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<td>Provider Nominee:</td>
<td>Kieran Woods</td>
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<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</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 announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 22 October 2014 10:30
To: 22 October 2014 18:00

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11: Healthcare Needs |
| Outcome 12: Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection
This was the first monitoring inspection of this service. The inspector met with the area coordinator for disability services in Dungloe at the start of the inspection. The services as notified to the Authority included three community houses located around the town of Dungloe and two houses located in Falcarragh. The area coordinator also had responsibility for day services for the area. The houses in Falcarragh were inspected on 22 October and the three houses in Dungloe were inspected on 23 October. In both areas there was a clinical nurse manager who had day to day responsibility for the operation of the houses, staff management and care issues. In view of the geography of the service particularly the distance between both towns where services were located and the variation in the services provided in each area, each area was inspected as a separate entity. This report outlines the findings of the inspection to the two group homes in Falcarragh.

During the inspection, the inspector met service users, staff, observed practices and reviewed documentation such as personal care plans and general records. There was evidence that service users received a good quality service. Evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Service users in
Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was found and this was reflected in a number of positive outcomes for service users. The clinical nurse manager and the staff team on site were familiar with residents needs and abilities and had systems in place to support independence and to provide additional support to residents when required. There was emphasis on residents being able to maximize their independence and they were encouraged to make decisions and choices about their lives. For example residents could pursue their hobbies and interests and had been enabled to make decisions not to continue with day care when they had felt this no longer served a purpose for them.

The houses that accommodated older people or highly dependent people were modified to meet their needs and were homely and comfortable.

Residents had been informed about the inspection and welcomed the inspector into their homes. They described how they enjoyed living in the area and how they spent their days, commenting positively on the assistance they received from staff. The inspector found that staffing levels were suitable to meet the needs of residents accommodated. Social care needs and health care needs were met and were noted to be reviewed regularly. Some residents needed one to one support and remained at home during the day. The inspector saw high levels of interaction between staff and residents. There was indicators that residents were treated with respect and dignity, that they were consulted about day to day arrangements, refreshments and meals and the inspector saw that residents who needed regular assistance were not left alone. In one house there was capacity for day care and one person from the community who was a friend of a resident in the house availed of this.

Areas of non-compliance related mainly to premises issues where adaptations had been made to accommodate residents needs but did not result in an appropriate quality of provision. There were some shared rooms that were small for purpose and adaptations made had detracted from the comfort and homeliness of one room. The complaints procedure needed amendment as it indicated referral to senior managers in the Health Service Executive at an early stage where issues could be resolved locally. These matters are discussed further 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 routines and could exercise freedom of choice about how they spent their time. The activities and routines reflected residents’ dependencies and lifestyles. Residents who had significant needs and required high levels of staff support were able to remain at home. Individual care pathways that reflected their support needs were in place and actively followed.

Residents told the inspector that if they wished to complain they would feel confident that they could approach staff to inform them of their concerns. Some residents could communicate freely and staff said they regularly conveyed their views particularly about life in the houses and what they liked to do. The inspector saw that where a resident expressed a wish not to continue attending a day service this choice was respected and alternative support and activity was arranged at home.

There was a complaints procedure and staff said that most issues raised were minor and were dealt with by the staff on duty or by the nurse in charge. All complaints were recorded. The statement of purpose described that the complaints record is maintained in each resident’s record. There were no active complaints being investigated at the time of the inspection. The complaints procedures required clarification in some aspects as the format indicated that issues not resolved would be referred to the Health Service Executive national office however the actual practice was to refer to the customer affairs office locally for resolution. The inspector concluded that the procedures required a minor revision to outline the actual processes in place.

The inspector examined the arrangements in place to manage residents’ money and was
satisfied that the procedures in place protected residents appropriately. There was a procedure in place to guide staff when managing residents’ personal property and possessions. Staff could describe the process they followed and showed the inspector how this operated. There were separate records for all residents, receipts were kept for all income and expenditure and the money in hand reflected the balance in the record. There was a periodic check made by staff of the money held in each house. There is also an annual audit conducted by the Health Service Executive (the Executive) and any changes made to the named staff managing money on behalf of residents has to be notified.

**Judgment:**
Non Compliant - Minor

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**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 communication needs of residents were assessed and residents were assisted to communicate to the best of their ability. Residents’ records contained information that described their individual communication needs and abilities such as competence to write and spell. If required, there was an individual care/support plan developed to describe communication needs and the arrangements in place to maximise capacity to communicate. Residents had access to television and radio.

The staff team promoted communication through aids and signs, symbols, photographs, and objects of reference were also in use and encouraged to support effective communication. Residents here were from the Gaeltacht area and staff were able to communicate fluently as Gaeilge and understood residents’ and relatives. Impediments to communication such as visual problems were identified, assessed and corrective measures such as spectacles provided. Where residents had no verbal communication, staff had observed and recorded ways and indicators through which they indicated their needs, discomfort or contentment. The expressions and gestures known to have particular meaning were recorded as indicators so that all staff could interpret their needs correctly. For one resident smiling and laughing indicated contentment while moaning or biting gestures indicated discomfort.

Examples of good communication practice and an effective communication strategy noted were:
- the use of a communications board
- photographs to remind residents of events, activities they took part in and people of importance to them and the use of alternative communication aids such as tac pac
- individual communication needs outlined meaningfully in personal plans and in
documents such as “hospital passports” that outlined essential information and that time was required to elicit responses and ensure these were meaningful.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector found that the criteria related to this outcome and legislative requirements were met. There were good links maintained with family members and this was confirmed in records viewed and reports from staff.

All residents had key family members who they visited or who visited them in the centre. There were no restrictions to the times residents could receive visitors.

**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 residents had a good quality of life and that their well being and welfare was promoted by good standards of evidenced based care. All residents had personal plans that were up to date, reflected their support needs, life style choices and personal goals. A sample of personal plans was reviewed in both houses. The ethos of
care was described in the statement of purpose as based on the Roper, Logan and Tierney model of care. Assessments that described social, emotional and health needs were available and assessments were noted to outline residents’ abilities particularly in relation to activities of daily living, such as dressing, cooking and showering. From these assessments there were plans developed which outlined support needs and the actions/interventions to be put in place to maximise independence and help residents achieve their goals and maximum participation in activities of daily living and social care. There were specific plans in place to address aspects of behaviour management and high dependency care needs to ensure good outcomes for residents.

The inspector found that staff used their knowledge and expertise to good effect in how they assessed residents and encouraged and supported their independence. For example, residents’ records contained information on decisions they had made in relation to how they spent their day and the inspector saw that residents could get up at times of their choosing when at home. When they decided that day care options were no longer suitable for them staff were deployed to ensure that their new choices could be facilitated. They could decide when they wished to spend time alone and the times they went to bed and got up. Goals were noted to be realistic and addressed the development of skills, wishes to remain in day occupation and more personal wishes that related to maintaining relationships and visiting family. A system was in place to review personal plans annually. Families and significant others were invited to review meetings and their contributions were included where relevant and were also outlined in the daily records maintained by staff. The residents’ files also contained risk assessments, consent forms and emergency contact information.

Work/training and recreational activities were available for residents during the day five days a week and there were opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. It was also evident that residents had developed good connections with the local area. It was a short distance to the town and residents went to the shops and used local businesses as required.

The inspector saw that the residents’ goals identified for the previous year had been reviewed and most had been realised. For example, residents had attended social activities regularly and where it had been possible had visited their homes. Health care vulnerabilities that impacted on the achievement of goals were described where relevant.

The inspector found that the care and support currently provided to service users sufficiently reflected their assessed needs and wishes. There were eight residents in the designated centre at the time of inspection. There were three females in one house and all were noted to use mobility aids such as walking frames. In the other house there were five residents, three males who all required wheelchairs and two females who were fully mobile. A resident told the inspector that they were fully involved in the way they lived their lives and staff helped them with any tasks they could not do and also to achieve any goals they identified. The inspector was also told that staff regularly reviewed progress and were keen to ensure they were happy and content in the household. There was a wide range of activities available to the service users both in the centre and in the local community. Transport was available and staff supported service users to partake in local activities.
Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
The centre comprises of two houses of bungalow design in a town location. One house accommodates three residents who have high dependency support needs. All have single bedrooms and two rooms have ensuite facilities. There is an additional bathroom and communal sitting/kitchen and dining facilities on the ground floor. The upper floor also has a bedroom that is designated as a staff sleep over room and office space.

The second house accommodates five residents. Two bedrooms are shared and one is single. There is sitting/dining and kitchen space. Some residents live here on a “shared care” basis which means they spend time at home and in the centre. The garden was noted to be well cultivated and had sensory aspects to stimulate residents. There were some aspects of this house that impacted on quality of life. The inspector noted for example that shared rooms were small for this purpose and a bathroom door opened out onto the hallway creating a possible hazard to persons passing through the hallway. Three residents here were wheelchair users.

The single room had been adapted to the needs of the present occupant. An assisted shower that accommodated a trolley and a tracking hoist had been installed but the shower could not be screened off from the rest of the room due to space constraints which detracted from the comfort and ambiance of the room. The inspector acknowledged that the system had been appropriately assessed, suited the resident and that a high standard of physical care could be provided as a result of the adaptation. There were steps at the front door which prohibited access for the majority of residents although there was level access at the rear.

Residents’ rooms reflected their interests and tastes and were well personalised with photographs and ornaments. Both houses were noted to be very clean, well maintained and decorated in a home like comfortable style.

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

**Findings:**
The inspector found that for the most part the health and safety of residents, visitors and staff was promoted. A health and safety policy was in place. Individual assessments were in place and included clinical risks such as weight loss, safety or choking risks. There were no choking risks identified. Two residents had bed-rails in use at night due to a tendency to roll out of bed. The indicators for use were outlined and were reviewed regularly. There were systems in place to record and monitor accidents and incidents. All incidents were recorded and the Clinical Nurse Manager said that incidents were reviewed to prevent further episodes.

The inspector found that adequate fire precautions had been put in place. There were regular fire drills and service users were involved. Staff could describe what to do in the event of a fire. All staff had received training in fire safety and there were records that indicated that fire training and fire drills took place regularly. These events had led to changes in the way an evacuation would be managed according to staff. For example while all beds had fire evacuation sheets the fire instructor had indicated that a “blanket drag” manoeuvre would be more suitable for the client group. A recent fire drill including an evacuation conducted on 18 October in one house involved staff and residents was completed swiftly according to the record maintained. Fire fighting equipment was noted to be serviced annually and the fire alarm and emergency lights were checked and serviced quarterly. There were weekly checks of the fire alarm, fire exits and emergency lights undertaken and recorded by staff.

A procedure to follow in the event of possible emergencies was available. Alternative safe accommodation for residents was available in the local community hospital should evacuation be required. All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required.

**Judgment:**
Compliant

Outcome 08: Safeguarding and Safety

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

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

**Findings:**
Measures to protect service users being harmed or suffering abuse were in place. Staff had received training in the protection of vulnerable adults. The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse.

Staff confirmed that they were aware of this policy, and of their responsibility to report any allegations or suspicions of abuse. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service.

There were policy guidelines on “responding to challenging behaviour”. The inspector was told that behaviour support plans were in place where required and in one instance had been put in place for verbal outbursts. There was good access to mental health services to assist staff in the assessment and management of changing behaviour when required. This was not a significant feature of this service at present.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
The inspector found that residents' health care needs were met with appropriate input from medical services and allied health professionals. Staff reported that all service users were in good health at the time of inspection. One resident was vulnerable to respiratory infections and staff had a good monitoring system in place to detect changes in health so that the required interventions could be put in place in a timely way to prevent deterioration. Residents at risk of weight loss were identified and had appropriate care plans in place. One resident had lost weight during a recent illness. The recommendations put in place by the dietician were being followed by staff. Residents
who had percutaneous endoscopic gastronomy nutrition systems in place were regularly reviewed by a dietician and changes made according to nutrition needs.

Staff described a good working relationship with the local general practitioners and an out of hour’s service was also available. Residents could continue to see their own doctors and staff facilitated visits when required. Services such as physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, neurology and psychiatry and dietetics are available via referral to the HSE and many services were located in the community hospital and primary care centre which were a short distance from the houses.

Staff support service users to access community health services as/when required. Families are engaged in this process in line with individuals/family’s wishes. Health promotion initiatives such as encouraging exercise were also in place.

The inspector found that service users' nutritional needs were met. The menus viewed indicated that there was a good choice available for mid day and evening meals. There were photographs and cards available to help residents make choices about the food they wished to have at particular times. Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted. One resident at risk of weight loss had a food /nutrition monitoring diary that was sent to his day care service and completed there so that it provided a full and complete account of all nutrition intake for monitoring purposes. Residents contributed their views on meals and dishes prepared and staff were knowledgeable about the nutrition content of food and about residents specialist regimes such as artificial nutrition systems. Snacks,drinks and fruit were freely available.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**
The designated centre had policies and procedures in place for the safe management of medication. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The processes in place for the storing of medicines were safe and in accordance with current guidelines and legislation. One house used a blister pack system and the other house dispensed medication from the original packaging. All medication was noted to be prescribed clearly. Nurses transcribe medication in this centre and the record is then...
signed by the doctor. The maximum dose of "as required" medication to be given in a 24 hour period was outlined.

Medications that required special control measures were managed appropriately and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

The inspector noted that carers administered medication in one house and were trained and assessed as competent to do this by nurses. The medication policy in use described that "care staff who are trained, have certification and refreshers and who are deemed competent may manage medication". The arrangements in place did not reflect this as no certification system was in place. While there were no problems or errors identified during the inspection it is required that the training/certification system in place for carers is clarified to ensure that an appropriate level of competence is agreed for carers who have this responsibility.

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:  
The inspector found that there was an established governance structure in place. A clinical nurse manager had the role of person in charge. She reported to the area coordinator who had overall responsibility for five residential houses and the day care service. During discussions the person in charge and other staff demonstrated a commitment to providing a good quality service that met legislative requirements and the needs of residents.

The inspector found that 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 disability area. She was actively involved in the day to day operation of the service and was on duty daily in house 3. She was familiar with all residents and their care/support needs.
Judgment:
Compliant

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

Theme:
Responsive Workforce

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

Findings:
The team on duty were aware of the inspection and staff members welcomed the inspector and provided a comprehensive overview of the service. The inspector observed that the staff knew service users well and there was a relaxed and comfortable environment in both houses.

Staff described the communication arrangements in place to ensure that the views of all residents were heard and the ways they ensured that residents had good social opportunities. Staff and the person in charge were noted to have good awareness of residents needs and were familiar with their family contacts and visiting arrangements.

The inspector noted that adequate staffing levels were in place to meet the needs of residents at the time of inspection. The support needs of residents particularly in relation to health care needs varied in each house. There was normally two carers on duty during the day and one at night in one house. Additional support from a qualified nurse was provided for six hours a week to ensure care plans were implemented and care practice was monitored. In the other house there was a nurse and a carer on duty day and night. The clinical nurse manager who was also the person in charge provided support to both houses. The duty rota described all staff on duty and the hours they worked including the hours worked by the person in charge as described by legislation.

The inspector reviewed the training records for staff in the service. As well as mandatory training in fire safety, moving and handling and adult protection a range of other training opportunities had been provided and included training on human rights for persons with a disability, infection control, dignity at work and trust in care. Qualified nurses had training in safe practice and the management and reinsertion of percutaneous endoscopic gastronomy systems.

Staff were noted to treat residents with dignity and respect. There were many positive interactions noted between staff and residents throughout the duration of the inspection particularly the contacts made with residents who had limited communication pathways who staff were noted to engage each time they sat beside them or provided care. Staff
talked to residents about what was going on and ensured they were aware of their presence when in the room with them.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure required amendment to clearly describe the process particularly the local arrangements as the procedure indicate referral to the HSE head office and not the local consumer affairs office which is the practice.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

Please state the actions you have taken or are planning to take:
The Complaints Procedure has been amended by the Unit Manager on 10th November 2014 to reflect the correct reporting procedure.

Proposed Timescale: 15/04/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Shared rooms were small for this purpose and a bathroom door opened out onto the hallway creating a possible hazard to persons walking by.

The single room adaptations for a shower that could not be screened off from the rest of the room detracted from the comfort and ambiance of the room.

Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
(a) Notice has been placed on Bathroom Door to indicate “Hazard Sign”.
(b) Hazard has been identified in Risk Register.
(c) Funding has been sought for the provision of two additional bedrooms through the Minor Capital Scheme.
(d) All staff made aware of Hazard when showering or when bathroom is in use by the service user.

Proposed Timescale: 29/04/2017

Outcome 12. Medication Management
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The system for ensuring that carers were competent to give medication was not in accordance with the information described in the policy for medication management.

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:**

Training has been scheduled for 7th May 2015 by the local Pharmacist. A proposal has been sent to The Service Manager and The Regional Nurse Practice Development Coordinator on 14th May 2015 requesting Medication Management Training which will be certified.

For the present we will continue to have the local Pharmacist carryout Training with staff. The Nurse will continue to assess competency of the health care assistants. Local records will be kept of when staff nurse carried out assessment of staff.

**Proposed Timescale:** 29/04/2016