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

<table>
<thead>
<tr>
<th>Centre ID:</th>
<th>OSV-0003330</th>
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<tr>
<td>Centre county:</td>
<td>Donegal</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Kieran Woods</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</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>15</td>
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<td>Number of vacancies on the date of inspection:</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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 04 November 2014 10:30 04 November 2014 18:30
      05 November 2014 11:30 05 November 2014 16:00

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 monitoring inspection was the first inspection of this residential service carried out by the Authority. It was an announced and took place over two days. This service is one of a range of disability services provided by the Health Service Executive throughout the county of Donegal.

The three houses that form part of the designated centre are located in a modern housing development on the outskirts of a village a short drive from Letterkenny. Accommodation and support services are provided for fifteen adults with mild to severe intellectual disability. The majority of residents were accommodated on a long term basis but there were flexible arrangements in place for some residents who wished to spend part of the time at home with family and the remaining time in the centre. Two houses accommodated male and female residents and the third house
accommodated male residents only. The houses were rented from a Housing Association and all residents had a tenancy agreement. The houses and grounds were well decorated, maintained to a satisfactory standard and offered a comfortable home like environment for residents.

All houses were open seven days a week and had a staff presence each day that reflected residents support needs. In one house there was a qualified nurse presence each day over a 12 hour shift. The inspector found that staffing levels were suitable to meet the needs of the service users.

During the inspection the inspector met with residents, staff members and the person in charge (PIC). Residents had been made aware of the inspection. The inspector observed care practices and reviewed documentation such as personal plans, risk management documentation, medication and nursing records as well as policies and procedures.

The person in charge and staff team interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. They conveyed how they promoted the person centred care model and in conversation displayed a high level of knowledge on this approach. The person in charge had extensive experience and a training qualification in the person centred care model to support her in her role. Staff supported service users to maximize their independence and encouraged them to make decisions and choices about their lives. Service users were enabled to pursue their hobbies and interests and the inspector saw that there was an emphasis on accessing local community services and facilities. Residents had access to day services and attended social events locally and in the nearby town of Letterkenny. The inspector found that social and health care needs were met and there was evidence of close monitoring of residents who had conditions that fluctuated.

Areas of non-compliance related to some of the risk management arrangements, particularly the arrangements for fire drills which had not been carried out when the least number of staff were available or during the evening/night time hours. Documentation to support medication prescribing and administration was in poor condition and some policies and procedures were available on computer but not in hard copy which meant that care staff did not have ready access to them as they did not usually access the computer system. These are discussed further under the relevant outcomes in the report and included in the Action Plan at the end of this report.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that residents were consulted about their daily routine in the centre and found that residents’ rights and dignity were promoted. Residents’ meetings were held every month and were used to plan individual and group activities, day to day choices for menus and outings and address any concerns that residents raised. Residents attended day services in a number of centres, and the inspector noted that there was good coordination between services and staff in the centre to ensure that activities and opportunities offered to residents reflected their assessed support needs and goals outlined in personal plans.

There was a complaints policy in place that described how to complain, the ethos, types and stages involved in complaints management and to whom a complaint should be made. There was an easy read version of the complaints procedure available. In practice, staff dealt with minor issues and resolved them if possible. The person in charge was identified as the person to whom complaints should be addressed. The inspector saw an example of how a recent complaint from a family member had been addressed. There was a record of the concern, the actions taken by staff to resolve the issue and the contacts with the complainant were clearly outlined. Records of complaints were maintained in residents care files.

The inspector reviewed the systems in place to ensure residents’ financial arrangements were safeguarded. There were guidelines on managing residents’ personal property and possessions. Each resident had a personal financial record that contained details of all money available and expenditure. All receipts were numbered and each item of expenditure recorded. The record was signed by staff and where possible the resident.
Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that there were effective and supportive interventions in place to help residents communicate however some improvements were noted to be required to ensure that residents potential to communicate was maximised. Each resident’s communication needs were assessed and documented in their personal plans. Residents had access to television and radio, residents’ preferences in terms of what programmes or music they preferred were facilitated. An easy read version of the complaints procedure and human rights information had been issues to all residents how.

There were detailed hospital “passports” that outlined essential information on medical conditions, ability to communicate including verbal and writing skills, ability with mobile telephones and family contacts. The inspector saw completed nursing assessments that included communication needs and areas of difficulty and where this was identified as a potential issue, a more detailed care plan was then developed. The inspector was told that the houses do not have internet access which restricts communication choices and options for residents who could benefit from newer technologies. The person in charge said that staff were exploring the use of DVDs and pictorial formats to outline personal plans in a more meaningful way for some residents.

Judgment:
Non Compliant - Minor

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
Residents were supported to develop and maintain positive personal relationships with their family members and to develop links with the wider community. Residents had family members who were actively involved in their care and who sometimes attended personal plan reviews. Friends and families were welcome to visit and there were no restrictions on visits.

Families were encouraged to participate in the lives of the residents, and the inspector saw that they were regularly consulted and kept up to date. Records of contacts with relatives were maintained. Personal plans were in place to support and enhance this process. The inspector noted that residents had photographs of their family members in their bedrooms and that they attended family events. Residents were supported to attend local community events and did their shopping locally and in the nearby town of Letterkenny. Many participated in social groups and activities organised by community groups.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that the care and support currently provided to residents reflected their assessed needs and wishes and contributed positively to their quality of life. The centre was fully occupied during this inspection. One resident was in hospital undergoing investigations.

The inspector found that each resident had a personal plan in place, and these plans were reviewed annually. The inspector viewed a sample of personal plans and found that they were individualised and reflected well the person centred approach. This was demonstrated by the considerable detail provided on residents’ choices and lifestyles. Resident’s abilities, needs and aspirations were clearly identified in the personal plans outlined for the year. There was good emphasis on supporting residents to achieve and maintain their maximum level of independence. This was demonstrated by information that indicated capacity to be alone at home and the work undertaken by staff to support
residents to undertake and carry out tasks by themselves. A key worker was assigned to help residents achieve, monitor and review their personal goals for the year.

The inspector saw that most of the residents goals identified for the previous year had been reviewed and most had been realised. For example, residents had attended social activities of their choice and had been enabled to resource activities in nearby towns. There was also meaningful connections made between goals in personal plans and healthcare problems that could inhibit the achievement of goals. In instances where residents were not satisfied with their accommodation or wished to move to another facility for any reason this was outlined well and a plan was devised to achieve the change. Daily records were also maintained outlining how residents spent their day.

There was evidence that residents and their families were involved in personal plan meetings and in meetings arranged to discuss transition between services. The significant people connected to residents were fully outlined in a “circle of support” document.

There was a wide range of social and training activities available to residents appropriate to their interests and capabilities both in the centre, in the nearby community hall and in the wider community. Transport was available to enable residents to get out and about to their chosen activities. It was evident that residents were integrated in local community as they used local businesses and community facilities in the area and in Letterkenny, such as local restaurants, libraries and churches for their day to day needs. There is a block of flats on the housing estate where some people who have low support needs live and this has communal space that is used for activities and this facility and the activities organised is readily accessible to residents as it is a short walk from the houses.

The inspector spoke with staff at all levels and they were clear about the importance of maintaining and respecting resident's dignity and privacy. Staff were observed treating residents with dignity and respect and residents confirmed that staff provided care professionally and with kindness. Residents appeared comfortable, warm and were appropriately dressed. Doors to residents’ rooms were closed to maintain privacy and staff talked quietly and clearly to residents to ensure they understood what was being said to them. They also gave plenty of time for residents to respond. When the inspector was taken around the houses she was introduced to residents and was given time to talk to them. As described previously, the use of newer technologies to convey information was required to ensure residents could participate to their maximum ability when personal plans were compiled.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.
**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre compromised of three houses situated in a modern residential development a short drive from the village of Kilmacrennan. The inspector found that the houses were maintained in good condition, attractively decorated and rooms were personalised to reflect residents’ choices. All rooms had adequate provision for storing resident’s clothes and possessions.

All three houses have six bedrooms, five are used for residents accomodation and one is allocated for staff on nightly sleep in duty. There is a sitting room, kitchen/dining area, utility room and storage areas in each house. All houses were clean, comfortable and had a home like atmosphere.

Bedrooms were noted to reflect the interests and personal taste of the occupants. There were photographs, ornaments and personal effects that residents had chosen on display in all rooms. There were supports in place to enhance accessibility and these included handrails on each side of hallways and grab rails in bathrooms and toilets. There was a call bell system in all rooms and all residents were able to use this to summon assistance the inspector was told.

The inspector noted that there were steps outside some external doors which were not identified as a hazard particularly in houses where residents had mobility problems and would need assistance during any evacuation.

**Judgment:**
Non Compliant - Moderate

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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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a Health Service Executive corporate safety statement dated 2014 available for staff and an additional safety statement dated 13 October 2014 for the designated centre. This identified the arrangements for risk control, hazard identification and monitoring arrangements. The risk register identified some of the specific risks in each of the houses such as lone working, food safety, travel arrangements and risks such as
slips, trips and falls. These were appropriately risk rated. There was a six month review of risk in the service. The inspector saw that reviews had been completed in April and October 2014. Issues identified during the audits such as ceiling cracks, tile damage, the provision of person protective equipment had been addressed when the next review was undertaken.

There were some risks identified that had not been fully addressed but work was underway to complete the required actions. These risks included call bells that were difficult to hear when doors were closed, residents travelling alone on the rural transport scheme and some residents’ mobility problems. The inspector viewed a number of individual risk assessments for residents and found evidence that staff took a proactive approach to controlling risk to residents whilst ensuring that residents could still take part in their chosen activities.

The inspector found evidence that accidents, incidents and near misses were documented by staff in resident’s notes and on the incident/accident forms. There was a good outline of all incidents and trigger factors such as changes to routines were identified as possible causes to alert staff and prompt prevention of future episodes.

There was a policy on infection control and the management of infectious illnesses. There were appropriate facilities in place for the prevention and management of infection control, including hand washing facilities, hand sanitizers and personal protective equipment. Training on this topic was provided and the inspector noted that 21 staff had completed this training during 2014 and that training also had been provided during 2013 and 2012.

The fire safety precautions were reviewed. There was a fire procedure available in each house. Appropriate fire equipment was located throughout the centre and there was an inventory and service record of all fire equipment as required by regulation 21, schedule 4 records. There was a monthly inspection of fire fighting equipment and the emergency lighting and alarm system were checked weekly. These checks were recorded. All fire exits were unobstructed however some exits had steps outside which although known to staff did not have a caution notice to alert staff and residents in the event of an evacuation being required. There were also doors designated as fire doors that did not have self closers. These matters had also been identified during a fire inspection and were scheduled for remedial action.

Staff took part in regular fire evacuation drills which were documented. Two fire evacuation drills had taken place in June and October. Fire safety training for all staff had taken place and this trainign included evacuation procedures according to information supplied by staff. Residents who required additional supports to identify the fire alarm activation had sensors to prompt their responses. The procedure, to be followed in the event of fire, was displayed and included an easy read version. The inspector noted that fire drills had usually taken place during day time hours and noted that no fire drill had taken place during late evenings or during hours of darkness or when the lowest number of staff were available to assist residents. The arrangements should be revised to include evacuations outside of normal day time work hours to ensure staff are fully aware of the procedures and how to safely evacuate residents taking in to account the step hazards.
Fire fighting and fire alert equipment was checked and serviced regularly. The fire alarm was serviced quarterly as required and this was recorded as completed in June and September 2014. There was an inventory of fire equipment as required and fire extinguishers were serviced annually. There were regular checks of the fire alarm and the emergency lighting and these were recorded.

Judgment:  
Non Compliant - Moderate

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

Theme:  
Safe Services

Outstanding requirement(s) from previous inspection(s):  
This was the centre's first inspection by the Authority.

Findings:  
There was a policy available on the prevention, detection and response to abuse and staff also had Children First Guidelines. Staff could convey what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. The procedures available required revision to provide appropriate direction to staff on how to report instances of suspicions or allegations of abuse as it was not clear how to report to senior staff out of regular day time work hours or how to report to the designated social worker responsible for adult protection. All staff had completed training in protection of vulnerable adults. There was no incidents or allegations of abuse reported to the Authority from this centre.

There were some residents who exhibited fluctuating behaviour patterns. This was documented and detailed support plans were in place. A recognised assessment tool was in use to determine the main problem areas and this was noted to be reviewed regularly. The indicators of distress were outlined well to enable staff to intervene and reduce the impact of the behaviour and all episodes were recorded. The inspector saw records for each month that described the number of times the behaviour had been evident. The inspector saw that multi-disciplinary input was sought when planning interventions for residents and staff reported good working relationships with allied health professionals in the area. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The person in charge said a restraint-free environment was promoted. There were no physical or chemical restraints in use at the time of inspection.
While some staff had training in behaviour management, the majority required training in breakaway techniques according to the person in charge and it was hoped to address this during 2015.

**Judgment:**
Non Compliant - Moderate

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector reviewed the documentation of the accidents/incidents occurring in the designated centre. The person in charge was aware of the notifications that had to be reported within 3 days and the matters that had to be reported at quarterly intervals.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The statement of purpose described the day services, recreational and training opportunities available to residents depending on their assessed needs. The inspector found that residents could avail of a range of training opportunities that helped them develop practical skills for daily living and also found that there were good social outlets for entertainment.

Residents had varied opportunities to engage in social activity. There were regular art and dance classes, cooking and fitness activities such as chair aerobics. Other activities included reading newspapers, bingo and games. Some of these took place within the houses, in the community hall on the estate or in the wider community. Residents were
encouraged to be physically active and to go for walks in the fresh air as well as taking part in indoor activity.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents were supported to achieve good health outcomes through care planning, access to medical services and monitoring of residents individual health care needs. Records of medical care needs and interventions were noted to provide a comprehensive overview of conditions that required attention and how these were being addressed.

Residents had access to General Practitioners and there was information that confirmed that that regular health reviews were undertaken. There was good support from specialist services such as mental health and long and short term interventions were in place. There was good communication between professionals which contributed in a positive way to how support staff delivered care. For example, residents who had mobility problems had been assessed, and had appropriate mobility equipment and environmental supports in place to help them remain independent and able to use facilities such as showers and baths safely. There was access to occupational therapy and physiotherapy including home visits when required. The inspector found that residents were supported to access dentists, chiropodists and opticians in the community. Staff were knowledgeable about the recommendations of health professionals and how to implement these into practice.

Records showed that where residents were discharged to other services there was an appropriate transfer of information including the use of a hospital passport (as described earlier) that described communication needs. Records showed that following discharge from acute hospitals multidisciplinary reviews were arranged and plans had been drawn up to support the resident if they required enhanced levels of care. Staff told the inspector that they received detailed information from other services when residents were admitted to the centre. Staff could describe the importance of maintaining ongoing contact with other service providers such as day care services to ensure that continuity of care was maintained and to achieve the best outcomes for residents. This was particularly significant when residents availed of “shared care” arrangements where they spent time at home and time in the centre each week.

One resident was in hospital during this inspection. The inspector found from reading
personal plans available that there was active monitoring of health care needs prior to admission and that staff assessed the changes promptly and sought medical assistance to prevent further deterioration.

**Judgment:**
Compliant

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administering medicines to residents. The inspector reviewed the systems in place for storing medication and was satisfied that secure arrangements were in place. The centre uses a monitored dosage system and staff had received training from the pharmacist on medication management and administration.

There were protocols in place for the safe administration of medication for epilepsy. An epilepsy management plan was in place where required and records of seizure activity were maintained. Residents had emergency supplies of medication that they took with them at all times. Residents who were prescribed psychotropic medication were reviewed regularly and the psychiatrist for disability services was actively involved in reviewing and assessing residents mental health and medication needs.

There was a regular review of prescribed medication including psychotropic medication and the pharmacist had an active role in these reviews and in updating medication profiles. The inspector noted that where nurses transcribed medication that the signatures of both the nurse who transcribed and another nurse who had checked the prescription were available. There were some required improvements identified. The medication administration charts were photocopied and information/details were unclear in some instances. The maximum dose of medications prescribed on an "as required" basis was not always available in the sample of charts examined and medication that residents required in crushed format was not always prescribed to be given in this way.

**Judgment:**
Non Compliant - Moderate
**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were satisfactory systems in place to ensure the service was effectively managed. The person in charge was appropriately qualified and had the necessary experience to fulfil this role. She was a registered nurse and had many years experience in the area of disability including the use of the person centred care model. There was an established governance and management structure within the service. The person in charge reported to the service manager for disability services and she reported that there was a good communication network between colleagues and senior managers. In discussions with the person in charge and other senior staff they demonstrated a commitment to providing a good quality service that met legislative requirements and the needs of residents.

The person in charge had responsibility for the three houses that formed part of this designated centre and for the supervision of staff that provided support to residents in the nearby apartments. The inspector found that although staff had the contact numbers for senior managers outside of normal work hours if they needed advice or guidance an established rota that outlined who to contact was not available.

All service users had a tenancy agreement with the housing association and the contribution they had to pay was clearly outlined.

**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):**
This was the centre’s first inspection by the Authority.

Findings:
The centre was adequately resourced to meet the social and health care needs of residents in most aspects reviewed however the centre had no broadband access which limited the use of technology and limited communication options for both residents and staff. This was described in earlier outcomes as a deficit.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector reviewed staff rotas and the staff deployment model. Staff were available in each house when residents were at home. Care and nursing staff worked together to promote the person centred care model and there were sufficient staff deployed to enable residents to make choices about their day time life styles and to accommodate residents who no longer wished to attend day care or training services. A nurse was on duty during the day from 09.00 hours to 21.00 hours including weekends to support care staff.

The inspector reviewed a sample of staff files and was satisfied that they contained the necessary information as stipulated by Schedule 2 of the Health Act 2007 (Care and Support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013.

There was a staff training schedule outlined for the year. Staff had received training on a number of topics including the protection of vulnerable adults, Children First, dignity at work, medication management, fire safety, hand hygiene, cardiopulmonary resuscitation and moving and handling. Some carers had also attended first aid training. As described earlier in this report staff required additional training on behaviour management and breakaway techniques as all staff did not have this training and were working alone for long periods.

Staff reported that there was a good team spirit within the service and that they were encouraged to bring forward ideas and to contribute to the operation of the service.
Judgment: Compliant

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

Theme: Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
All the polices required by the regulations were available. The majority contained detailed information which was informative and provided appropriate guidance to staff. As described earlier in this report in outcome 8-Safeguarding, the procedures related to the adult protection policy required review to ensure that staff had appropriate contact details to enable them to report allegations or suspicions of abuse to senior staff and to the designated senior case worker in the Health Service Executive in a timely way as required.

The inspector noted that some policy and procedure documents were held on the computer and were not readily accessible in written format to all staff. Carers did not have access to the computer system but were working alone at times and therefore did not have policy and procedure documents available to guide their practice when needed.

Judgment: Non Compliant - Moderate
**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:**

Geraldine Jolley  
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-0003330</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>04 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08 June 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises did not have internet access available to residents to support their communication needs.

Action Required:
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
to a telephone and appropriate media, such as television, radio, newspapers and internet.

**Please state the actions you have taken or are planning to take:**
- Explore the option of broadband for service user access in each house
- Guidelines for service user use to be drawn up.

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

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Alternatives to written communication were not available to support residents who had assessed difficulty with communication to enhance their understanding.

**Action Required:**
Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

**Please state the actions you have taken or are planning to take:**
- Staff are currently working on PCP / personal profile for Individual & some already have same in DVD format. Communication with PECS is encouraged. Refresher training will be provided for staff in this & also lamh
- Explore the option of talking mats. Funding request will be submitted to management for approval.

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

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**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:**
Personal plans were only available in written formats which did not maximise residents participation or understanding.

**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:**
- Staff are currently working on DVD format & picture profile.

**Proposed Timescale:** 31/07/2015

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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:
Some houses had steps at external doors that did not facilitate easy access for residents with mobility problems.

**Action Required:**
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**
• This has already been bought to attention of housing association & awaiting action.

**Proposed Timescale:** 30/06/2015

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**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:
Some fire exits had steps that would impede evacuation in an emergency and this was not identified at fire exits to remind staff of the hazard.

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

**Please state the actions you have taken or are planning to take:**
• This has already been identified as risk and highlighted to Oaklee House. Awaiting action from same.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The recommendations of the fire officer required attention which included the installation of ramps at fire exits and automatic closures on some doors.

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

**Please state the actions you have taken or are planning to take:**
• Fire & Risk Assessment carried out and draft reports received and forwarded to Oaklee for attention.
• Fire Officer has arranged for Evacuation Drill & Training to be held.
### Proposed Timescale: 31/07/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No fire drills had been conducted during hours of darkness or when the least number of staff were on duty.

**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 Drill to be carried out with least number of staff on duty

### Proposed Timescale: 30/06/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff that provided care to residents did not have training in positive behaviour management or breakaway techniques to ensure safe care to residents and the safety of staff.

**Action Required:**
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**
- To arrange Care & Responsibility training.

### Proposed Timescale: 31/08/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The arrangements in place to guide staff in the event of an allegation of abuse were not adequately robust and did not provide effective guidance on how to report to senior managers or to the designated senior case worker in the Health Service Executive as required.
**Action Required:**
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

**Please state the actions you have taken or are planning to take:**
- New Safeguarding Vulnerable Adult Policy in place
- Training in conjunction with this policy to be rolled at local level
- Elder Abuse Refresher Awareness to be rolled out at local level

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

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### Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The maximum dose of "as required" medication to be given in a 24 hour period was not outlined. Medications that residents required in crushed format were not always prescribed to be administered in this format.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
- New kardex to be introduced with the max dose stated on same. with a plan to implement same ASAP
- Training also to be provided by pharmacist.

**Proposed Timescale:** 31/07/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The format of medication administration charts required review in some instances as the poor quality photocopies presented a risk.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
- New kardex to be introduced and administration charts to be reviewed
### 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:**  
While staff had telephone contact numbers for senior staff there was no formal arrangement in place to indicate to staff who was available from the senior management team out of normal regular work hours should they need advice or guidance.

**Action Required:**  
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**  
- This action will be resolved by end of June 2015  
- Local Policy to be updated

**Proposed Timescale:** 30/06/2015

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### 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 were aspects of service delivery that were compromised by the lack of broadband access and this included the provision of up to date facilities for communication to assist residents.

**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:**  
- Explore the option of broadband for service user access in each house

**Proposed Timescale:** 30/06/2015

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### Outcome 18: Records and documentation

**Theme:** Use of Information
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some policies and procedures were not available in written format and were not accessible to all staff who may need them as care staff did not have access to the computer system.

**Action Required:**
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

**Please state the actions you have taken or are planning to take:**
- All Policies in schedule 5 to be provided in paper format

**Proposed Timescale:** 3-6 months  31/05/2015