were trained in Children First Guidelines. Arrangements were in place for this staff member to receive training. Staff were observed by the inspectors being protective in practice of the children in the centre at the time of inspection. However, there was no child protection policy and procedures within the safeguarding
The model of behaviour management utilised within the centre is Professional Management of Violence and Aggression (PMAV). All staff were trained in this model to manage behaviours that challenge and refresher training is planned for 2015 for staff.

Physical restraint management, the use of bed rails was in place for total of six adults and five children. Bed rails were not used in a restrictive capacity, rather as an enabler to support the service user while in bed the person in charge told the inspector. A safety risk assessment was completed. There was evidence of multidisciplinary input in the decision to use bed rails. The nurse, key worker and psychologist was involved in the decision making process. The rationale for the use of the bed rail was detailed in the care file reviewed.

There was a policy on the use of restraint practices. However, the policy required review to include more detailed procedures on environmental restraints and unacceptable restrictions.

**Judgment:**
Substantially Compliant

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**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 was maintained of all incidents and accidents that had occurred in the centre. Quarterly reports have been provided to the Authority as required by the Regulations.

**Judgment:**
Compliant

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**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.
**Health and Development**

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

**Findings:**
There was evidence that service users general welfare and development was promoted. All child service users attend school. There was evidence of good communication between the school and the centre. Educational updates and needs were included in the personal plans.

The majority of adults availing of respite attend a day service program. There was evidence of residents’ individual involvement in stimulating activities that were appropriate to their capacities and preferences while staying at the centre.

Residents were facilitated to partake in external events in the community. This included shopping trips and dining out. Service user had access to transport. There is a minibus provided to the service and available for use daily.

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

**Findings:**
Service users were supported on an individual basis during their stay to achieve good health through risk assessment, care planning and monitoring of individual health care needs.

There was evidence from documents, interviews and observation that staff were knowledgeable of the healthcare needs of service users. Contact details of each service user’s general practitioner (GP) were available on individual files. Full details of their medical history, diagnosis, allergies, mental health and emotional wellbeing were outlined in care files.

There was evidence of good communication pathways between the staff in the centre and families to update on any changes or new developments since the last admission.
Staff were knowledgeable about the recommendations of health professionals. Copies of reports from allied health professionals involved in the service users care were available on file to include psychologist, physiotherapist, occupational therapy and speech and language therapists.

Should a resident become unwell during their stay the families and the GP were contacted. In the event a service user was unwell and did not require medical attention but unable to attend school or their day service placement, staff are available throughout the day to care for the service user. There is a nurse rostered each day of the week covering each 24 hour period.

Staff to whom inspectors spoke stated that the quality and choice of food was frequently discussed with individual service users and changes were made to the menu accordingly. Each service users’ food likes/dislikes were well documented and known by staff. The inspectors noted the fridges were well stocked with a variety of nutritious and wholesome food. Dinner was cooked in the evening by staff or service users had the option to go out to eat in particular at weekends.

There was policy and guidelines for the monitoring and documentation of residents’ nutritional intake. Each service users nutritional requirements were well documented to include those on specialised diets for example high fibre or diabetic diets. Some service users required a modified diet due to swallowing difficulty. The care files detailed the type and consistency of food and fluid where the need was identified. Copies of recommendations by the speech and language therapist were available on file.

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

**Findings:**
There was a policy in place for the ordering, prescribing, storing and administration of medication. Each service user’s family or nominated next of kin had responsibility to ensure the service user had an up to date prescription on admission. This requirement was identified in the contract letter sent to each service user two weeks prior to their planned admission date.

On admission the medication accompanying the service user is audited against the
prescription sheet. If the medication reconciliation identifies any discrepancies the family are contacted to rectify the matter. An inventory of the type and amount of each medication is recorded on admission.

Each service user's medication kardex accompanies them to their school or day service. There was good communication between services and the centre in relation to the administration of medication during the day in particular PRN (as required) medication and the reason for administration.

An assessment was undertaken to ascertain if each service user had the capacity to manage their own medication safely in accordance with the assisted living function of the service. A risk assessment tool to guide staff in their decision making to facilitate residents who may wish to self medicate was available and completed in case files examined.

Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and signed by two nurses. A medication incident report form is available to record any medication errors.

**Judgment:**
Compliant

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

**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 of the sizes of the majority of the rooms in the designated centre was detailed. However, the sizes and number of bathrooms or ensuites was not clarified. The size of the kitchen and offices was not outlined.

- The age range of service users was not detailed. There was no indication of the minimum age a child must reach before they can avail of the service.
There was a general description of the social activities and leisure interest service users can avail of. It did not differentiate in the choice of activities available between child and adult service users.

**Judgment:**
Substantially Compliant

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

**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 is suitably qualified, skilled and experienced to manage the centre. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis.

During the inspection the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development.

The person in charge had good knowledge of service users care needs and could describe in an informed way where service users had specific needs and how staff ensured that their care needs were met appropriately.

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.

**Judgment:**
Substantially Compliant
Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
There is no key senior manager notified to the Authority to deputise in the absence of the person in charge. While there was a low nursing staff turnover and all nursing staff demonstrated continuing professional development, formalised arrangements to deputise for the person in charge were not identified. The Statement of Purpose indicated the staff nurse on duty will deputise on her behalf.

There were sufficient arrangements in place to manage the service out-of-hours and at weekends. Other service managers are rostered to do on-call on a rotating basis.

Judgment:
Non Compliant - Moderate

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.

The person in charge told the inspector that monitoring of resources in the designated centre takes place in consultation with the director of nursing and nominated provider.

There was evidence that respite admissions were planned and arranged to take account of individual service user’s needs and the staff resources available. This was confirmed on review of the register and the number of children in the service each weekend for the past four months. The inspector noted the maximum occupancy was decreased to
ensure safety and quality of care for those in the service.

The person in charge was in the process of reorganising all the files and devising a new filing system to ensure the care and support plans were well laid out and easy to understand. Due to the large number of admissions and discharges there is a high administrative burden on the person in charge to coordinate and plan this work. There is no administrator to support the role of the person in charge to ensure effective clinical governance and operational management.

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:**
Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector examined staff rosters, reviewed and examined the planning and coordination of admissions 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 of the aims and objectives of the service. However, the inspector formed the opinion that staffing levels require continuous review to take account of the profile of each group of service users at any given time. This is necessary in order to ensure there are adequate staff resources to provide the opportunity for adequate sensory stimulation and support to maximise quality of life for the duration of each stay.

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 Síochána vetting was applied for all staff members. However, the dates on which each staff member commenced employment were not clear in the records reviewed.
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. In addition to the mandatory training required by the Regulations staff had undertaken courses in basic life support, infection control and epilepsy awareness. However, due to the diverse range of needs of the different client groups of service users the inspector formed the opinion further training was required in the areas of autism, rights, culture and sexuality. All of these issues were prevalent in the groups of children availing of respite services and no training had been provided to staff on these topics.

Judgment:
Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

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

**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 residents was maintained and contained all of the matters required by the Regulations. A record of residents’ assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing care provided to the resident including any treatment or intervention was maintained.

All of the written policies and procedures as required by Schedule 5 of the Regulations were in place. However, as identified in Outcome 8, Safeguarding and Safety there was no child protection policy and procedures within the safeguarding policy.

There was no simplified or easy to read version of the Residents’ Guide. It was not synopsised in pictorial format for service user to assist and aid their understanding.
Judgment:
Substantially 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:

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-0002448</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>05 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01 May 2015</td>
</tr>
</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 02: Communication

**Theme:** Individualised Supports and Care

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

Only 50% of the staff were trained formally in communication systems there is a need for further professional development in this area.

**Action Required:**

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her

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1 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:
All Staff are now trained formally in Communication Systems

Proposed Timescale: 21/04/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Intimate care plans were not in place for all service users.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
Intimate care Plans are being completed on each admission.

Proposed Timescale: 31/05/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There is variance in the promotion of individualised goal setting for service users taking account of their preferences, to support and enhance their stay. In each care file reviewed it was not documented whether the goal was achieved during their stay. While an activity record was maintained they were not dated in all cases to identify the respite dates they correlated to.

Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
New Goal format implemented inclusive of identification and progress of goals on every admission including the ethos of the respite service.

Proposed Timescale: 31/05/2015
**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While the windows on the first floor were kept locked there were no restrictors fitted to any windows throughout the centre.

**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:
Restrictors have currently been priced and arrangements have been put in place to fit same.

**Proposed Timescale:** 13/05/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The temperature of the dispensing hot water from the bath on the first floor was excessively hot and may pose a risk of scald to service users.

**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:
Mixed valves for regulating the temperature of the water have been applied to the bath on the first floor.

**Proposed Timescale:** 22/04/2015

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The missing person policy was generic to adults and children. The policy requires further development to fully define adequate procedures to guide staff in response times and alert reporting to protect children in the event they leave the centre unaccompanied.
**Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
Missing person policy has being reviewed and amended to fully define adequate procedures to guide staff in response times and alert reporting to protect children in the event they leave the centre unaccompanied with Cavan/Monaghan Disability Services Officer under the National Protection Policy.

**Proposed Timescale:** 27/04/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The hygiene audit tool used was not specific to the centre and many parts of the form were not applicable.

**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
A newly revised hygiene audit tool implemented for respite on 27/04/2015

**Proposed Timescale:** 27/04/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Refresher fire safety training was not completed within the 12 month period for two members of staff. They were last trained in December 2013. Another member of staff was not trained in the specific evacuation requirements of the centre as she attended training off site in another location.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
Fire Safety Training planned for all staff to attend on 14/05/2015

**Proposed Timescale:** 14/05/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a policy on the use of restraint practices. However, the policy required review to include more detailed procedures on environmental restraints and unacceptable restrictions.

**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
Policy will be reviewed by the Policy Review Group

**Proposed Timescale:** 31/05/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff with one exception were trained in Children First Guidelines.

**Action Required:**
Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

Please state the actions you have taken or are planning to take:
Staff member received training on 14/04/2015

**Proposed Timescale:** 14/04/2015
### 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 of the sizes of the majority of the rooms in the designated centre was detailed. However, the sizes and number of bathrooms or ensuites was not clarified. The size of the kitchen and offices was not outlined.

- The age range of service users was not detailed. There was no indication of the minimum age a child must reach before they can avail of the service.

- There was a general description of the social activities and leisure interest service users can avail of. It did not differentiate in the choice of activities available between child and adult service users.

**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 of Function has been revised to include all information listed above.

**Proposed Timescale:** 20/04/2015

### 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) (d) you are required to:
- Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
The system to review the quality and safety of care and quality of life will be developed.
by the Registered Provider to ensure a more robust approach in line with the requirements.

**Proposed Timescale:** 01/09/2015

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

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There is no key senior manager notified to the Authority to deputise in the absence of the person in charge.

**Action Required:**
Under Regulation 33 (1) you are required to:
- Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.
- Please state the actions you have taken or are planning to take:
  A senior staff nurse from Annalee View respite Centre has been identified and has agreed to deputise in the absence of the PIC with immediate effect. All PPIM documentation will be completed and forwarded to HIQA by 31/05/2015

**Proposed Timescale:** 30/04/2015

### Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There is no administrative support to the role of the person in charge to ensure effective clinical governance and operational management.

**Action Required:**
Under Regulation 23 (1) (a) you are required to:
- Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.
- Please state the actions you have taken or are planning to take:
  Administrative support to the role of the Person in Charge will commence 31/05/2015

**Proposed Timescale:** 31/05/2015
**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Due to the diverse range of needs of the different client groups of service users further training was required in the areas of autism, rights, culture and sexuality.

**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:**
Training has been organised and will be completed in these areas by 20/09/2015

**Proposed Timescale:** 20/09/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Nine staff had not undertaken training in transport safety.

**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:**
Additional training in transport safety has been organised for 26/05/2015

**Proposed Timescale:** 26/05/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no child protection policy and procedures within the safeguarding policy.

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
<th>Child Protection Policy will be developed for the service.</th>
</tr>
</thead>
</table>

**Proposed Timescale:** 30/09/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no simplified or easy to read version of the Residents’ Guide. It was not synopsised in pictorial format for service user to assist and aid their understanding.

**Action Required:**
Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
<th>An easy to read Resident’s Guide will be developed for Respite.</th>
</tr>
</thead>
</table>

**Proposed Timescale:** 31/08/2015