<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0003339</td>
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<td><strong>Centre county:</strong></td>
<td>Donegal</td>
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<td><strong>Registered provider:</strong></td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Kieran Woods</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
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</tr>
<tr>
<td><strong>Type of inspection</strong></td>
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</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 11 June 2015 10:30  
To: 11 June 2015 16:30

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

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

This was the first inspection of this designated centre and was undertaken to inform a registration decision and to ensure that the service was compliant with relevant legislation and national standards at the time it commenced operation. It was an announced inspection that took place over one day. The provider had applied to register a new facility in Moville to enable four people with learning disabilities to move from their current households. A second house in Carndonagh, Co. Donegal which was not ready for occupation, will form part of this designated centre and will be managed by the same person in charge (PIC). The service forms part of the intellectual disability services provided by the Health Service Executive (HSE) in Donegal.
The house was unoccupied when the inspection was conducted. Prospective residents were able to visit accompanied by staff and were in the process of choosing their rooms and organizing the furniture and layout. During the inspection documentation such as policies and procedures were reviewed, the premises was inspected and the arrangements for the assessment and transfer of prospective residents were examined. Two residents awaiting transfer to the house currently have one to one staff support as part of the transition arrangement and these staff will continue to support residents following the move. They have been able to visit the house regularly and were encouraged to contribute their ideas and views on how the house was set up.

There was a system of assessment and care planning in place to meet resident’s individual needs. This assessment process aimed to establish their support needs and ensure appropriate social engagement as well as determining personal development goals. The inspector met the two residents who expressed a keen interest in all aspects of the move and said they were looking forward to being more independent. Both had been able to choose their bedrooms and were actively engaged with staff in organising the house.

There was a suitably qualified nurse who had several years experience working in intellectual disability services appointed to be the person in charge. He is currently employed in another designated centre when not working on the transition plan for this service. He was found to have a good knowledge of his role and responsibilities under the legislation and had sufficient experience in a management role as required by regulation 14-Person in Charge. He displayed a positive attitude towards regulation and had systems in place to ensure that the rights of residents were protected and their voices were heard. The provider nominee has responsibility for designated centres for older people and centres for people with disability. He has demonstrated competence and has provided appropriate action plan responses in his role as provider representative. The premises described under Outcome 6 relate to the proposed new centre - the subject of this application for registration. There was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 however some areas of the infrastructure had not been completed. This included the provision of fire safety equipment.

From observation and talking with staff and the prospective residents the inspector’s impression of the proposed service was that it would meet the needs of residents and that appropriate respect and awareness of residents' rights were a priority for staff. Staff on duty demonstrated a positive attitude and was professional and considerate towards service users while encouraging them to make decisions about their new home.

The premises are comprised of a large detached two storey house surrounded by substantial grounds. It is located within walking distance of the shops and business premises in Moville. It had been extensively refurbished and provides four single bedrooms and a spacious kitchen and dining area. It has good natural light, was clean and in good decorative condition.
There was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 however some areas of the infrastructure had not been completed. This included the provision of fire safety equipment and a secure arrangement for storing medication which was awaited and the lack of availability of some required policy and procedure documents.

The staff numbers allocated to operate the service were satisfactory. Staff demonstrated a positive attitude to their roles and the inspector observed that they were professional and considerate towards service users while encouraging them to make decisions about their new home. The person in charge and staff were enthusiastic about the commencement of the new service which residents had been involved with from the beginning and considerable time had been allocated to ensuring that the consultation with residents was meaningful and that the decisions they made were respected and fulfilled.

Improvements required are documented in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that the proposed arrangements to consult with residents and to promote their privacy and dignity were satisfactory. The person in charge said that there had been detailed consultation with the first two service users scheduled to move in to the centre. The inspector saw evidence of this as there was a gradual familiarisation programme underway. Prospective residents were able to visit the centre and contribute to decisions about furnishings, bedrooms and equipment. Staff accompanied residents and were becoming familiar with their routines and expectations.

The arrangements to promote privacy and dignity were satisfactory. All residents will have their own bedrooms and there was adequate communal space to facilitate residents sitting and eating together in comfort or spending time on their own. The inspector was told that when residents move to their new home, they will be supported and encouraged to purchase and prepare their own food. It is envisaged that residents who choose to eat together will do this and residents who wish to eat at other times will be accommodated according to their personal preferences.

A complaints policy in accordance with the Health Service Executive procedures was available. The person in charge told the inspector that each resident would be issued with a copy and with guidance information to assist them if they had a complaint. This would be provided as part of the admission process. Information on advocacy services that could be accessed locally had been provided to staff. There was also information on human rights and on promoting the rights of residents which included being respected, listened to and being given the opportunity to develop.
Judgment:  
Compliant

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

**Theme:**  
Individualised Supports and Care

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

**Findings:**  
There were no residents accommodated in the centre. Two prospective residents were preparing to move and were being assisted by staff to organise their bedrooms and living areas. Both could communicate verbally with no assistance. Staff confirmed that if service users who had difficulty in communicating verbally were accommodated that assistive devices would be sought if they did not have use of appropriate communication aids prior to admission. All residents have had an assessment completed in advance of admission to ensure that the service is appropriate to their needs and that any communication problems are identified.

Residents were supported and assisted to communicate in accordance with their assessed needs and preferences. Staff were observed to interact and converse with residents easily. Communication passports which detailed health and social needs in the event of a hospital admission were to be completed for each resident. The PIC said that television and radios would be provided in the house and in bedrooms in accordance with residents’ choices.

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 PIC said that family members were involved in the transition programme for
residents and were aware kept up to date with developments. They had been guided through the process by staff and community professionals. There were plans in place to ensure residents were supported to maintain positive personal relationships with their family members and the PIC said links with the wider community in the area are currently being explored.

The centre is being provided with a car to ensure that residents will have transport to support their social programmes and visits home.

Judgment:
Compliant

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

**Theme:**
Effective Services

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

**Findings:**
There were no contacts of care yet in place. Residents would have a tenancy agreement with the housing association responsible for the property once they moved in.

The person in charge confirmed that four residents would reside in the proposed new centre. As discussed, there is a phased programme for the set up of the service. Following the admission of the first two residents currently becoming familiar with the centre the remaining residents will move in at a later stage. The second house in Carndonagh which will form part of this designated centre is not ready for occupation and will be assessed for registration prior to it being occupied. An admission policy was in place to guide practice. The person in charge confirmed that the needs of existing residents would be considered as a priority when future admissions were considered.

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:
All residents scheduled to move have assessments in place including a core nursing assessment that describe their support needs and these were being used to develop their personal plans. There was a booklet that was also available in pictorial format that formed the basis of personal plans. These were noted to include support needs, plans and aspirations for the future, communication needs, significant persons in their lives and health care management. Review dates were scheduled when the plans were completed.

The person in charge said that residents will have a copy of their plan and that currently staff were becoming familiar with residents and their day to day activity which will help inform the completion of their personal plans at the time of admission. The PIC told the inspector that residents would continue to visit their new home and have opportunity to explore the local area as part of the transitional programme.

The inspector found from speaking with staff and prospective residents that there was a commitment to providing a service that supported residents to maximize their independence and encouraged them to make decisions and choices about their lives.

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 house is located on the edge of the town of Moville and there is private access from the main road. The new centres’ design and layout was reflected in the statement of purpose and was adequately spacious to meet the needs of the residents whilst promoting safety, dignity, independence and well-being.
The house is a large two storey detached house set in extensive grounds. It has been refurbished and redecorated and provided an attractive spacious environment for residents. The ground floor comprises of an entrance hall, large sitting room, kitchen/dining space, utility room and ground floor bedroom. The shower room on this floor was well equipped with a walk in shower, toilet and wash hand basin. There was an emergency call bell and handrails fitted in the shower and toilet areas.

The upper floor comprised of a landing and off this there were three bedrooms for residents use and a further bedroom that will be used as a staff office and sleep in room. There was a bathroom with a bath and separate shower on this floor. Suitable heating, lighting and ventilation are provided. The bedroom and communal areas were appropriately and attractively furnished. Adequate seating was provided. The kitchen/dining area was large enough to enable residents to prepare meals and eat together in comfort if they wished. There was appropriate equipment for cooking, cleaning and laundry provided. Residents had chosen their beds and other furniture and were in the process of adding personal items that reflected their own taste and preferences. An occupational therapist had visited the house and assessed the current layout.

The house was not fully furnished as yet. The inspector saw that staff were engaged in completing this task with residents and hoped to complete the fit out within the next few weeks. Residents said they were pleased to be involved in choosing their bed linen, fabrics and organising furniture throughout the house. Window restrictors were fitted to upper floor windows. Radiators were covered with decorative screens and there was a thermostatic control for the heating system in place to allow for heating levels to be adjusted.

There are large gardens to the front and side of the house. While there was a perimeter boundary the garden was not fully secure which required assessment to ensure the safety of residents. There were also steps on the path surrounding the house that needed to be highlighted for staff and residents as they could present a trip hazard particularly in the hours of darkness.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
There was an organisation risk management policy and associated procedures in place. This required review as the review date on the document had expired. The procedure included guidance on the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. There is a service user risk management procedure included in the document. The inspector was told that there were no significant risks such as falls, choking hazards or medical complications identified for the resident group scheduled to move to the house.

An environmental risk assessment was ongoing as staff and residents became familiar with the house and grounds. The inspector noted there were steps on the path surrounding the house that needed to be highlighted for staff and residents as they could present a trip hazard particularly in the hours of darkness. Also the house is surrounded by large gardens to the front and side and while there is a perimeter fence the area is not secure.

There were systems in place to record and monitor accidents and incidents and the person in charge said that all incidents were reported to senior managers as part of the incident review arrangements.

The fire safety arrangements were not fully complete. The delivery of some equipment was scheduled including fire fighting equipment such as fire extinguishers. The fire assembly point in the grounds needed to be identified. The fire panel had been installed and the house was divided in to four zones for fire management purposes. Hallways were wide and uncluttered providing adequate means of escape. Emergency lighting was provided in all communal areas and in hallways. Personal evacuation plans were due to be completed for each resident which took account of their mobility, cognition and location in the house. A fire register, fire procedure and a system for regular fire drills was due to be introduced. A fire safety training plan was in place and most staff had completed fire safety training. Further dates were due to be scheduled so that all staff would have completed training prior to the move.

While a risk management policy was available this was not comprehensively reviewed by the inspector. Adequate infection control measures were in place.

**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 an organisational policy available on the prevention, detection and response to abuse. This had been reviewed in December 2014 to provide better guidance to staff on the management of an allegation of abuse including the immediate actions to take when and allegation or incident of abuse is identified. The information included immediate actions to take and protection of the scene if required. Staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report to within the organisation and the designated social worker for adult protection in the area.

All staff had completed adult protection training however some required refresher training particularly as there were revised procedures in place. The person in charge said that this would be organised prior to the centre commencing operation.

There were no residents with behaviour patterns that challenged. A policy was available to guide staff on managing behaviour that challenged.

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 PIC was aware of the requirement to notify the Authority of incidents as described in the regulations.

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:
Prospective residents were being provided with continuity of their support plans as it was intended that they would continue with the current day / work arrangements which were well established. They were being supported by their key workers to identify goals for the future including social activity interests that they would like to pursue when they move.

Some in-house activities were also being explored including the use of the large gardens. The PIC described amenities which would be available to residents once they were relocated in their new accommodation. Residents will have the use of a car which will enable them to travel to places of interest, pursue activities out of the area and visit friends and family. They were already visiting restaurants and shops in the town as part of a transitional process.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
The inspector found the proposed arrangements for the assessment and management of health care reflected good practice standards. The person in charge said that a core nursing assessment would be completed and a care plan devised to address any health care matters that required attention.

There were arrangements in place to ensure residents received appropriate medical care. All were registered with a general practitioner in the local area and this arrangement would continue after the move. There was access to specialist medical staff, dentists and allied health care professional and treatment plans in place would continue to ensure the well being of residents. An on call out of hours GP service was available.
There were discussions taking place with residents regarding their food choices and how meals and meal times would be organised. Residents would be supported by staff to complete a weekly grocery shop and to plan menus so that they would have a nutritious and varied diet. The development of budgeting, shopping and cooking skills was part of the transition and development plan for residents and would also form part of the personal plans of individual residents the inspector was told.

**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 and procedures for the administration of medication were available and staff who were due to administer medication had received training in May 2015. Medication for residents is to be supplied in blister packs, supplied by a local pharmacy. Secure storage facilities were due to be put in place prior to the house being occupied. There was no documentation or medication records to review at this time.

**Judgment:**
Compliant

### Outcome 13: Statement of Purpose
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
A statement of purpose was available which described the aims of the centre and described the facilities and services which were to be provided for residents. The information provided complied with the requirements set out in schedule 1.
Judgment: Compliant

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The management structure for the designated centre was established and functioned effectively. The person in charge is a clinical nurse manager working in another designated centre at present. He is responsible with the director of nursing for the set up of the new designated centre and the transition plan for prospective residents. He reports to the director of nursing who in turn reports to the service manager for disability services and the provider. The person in charge was a qualified nurse with long term experience of working with people with disabilities. He is employed full-time. Cover for his absence will be provided by the director of nursing the inspector was told. The person in charge displayed a positive attitude towards compliance and a willingness to address any issues arising from the inspection to ensure compliance and a safe service for residents.

The provider nominee has been present during other inspections of services. There has been a positive response to regulatory activity and action plans issued in reports have been addressed appropriately.

Judgment: Compliant

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

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The person in charge was aware that a notification to the Authority was required if he was absent from the service for 28 days or longer.

Judgment:
Compliant

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

Theme:
Use of Resources

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

Findings:
Staffing resources and skill mix were based on the assessed needs of residents and the person in charge confirmed that the staff currently supporting residents through the transition programme would continue to be part of the staff team. At present staff accompany residents when they visit the house and this arrangement will continue until the move is complete.

The house was suitably equipped and furnished to meet the needs of the residents that were due to transfer. A transport vehicle has provided for the centre and will be shared by residents. Arrangements were in place to ensure that the new centre would be maintained to a good standard internally and externally.

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 inspector found that there was an appropriate number of staff allocated to meet the needs of residents. Residents currently received one to one support. The duty rota provides for a support worker during the evening and early night from 16.00 hours to midnight at which time they commence the overnight sleep in duty. They are again on duty in the morning from 07.00 hours to 09.30 hours when residents will normally leave for their day services. At weekends two staff will be scheduled to be on duty to ensure residents have a choice in the activities they undertake.

Staff files were not reviewed during this inspection as they are held off site. These will be reviewed during future inspections of the service or during inspections of other designated centres that are the responsibility of the provider. Staff had received training in the statutory topics of fire safety and the protection of vulnerable people. However the adult protection training needed to be updated as it had taken place some time ago and fire safety training was required once the fire fighting equipment and fire procedures were finalised.

**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:**
Systems were in place to maintain records safely and securely. All the records outlined in Schedule 3 and 4 of the Regulations were not yet in place as the centre was not active. The person in charge was aware of the policy and procedure documents that were required in accordance with schedule 5 and while these were prepared they were not all printed and available to staff.
The documents that verified compliance with planning and building control conditions was available and dated May 2015 and February 2013 respectively.

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
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<td>OSV-0003339</td>
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<td>11 June 2015</td>
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<td>Date of response:</td>
<td>31 July 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 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The environmental risk assessment was not fully complete. The steps on the pathway around the house presented a trip hazard and the garden was not secure.

Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Risk management procedures are in place and the HSE have met with the housing association and identified the necessary actions which will be completed.

Proposed Timescale: 20/08/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire fighting equipment, fire action signs and exit signage was not available.

Action Required:
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
The Housing association and the HSE will complete a fire assessment and have all the necessary equipment, signage and actions in place.

Proposed Timescale: 20/08/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While staff had received training in adult protection the training took place some time ago (2012) and updated training was required to ensure familiarity with new policies, procedures and guidance that had been introduced.

Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
4 staff have completed the training since the announced inspection and the remaining will have completed the training by 20th August 2015.
**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All the policies and procedures described in schedule 5 were not available to guide and direct staff.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures 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.

Please state the actions you have taken or are planning to take:
The hard copies of the procedures are in place

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