### Centre name:
A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited

### Centre ID:
OSV-0002034

### Centre county:
Cork

### Type of centre:
Health Act 2004 Section 39 Assistance

### Registered provider:
Enable Ireland Disability Services Limited

### Provider Nominee:
Fidelma Murphy

### Lead inspector:
Mary O'Mahony

### Support inspector(s):
Shane Grogan

### Type of inspection
Announced

### Number of residents on the date of inspection:
2

### Number of vacancies on the date of inspection:
1
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

The inspection took place over the following dates and times

From: 26 August 2015 09:00  
To: 26 August 2015 18:00
27 August 2015 09:00  
27 August 2015 17:30

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 second inspection of the centre by the Health Information and Quality Authority (HIQA or the Authority), to inform a registration decision was an announced inspection. As part of the inspection, inspectors met with the provider who was also the person in charge, the new proposed person in charge, the house leader (clinical nurse manager 1), care workers, relatives and residents’ representatives. Inspectors reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal plans and health and safety risk management. The person in charge informed inspectors that she had been in the position of provider since November 2013 and had been the person in charge since March 2014. She informed inspectors that a new person in
charge would be in place at the beginning of September. Inspectors met this staff member during the inspection. At the time of inspection there were two residents residing in the centre. However, the centre could accommodate three residents.

The centre was located in a quiet area. The house was spacious and well maintained. There had been major decorative and some structural improvements since the previous inspection. As a consequence, residents had a safer and enhanced environment. The furniture and fittings were found to be of good quality and the premises was suitable for the needs of residents. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013. Some improvements were required in the area of contracts, notifications, safeguarding and safety and records.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
The complaints of each resident, his/her family, advocate or representative were listened to and acted upon and there was an effective appeals procedure. The complaints log was updated and there was a designated person to oversee the management of complaints. The satisfaction of complainants was recorded.

Staff and residents informed inspectors that residents were actively involved in activities which were meaningful and purposeful to them. Residents had choice at mealtimes and social activities and holiday destinations were discussed with them. For example, on the second day of inspection one resident was being facilitated to go out to spend the evening with friends.

Staff demonstrated respect for residents' rights and encouraged their abilities. This was reflected in personal care plans and was confirmed in discussion with resident's family members and advocates.

Inspectors noted that residents retained control over their own possessions and that there was adequate space provided for them in the personalised bedrooms.

There was no room available for private visits. However, the person in charge explained that plans were being developed for further improvements. This was addressed under Outcome 6: Premises.

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Inspectors noted that residents had access to appropriate media, such as television, social media, newspapers and radio. Residents had televisions in their rooms and there was a large flat screen television in the communal room.

The centre was located in a small community and information about educational opportunities and local events was displayed on the notice board. Residents actively engaged with local services and inspectors observed staff assisting residents to research educational courses available in the area.

Inspectors observed that individual communication requirements had been highlighted in personal plans and these were also reflected in practice. Residents had communication passports in their personal plans and they had access to assistive technology in the day centre. There was evidence in the personal plans of input from multi-disciplinary professionals including speech and language therapists and occupational therapists, in supporting communication needs.

The Resident's Guide and information on advocacy and HIQA were seen around the centre. Pictures of staff on duty each day were displayed and the daily activity board was updated.

**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):**
No actions were required from the previous inspection.
Findings:
There was an open visiting policy in the centre and residents had access to phones where appropriate. Records were seen by inspectors of telephone contact and visits. Family members, friends and residents confirmed this.

Inspectors were informed by staff and residents that residents were supported to develop and maintain personal relationships and links with the wider community. There were regular visits by family and close friends to the centre and residents were supported to spend nights away with friends and family. Regular social outings took place to areas of local interest, the seaside, parks and entertainment venues. Residents enjoyed trips to various national attractions.

Inspectors reviewed a number of completed pre inspection questionnaires from residents and representatives. The collective feedback was one of great satisfaction with the care and support their relatives received. They expressed full confidence in the staff and services provided.

Relatives stated that they were kept informed in relation to residents’ progress. Inspectors saw documentation which confirmed that meetings with representatives were held on a regular basis. There was evidence that representatives could discuss complaints and concerns with staff and that staff were responsive to any issues raised. This was confirmed when inspectors spoke with visitors.

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

Findings:
There were policies and procedures in place for admissions, including transfers, discharges and the temporary absence of residents. Admissions procedures were in line with the centre’s statement of purpose.

The person in charge stated that the centre’s admissions process considered the wishes, needs and safety of the individual and the safety of other residents currently living in the services. All residents were assessed prior to admission and compatibility was established before admission was agreed.
Each resident had an agreed written contract which dealt with the support, care and welfare of the resident. It included details of the services to be provided for that resident. However, fees for extra services provided were not outlined in residents' contracts.

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

**Findings:**
Each resident’s wellbeing and welfare was maintained by a high standard of evidence-based care and support. Each resident had opportunities to participate in meaningful activities that were appropriate to their interests and preferences. The arrangements to meet each resident’s assessed needs were set out in a personal plan that reflected the needs, interests and capacities of residents.

Personal plans were written with the participation of each resident and their representative, where appropriate. The person in charge informed inspectors that residents were supported when moving between services. Each personal plan had evidence of multi-disciplinary input. A full care plan assessment was carried out as required to reflect changes in need and circumstances and at a minimum once a year.

The personal plan was made available to the resident in an accessible format. Personal plans were seen by inspectors to be implemented by staff. Inspectors noted that each resident had been assigned key workers and residents were familiar with their key worker when spoken with by inspectors.

Personal plans identified the person responsible for the goals and objectives within agreed timescales. Residents’ aspirations and preferences were specified. Risk assessments had been undertaken to minimise any risks involved and to support residents meeting their goals.
The plans were noted to be innovative, user friendly, detailed, personalised, comprehensive and carefully compiled with requirements.

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

**Findings:**
The location, design and layout of the centre were suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. The layout promoted residents’ safety, dignity, independence and wellbeing. The centre used best practice to achieve and promote accessibility. Where necessary, alterations had been made to the centre since the previous inspection to ensure it was accessible and fire safe. The person in charge outlined these alterations to inspectors and she stated that the improvements to the environment had enhanced the quality of life of residents.

Each resident had a separate bedroom. Inspectors observed that they had individualised their bedroom areas. The house was bright and well ventilated. It was very clean and warm throughout. There was adequate sitting and dining space separate to residents’ private accommodation. However, there was no private room where residents could entertain visitors in private apart from their bedroom accommodation. There was evidence of personalisation of rooms such as posters on walls and personal music collections. Residents had been involved in choosing wall colours and they spoke with inspectors about this. Artwork created by residents was displayed in the house. There was a kitchen with sufficient cooking facilities and equipment for residents' needs. This was seen to be modern and well stocked with a variety of fresh and frozen food. There were enough toilets and showers to meet the needs of residents. However, there was no bath in the centre. According to the person in charge, installing a bath was to be given consideration in planned future renovations.

The house had ample outdoor space and the garden had a patio area to accommodate suitable garden seating for residents’ use. Staff and residents had participated in the growing of plants in containers on the patio. There was a small greenhouse in use also where strawberries had been planted. Laundry facilities were provided within the
premises. Staff stated that laundry was generally done by staff. However, residents were encouraged to be involved in doing their own laundry where possible.

Equipment in the centre including wheelchairs, overhead hoists and other specialist equipment were in good working order and records seen by inspectors indicated that servicing of the equipment was up to date.

Transport was provided by the centre to assist residents in accessing work, education and recreational opportunities. Residents also had access to their own personal vans.

There were separate suitable staff facilities for changing, office work, storage and overnight facilities and storage.

**Judgment:**
Substantially Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**
Inspectors were satisfied that the centre had adequate measures in place to ensure the health and safety of residents, staff and visitors. Equipment service records, including for ceiling hoists, were viewed by inspectors.

The centre had a safety statement and an emergency plan. The emergency plan detailed the procedure to be followed should an adverse event occur. Each resident had a personal emergency evacuation plan (PEEP) which described their particular needs in the event of a premises evacuation. Staff demonstrated knowledge of these plans and how to implement them.

The centre maintained a fire register. The register recorded the checks carried out by staff e.g. escape routes and smoke alarms. Fire equipment, such as fire blankets and extinguishers, had been regularly serviced and all staff had been afforded fire and manual handing training. Fire training and fire drills were carried out regularly within the centre. Inspectors reviewed the documentation on fire drills and found that they were meaningful and that the outcome informed learning. The house had emergency lighting, fire doors and a fire alarm panel in place.

A risk register was in place for the centre and a number of relevant risks were identified and controls were in place. The risk register was a dynamic document and the person in
charge was responsive in reviewing and auditing this. There was a risk management and risk assessment policy in place which met the requirements of legislation and described the precautions to be in place to control specified risks. The policy also outlined the arrangements for identification, recording and investigation of serious incidents or adverse events involving residents.

There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available in the centre and staff had accessed advice from the infection control nurse when required. These were colour coding cleaning and food preparation systems in place.

**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):

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

**Findings:**

Staff spoken with by inspectors were knowledgeable of the detection and prevention of abuse. Inspectors viewed training records for staff which indicated that they had received recent training in the prevention and detection of abuse. The health service executive (HSE) policy on Safeguarding Vulnerable Persons at Risk of Abuse 2014 was available to staff and the person in charge stated that staff were required to read it and it was discussed at staff meetings.

Inspectors viewed the policy on finances and personal property and saw that, where possible, residents were supported to manage their own finances. Cash and bank transactions were recorded and entered into a log on a daily basis and all transactions had been signed for. There was a policy in place to ensure that all transactions were signed by two people and inspectors saw evidence that staff adhered to this policy.

There was a policy in the centre on behaviour support and staff had received appropriate training in understanding and managing behaviours that challenge.
However, inspectors noted that lap belts, leg support belts and bedrails were in use for residents and this had not been notified to Authority as required under Regulation 31 (3) (a). This issue was addressed under Outcome 9: Notifications. In addition, records of such events had not been maintained in the centre as required under Schedule 3 (3) (m) and Schedule 4 10 (h). This issue was addressed under Outcome 18: Records and Documentation. This was highlighted also, on the previous inspection of the centre on 4 and 5 of February 2014.

**Judgment:**
Compliant

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**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
Inspectors saw that there was a process for recording any incidents that occurred in the centre. The procedure for maintaining and retaining these records was compliant with the legislation. Incidents and accidents were recorded in a comprehensive incident log. These were reviewed by inspectors.

Notifications were generally submitted to the Authority in a timely manner.

However, notifications on the use of restrictive procedures had not been made in line with Regulation 31 (30) (a)

**Judgment:**
Non Compliant - Moderate
Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

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

**Findings:**
Residents’ opportunities for new experiences, social participation, training and employment were supported. An assessment of each resident's goals relevant to their general welfare and development was completed. Goals were developed in accordance with residents' preferences and to maximise their independence. This was evident in the personal plans reviewed by inspectors. A number of off-site activities, such as art link, computers, life skills training, swimming, yoga and clothes shopping were made available. Staff informed inspectors that residents were facilitated to shop for their meals and to choose what they wanted to eat on a daily basis. Educational and sporting achievements of residents were valued and pro-actively supported by the centre. Inspectors observed Fetac certificates displayed on the walls in residents' rooms. Residents were aware of the name of their key worker and spoke with inspectors about their personal plan meetings. The person in charge informed inspectors that residents and staff engaged in planning new goals and accessing new educational opportunities on an annual basis. This was supported by documentation seen in the plans. Staff were aware of these goals, when spoken with by inspectors, and appeared to be enthusiastic and solution focused in attempting to plan for the fulfilment of these goals.

**Judgment:**
Compliant

Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

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

**Findings:**
Residents had access to a range of multidisciplinary team members as outlined previously. There was evidence in the care plan reviewed that residents had availed of
allied health care services and specialist consultants. Documentation seen by inspectors with regard to information from these reviews was detailed and informative. Regular multidisciplinary input was evident.

Staff informed inspectors that the level of support which individual residents required would vary. This was supported by information in the personal plans reviewed on inspection. Staff were knowledgeable about residents’ health and social care needs. They gave detailed information to the inspector about residents and how their assessed needs were met. A resident who required the use of specialised equipment to avail of nutritional supplements was seen to have been afforded the medical and specialist support required, including the support of a dietician.

Residents had access to a doctor of their choice or one who was acceptable to them and health information was accessible in the centre. The person in charge stated that the doctor was attentive and accessible to residents. Holistic support was seen to be facilitated by staff. Inspectors formed the view from information in the personal plans, from interviews and from observations, that the privacy, dignity, autonomy and wishes of each resident were respected by staff.

Inspectors observed that there were adequate stores of both fresh and frozen food in the house. Staff explained to inspectors that one resident accompanied them on shopping trips and was involved in writing up the shopping list where possible. There was emphasis on a healthy lifestyle and residents were encouraged to meet friends, to socialise and to take holidays with staff and friends. Inspectors joined one resident for a cup of tea and they observed that the dining table had been adjusted to suit residents’ needs.

Judgment: Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme: Health and Development

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

Findings: Inspectors found that residents were protected by safe medication management policies and practices.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. The policy was due to be reviewed in
February 2016. Inspectors spoke with staff and found that they were familiar with the different sections in the policy such as the management of PRN (as necessary) medications, the management of the medication keys and the policy on crushing medication. Liquid medication was seen to have been sourced where necessary for the needs of a resident. Inspectors reviewed residents' medication administration charts and found that individual medication plans were appropriately implemented and reviewed. Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation. All medications were individually prescribed. Inspectors noted that the maximum dosage of PRN medications was prescribed and all medications were regularly reviewed by the GP. There were no controlled medications in use at the time of inspection. However, the centre had a policy to guide this practice. The ability to self-administer medications was assessed and the outcome recorded. Arrangements were in place to ensure that unused and out of date medications were segregated from other medicinal products, as required by the Regulations. A record of returns to pharmacy was maintained. Medication errors were recorded and audit of medication was ongoing within the service. Oversight of medication management, including PRN and psychotropic medications was done by the pharmacist, whom the person in charge said was attentive to the centre and very convenient, as the pharmacy was located in the same medical centre as the doctor's surgery.

Staff had undergone training in relation to medication management. They spoke with inspectors about the training. These records were seen and included buccal midazolam and epilepsy drugs training. The person in charge informed inspectors that when staff had completed medication management training they underwent a period of supervision to assess competence.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose set out the aims, objectives and ethos of the centre. It also stated the facilities and services which were to be provided for residents. The statement of purpose contained the information required by Schedule 1 of the Regulations. It was reviewed annually and was available to residents and their representatives in an accessible format.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a governance and management structure in place which was in accordance with the structure outlined in the statement of purpose. The person in charge held a full time position. However, as she also held the post of the provider she informed inspectors that a new person in charge had been recruited and was due to start 1 September. Inspectors also interviewed this person during the inspection.

The person in charge at the time of this inspection informed inspectors that she was engaged in the governance, operational management and administration of the centre on a regular basis from two to three days weekly. She was supported by an experienced clinical nurse manager I (CNM1) who also participated in the management of the centre, as house leader. Regular management meetings between the provider, the person in charge and the house leader were held. Supporting documentation was reviewed by inspectors. Staff were facilitated to discuss issues of safety and quality of care at weekly team meetings which the person in charge attended. A regular review of the quality and safety of care in the centre was organised. Audit of areas such as infection control, health and safety management and medication administration practices were in place. The person in charge was suitably qualified, experienced and demonstrated good leadership and organisational skills. Staff informed inspectors that she was supportive and approachable.

The incoming person in charge outlined to inspectors her plans to continue to improve the service for residents. She demonstrated sufficient knowledge of the legislation and her statutory obligations and had a commitment to ongoing professional development. She informed inspectors that she had completed a nursing degree, that she had management qualifications and was undertaking studies in staff supervision and leadership skills. Inspectors viewed supporting documentation in her staff file. She had extensive previous experience as a person in charge in the sector, in another
jurisdiction. Overall she would have two centres and the day centre under her remit. She would be supported in the management of the centre by a suitably experienced CMN1. The CNM1 informed inspectors that she had worked in the organisation for eight years and had over five years experience in management and staff supervision.

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

**Findings:**
A suitably qualified person had been identified to deputise in the absence of the person in charge. The provider was aware of her responsibility to inform the Authority of the absence of the person in charge in line with the requirements of the legislation and to notify the Authority of the arrangements in place for the absence of the person in charge.

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

**Findings:**
Inspectors found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. The provider informed inspectors that a regular review of resources in the designated centre took place in
consultation with the person in charge. Inspectors spoke with the person in charge and staff members who confirmed that they had been provided with a robust induction. All the required and mandatory training for their role had been provided. Staffing had been put in place which appeared adequate to meet the needs of the residents who resided in the centre at the time of inspection. Resources had been provided to renovate the centre and there were further improvement plans in place. Inspectors found that the facilities and services available in the designated centre reflected those outlined in the statement of purpose. The person in charge confirmed that there was a household budget available to meet the day-to-day running costs of the centre. She stated that extra requirements were met by the organisation which benefitted from donations and also from health services executive (HSE) funding.

Judgment:
Compliant

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

Theme:
Responsive Workforce

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

Findings:
Inspectors found that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents. The staff rota was properly maintained. Residents received interventions, assistance and care in a respectful, timely and safe manner. Staff informed inspectors that they were required to complete household duties as well as care duties. The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles and responsibilities. The annual staff supervision system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed the training they had received. Inspectors reviewed a sample of staff training records and found that all mandatory training required by the Regulations had been provided. Staff had completed other training or instruction relevant to their roles and responsibilities including courses in relation to hand hygiene, food hygiene, personal care planning and communication skills.

Staff supervision meetings and probationary meetings were completed on schedule. Documentary evidence of these was seen in staff files and staff confirmed that such meetings took place. The requirements of Schedule 2 of the Regulations, in relation to staff documentation, had been met.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Actions not implemented from the previous inspection included: records of any occasion on which restrictive procedures were used in respect of residents as required under Schedule 3 (3) (m) and Schedule 4 10(h) were not maintained.

During this inspection the Directory of Residents was reviewed by inspectors. This complied with the requirements set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 were in place in the centre. There was a policy on the provision of information to residents available in the centre along with a Resident's Guide which met the requirements of the Regulations. This guide was available in a format that was accessible to residents. Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Records required under Schedule 3 and 4 of the Regulations were available in the centre. However, records of any occasion on which restrictive procedures were used in respect of residents as required under Schedule 3 (3) (m) and Schedule 4 10(h) were not maintained. This was highlighted also on the previous inspection of the centre on 4 and 5 of February 2014.


**Judgment:**
Non Compliant - Major

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Mary O'Mahony  
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 Enable Ireland Disability Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002034</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>26 August 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16 October 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Ensure that any fees for activities or services which residents are required to pay are clearly set out in the contract of care.

1. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The Fees as above will be set out in the contract of care

Proposed Timescale: 31/10/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While most of the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were met in the centre the requirements of Schedule 6 (9) and Schedule 6 (1) were not sufficiently addressed.

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

Please state the actions you have taken or are planning to take:
• A plan for the disposal of clinical waste will be put in place by the 31st of October 2015. Currently there is no requirement for the disposal of clinical waste, in the event of this requirement the plan will be implemented.
• Re Schedule 6 (1) a planning committee will be established. This committee will develop proposals through consultation with the service users by the 31st January, 2016. These proposals will be submitted to Senior Management for consideration subject to funding.

Proposed Timescale: Re Schedule 6 (9) 31st October 2015
Re Schedule 6 (1) 31st January, 2016

Proposed Timescale: 31/01/2016

Outcome 09: Notification of Incidents
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had failed to provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

3. Action Required:
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:
The returns required under this regulation are the amount of times that a bed rail and safety and positioning straps for a wheelchair user are used.
The lap belt is used to prevent a service user from falling out of their chair and leg positioning straps are used to support these service users to maintain an appropriate posture for their safety and comfort while in their wheelchair. A Butterfly chest strap is used for purposes of travelling.
The use of these as stated above are for health and safety reasons and as postural support for our service users, these items are fully assessed by a trained team including physiotherapist, occupational therapist and clinical engineer and are evaluated by the team on a regular basis.
The bedrails are used following a team assessment to support service users to have a safe and comfortable night’s sleep. If they were not to use their bedrails as per the assessment they would be at a high risk of falling out of the bed and due to the nature of their disability they would not be able to protect themselves when falling.
These returns will be sent to the regulator on a quarterly basis as health and safety measures and postural support measures.

Proposed Timescale: 31/10/2015

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 records in relation to each resident as specified in Schedule 3 had not been maintained.

4. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
The records required under this regulation are the amount of times that a bed rail and safety and positioning straps for a wheelchair user are used.
The lap belt is used to prevent a service user from falling out of their chair and leg positioning straps are used to support these service users to maintain an appropriate posture for their safety and comfort while in their wheelchair. A Butterfly chest strap is used for purposes of travelling.
The use of these as stated above are for health and safety reasons and as postural support for our service users, these items are fully assessed by a trained team including physiotherapist, occupational therapist and clinical engineer and are evaluated by the team on a regular basis.
The bedrails are used following a team assessment to support service users to have a safe and comfortable night’s sleep. If they were not to use their bedrails as per the assessment they would be at a high risk of falling out of the bed and due to the nature of their disability they would not be able to protect themselves when falling.

The records will be maintained in the house as a Health and Safety measure and a postural support measure: as required by the Regulations.

**Proposed Timescale:** 31/10/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

All records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not maintained.

**5. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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 records required under this regulation are the amount of times that a bed rail and safety and positioning straps for a wheelchair user are used.

The lap belt is used to prevent a service user from falling out of their chair and leg positioning straps are used to support these service users to maintain an appropriate posture for their safety and comfort while in their wheelchair. A Butterfly chest strap is used for purposes of travelling.

The use of these as stated above are for health and safety reasons and as postural support for our service users, these items are fully assessed by a trained team including physiotherapist, occupational therapist and clinical engineer and are evaluated by the team on a regular basis.

The bedrails are used following a team assessment to support service users to have a safe and comfortable night’s sleep. If they were not to use their bedrails as per the assessment they would be at a high risk of falling out of the bed and due to the nature of their disability they would not be able to protect themselves when falling.

The records will be maintained in the house as a Health and Safety measure and a postural support measure: as required by Regulations.

**Proposed Timescale:** 31/10/2015