Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004431</td>
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<tr>
<td>Centre county:</td>
<td>Sligo</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Teresa Dykes</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 4 day(s).

The inspection took place over the following dates and times

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<th>From</th>
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<tr>
<td>07 September 2015 09:00</td>
<td>07 September 2015 16:30</td>
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<tr>
<td>08 September 2015 09:00</td>
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<td>10 September 2015 09:15</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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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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Summary of findings from this inspection

This report set out the findings of an announced registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register a designated centre.

The inspection took place over four days and was the second inspection of the centre undertaken by the Authority.
The centre currently accommodates 23 residents in five separate houses. The specific care and support needs of the residents were in the mild to high range of intellectual disability. Some have physical/sensory disabilities and age related healthcare needs.

The houses forming the centre are well maintained both internally and externally and decorated to a good standard. Staff were knowledgeable and responsive to the residents’ physical and healthcare needs. There is a clear management structure and staff were aware of the reporting arrangements in place.

There was evidence of residents’ individual involvement in stimulating activities that were appropriate to their capacities and life stage.

A total of 18 Outcomes were inspected. The inspector found one Outcome as major non compliant namely, Workforce. Three Outcomes were judged as moderately non compliant, Medication Management, Social Care Needs and Safeguarding and Safety. Eleven Outcomes were judged as compliant and three substantially in compliance with the Regulations.

The area of major non compliance primarily related to the finding that there was an insufficient number of social care support hours to facilitate flexibility of choice and meet residents’ individual needs.

The areas of moderate non compliance related to the following findings;

A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting. Residents had limited access to a psychology service. Care staff had not completed training in medication administration

The Action Plan at the end of the report identifies areas where improvements are identified to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

### Outcome 01: Residents Rights, Dignity and Consultation

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

### Theme:

Individualised Supports and Care

### Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

### Findings:

Staff were able to articulate their knowledge of the residents’ personal preferences for meals, preferred activities and clothing. Residents were asked and consulted with regarding their daily routines and preferences. The manner in which residents were addressed by staff and in which their needs were discussed was seen by the inspector to be respectful.

Each resident had their own bedroom except in one house where two residents shared a bedroom. Both residents had shared with each other for a long period of time and there was familiarity in each other’s routines. There was sufficient space in each bedroom to hold clothing and other personal belongings. The inspector saw that staff took care with residents’ belongings. Clothes were washed and stored in a neat and tidy manner.

There was evidence that staff actions maintained resident’s dignity and respect when carrying out personal care, with doors closed. There was a policy in place that covered resident’s personal possessions.

There was a complaints policy in place. A designated person was named to whom complaints could be made at a local level in the centre. The complaints policy included an appeals process. There was good use of photographs to assist residents understand to whom they could raise an issue with if they were unhappy. The contact detail of the confidential recipient appointed by the HSE was provided in the notice board in each house. The person in charge had written to the next of kin of each resident to advise them of the contact details of the confidential recipient.
A second person was not nominated in the centre to ensure complaints are responded to and records maintained within the timeframes outlined. The complaints policy included an appeals process based on the 'HSE- Your Service Your Say'. If the complaint was not resolved within the centre, the complainant could bring their complaint to the HSE complaints officer.

There was not a standardised form developed to record details of complaints, the investigation undertaken, action taken to resolve the issue raised and the complainant’s satisfaction with the outcome. This led to variation in how complaints were recorded and responded to.

At the time of inspection one complaint was being reviewed by the provider. There was evidence of involvement of advocacy services. The documents reviewed evidenced the provider was continuing to explore options to resolve the matter to the complainant’s satisfaction.

Residents' weekly meetings took place. This provided the opportunity for residents to express any issues and plan their week.

Intimate care plans were in place that directed staff with residents’ personal care needs and provided protection for the resident from any risk during the delivery of intimate care. Personal information that related to residents was safely stored to ensure confidentiality and data protection.

**Judgment:**
Substantially 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:**
The inspector observed that staff were aware of the resident’s communication methods and how they expressed themselves. By virtue of long standing relationships the staff understood the resident's preferences and the meaning behind their non verbal communication.

Staff spoken with demonstrated in-depth knowledgeable of residents’ needs and wishes and this correlated with information and guidance that was documented in the residents associated care plans and recorded into their daily notes.
A communication strategy was developed for each resident in conjunction with the speech and language therapist in the sample of care files reviewed. In one house a resident had progressive cognitive impairment. Staff understood her non verbal needs very well. The resident’s communication strategy was updated in March 2014 by the speech and language therapist.

Each resident had a hospital passport completed to outline all their required information in the event of a transfer to an acute hospital.

Residents had access to television and staff were aware of their favourite television programmes, music, and activity or preferred clothing. One resident had a variety of channels to reflect his preferred interests. Community links were maintained with access to outside activities, horse riding, seaweed baths, dining out and shopping trips.

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:
Each resident had an identified ‘circle of support’ that included their families and key workers. The inspector viewed records in residents’ files that confirmed family were involved in the resident's annual personal plan reviews and goal setting.

The inspector observed there were a number of options available for all residents in relation to activities and work. Almost all residents attended various training/ day centres. Only in one house did some residents not attend a day service. Alternative recreational programs and therapeutic services were available for these three residents to ensure their wellbeing. This included going to the gym, seaweed baths, reflexology and music therapy. If a resident was unwell or unable to attend their day placements staff were allocated to remain in each house to care for residents. In one house visited a resident is facilitated to attend his day service at later time in the morning following on from a period of having been unwell.

Family contact was supported as appropriate to each resident, for example via phone contact and visits home. Special occasions were celebrated. Staff facilitated visitors who may wish to take an individual resident out for shopping, for a meal or other special
occasion.

A vehicle is available in each house for staff to use to transport residents to external activities.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**
Effective Services

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

**Findings:**
As required by Schedule 5 of the Regulations, there was a written policy and procedures regarding admission, transfer, discharge and temporary absence of residents. The statement of purpose also outlined the admission process. The majority of residents have lived at the centre for a number of years. There have been no new admissions in the recent past to the centre.

A copy of the contract of care was retained in each file examined. The contracts detailed the total fee payable. However, the detail of any service that may incur an extra cost was not outlined the contract of care for example chiropody. Some residents pay additional charges for reflexology treatments and massage therapies and this also is not identified within the contract of care.

**Judgment:**
Substantially Compliant

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**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 needs, 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector met with the majority of residents and reviewed a selection of their personal plans in each house visited. Resident’s files contained information that outlined their health, intimate and personal care needs along with their family contacts and relationships. Risk assessments were completed to inform care planning and detailed interventions in relation to identified needs. These included behavioural challenges, supports and medical issues.

Each resident was assigned a key nurse and key worker. Personal plans were reviewed annually or more frequently if there is a change in needs or circumstances. There was a good standard of risk assessment and care planning to meet the physical care and medical health needs of residents. Care plans for a nursing intervention were in place for each identified need and reviewed every three months.

However, there was a variation in the standard and practice of outlining annual personal goals. A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents taking account of their preferences and capacity, to support and enhance their life experiences.

There were some good examples of aspirational goals. To ‘go on holidays’, ‘see a show’, ‘continue horse riding’ and ‘help more with household chores’. However, some goals identified reflected activities of everyday living, rather than being developmental. In one house visited the goals identified only reflected meeting physical health needs ‘to visit the dentist’, ‘to continue visiting the GP’. In one case the same goals were identified for two consecutive years. In another house goals for a resident were not reviewed to reflect the change in his health status and his ability following an episode of acute illness.

There was evidence of multi disciplinary review of personal plans and family involvement. However, from a review of a selection of residents’ personal plans they were not made available in an accessible, understandable format to all residents. The person in charge has acquired a new template and work was underway to complete this action.

Judgment:
Non Compliant - Moderate

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

**Theme:**
Effective Services

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

**Findings:**
The centre accommodates 23 residents in five separate houses. The location, design and layout of the houses of the designated centre are suitable for its stated purpose. The houses meet the residents’ individual and collective needs in a comfortable and homely way.

Two of the houses were bungalows and the remaining three, two storey. Each house is well maintained both internally and externally and decorated to a good standard. Each resident has their own bedroom. Except in one house where two residents have shared for a long period of time and this is their wish.

Comfortable furniture and fittings are provided in communal rooms. Baths, showers and toilets were of a sufficient number and standard to meet the needs of residents’ currently accommodated.

Each house has suitably sized outdoor garden provided with garden furniture.

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

**Findings:**
There are corporate HSE polices in relation to health and safety, risk assessment and incident reporting. There was a centre specific health and safety statement developed for each house in the centre. An evidence-based risk assessment tool was available for use. A risk register was maintained and actions were identified to minimise any hazards. All of the actions from the previous inspection relating to risk management and fire
safety were satisfactorily completed.

There was a missing person policy in place. Photographic identification was available for all residents and profile description sheets were completed. An emergency plan was developed.

In one two storey house one resident has a history of leaving the house unaccompanied. Door alarms were provided to the front and back door. However, restrictors were not fitted to upstairs windows. The house accommodates residents with behaviours that challenge. One resident’s behaviour has changed recently and while under the care of the consultant psychiatrist the resident’s behaviour pattern has become more unpredictable.

Individualised risk assessments were completed for each resident with precautions outlined to minimise the risk of harm or injury. These included risk assessments to identify hazards in relation to falls, transport safety, the risk of aspiration or seizure for residents with a history of epilepsy or the risk of self harm. There was one resident who smokes. A risk assessment was completed to outline the level of supervision and assistance required to smoke independently.

Due to the dependency of residents hoists were required by staff to assist with moving and handling some residents in a safe manner. A moving and handling assessment was completed where the need was identified. The inspector viewed evidence confirming all staff had up to date training in the safe moving and handling of residents.

All staff had completed training in fire safety evacuation procedures. Records indicated routine fire drill practices were completed and identified staff and residents who participated and the length of time taken to evacuate. Residents’ participation was documented and areas for improvement identified and documented to inform learning. Each resident has a personal emergency evacuation plan in place.

Fire safety equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. Fire blankets were provided in each kitchen. Fire notices describing the action to take on discovering a fire were displayed. Regular fire safety checks were completed to ensure exits were unobstructed, fire extinguishers were in place and intact and automatic door closers were operational.

The temperature of the hot water in ensuites and bathrooms is regulated by thermostats. Hand testing indicated it did not pose a safety risk to residents.

Vehicles used to transport residents were certified as road worthy and suitably equipped to transport residents safely.

There was a detailed infection control policy and practices were appropriate to the needs of the residents. Chemicals were stored securely in the interest of safety to residents and visitors. All staff had undertaken hand hygiene training during 2014.
Judgment:
Substantially Compliant

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

Theme:
Safe Services

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

Findings:
There was a policy on protecting vulnerable adults in place and all staff had received up-to-date training on responding to suspicions or allegations of abuse. Notifiable adult protection incidents which are a statutory reporting requirement to the Authority have been reported. Measures to ensure residents are fully safeguarded are in place.

Staff to whom the inspector spoke were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. All staff had up to date refresher training in protection of vulnerable adults in the past 12 months.

In the sample of personal plans reviewed it was clearly stated whether a resident could maintain their own safety when away from the centre and if not what level of support and supervision was required. There was also information in the personal plans regarding the level of support required with personal and intimate care.

The inspector found that there were secure arrangements in place regarding the management of residents' finances which were supported by appropriate organisational policy. The person in charge was a designated agent for the majority of residents' pensions. Each resident’s petty cash was held in a separate envelope. A record of the handling of money was maintained for each transaction. Receipts were retained for purchases. Two staff signatures were recorded in all instances for each transaction to ensure transparent arrangements. An audit was undertaken by the person in charge as required from the action plan of the previous inspection.

There were some residents with behaviours that challenged at a mild level. Each resident had a behavioural support plan in place. The plans were developed in conjunction with staff and the behaviour support therapist and recently reviewed.

There were two residents whose behaviours have changed and escalated to a more
challenging level. There was evidence of reviews by the psychiatry team routinely. Medication changes were recommended. Behavioural support plans were in place and reviewed. The residents were reviewed by the clinical nurse specialist in dementia. However, in line with the centre’s policy and pathway for increased risk of behavioural incidents an interdisciplinary review of the resident’s care needs has not been undertaken to plan an integrated approach to respond to the change in behaviours.

Residents had limited access to a psychology service. The residents with behaviours that challenge did not have input from a psychology service.

Training in the management of behaviour that is challenging was being completed with staff. At the time of this inspection all staff were not trained in the newly adopted model of behaviour management. The person in charge had identified these staff and training dates were being arranged.

The inspector reviewed aspects of restraint management practices. These were pharmacological, in response to escalation in a resident’s behaviour which posed a risk to the resident’s own safety and administered in line as prescribed. There were no physical restraint practices in use.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Safe Services

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

**Findings:**
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided as required.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and
**Theme:**
Health and Development

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

**Findings:**
There was evidence that residents’ general welfare and development was promoted. There was evidence of residents’ individual involvement in stimulating activities that were appropriate to their capacities and preferences. Residents were facilitated and had opportunities for new experiences and social participation.

Residents were facilitated to partake in activities and events external to the centre and in the local community and this included attendance at day centres, shopping trips and dining out. Residents’ and staff spoken with by the inspector confirmed the residents had opportunities for meaningful engagement and community participation.

Service user had access to transport. There are vehicles provided for each house to meet resident’s transport needs. Some residents in one house accessed the rural transport network and travelled independently to their day service.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
There was evidence that resident’s health care needs were well met. Access to appropriate treatments and allied therapies was available to residents. Residents had access to optical services, speech and language, occupational therapy, psychiatry, dental, chiropody and audiology services.

Responsive healthcare was promoted. Residents had regular blood tests, participated in the national bowel screening program, dexa scans and medical investigations when unwell. Full details of their medical history, diagnosis, allergies, mental health and
emotional wellbeing were outlined in care files.

Staff to whom the inspector spoke stated that the quality and choice of food was frequently discussed with individual residents and changes were made to the menu accordingly. Some residents assisted staff with the weekly shopping. The inspector noted the fridges were well stocked with a variety of nutritious and wholesome food.

The inspector reviewed the policy and guidelines for the monitoring and documentation of residents’ nutritional intake. Residents’ weight was checked routinely. Residents with swallowing difficulty were reviewed by the speech and language therapist. Staff were familiar with the different types of modified diets required by residents and could describe well to the inspector how their individual dietary needs are met. There was evidence following assessment of this information being communicated to the resident’s day service.

Some residents were reviewed by the dietician and had care plans for weight management. Healthy eating options were promoted.

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

**Findings:**
There was a policy on the management and prescribing of medication which was compliant with guidelines and the legal framework. Medicines were being stored safely and securely. All medications were in blister packs.

There were no residents self medicating at the time of this visit. An assessment was not undertaken to ascertain if a resident had the capacity to manage their own medication safely. A risk assessment tool to guide staff in their decision making to facilitate residents who may wish to self medicate was not available.

In one house visited the care staff were responsible for the administration of medication. They administrated medication each morning and night time at the weekend in the absence of a nurse rostered for duty. Care staff had not undertaken training in medication administration and completed a competency assessment. There were three medication errors recorded within a short time frame. Each was reviewed by the person
in charge and suitable action taken. No negative outcome was experienced by the residents.

**Judgment:**
Non Compliant - Moderate

### 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 inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations.

**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 defined management structure in place with clear lines of authority,
accountability and responsibility for the provision of the service. The person in charge worked full-time and had the skills and experience necessary to manage the centre. It was evident that the person in charge had in-depth knowledge of the residents and their backgrounds.

The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. During the inspection the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development.

There is a system to review the quality and safety of care and quality of life in place. Audits are completed by the person in charge. There was evidence of ongoing improvement strategies in place.

**Judgment:**
Compliant

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

_The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence._

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

A clinical nurse manager grade one deputises for the person in charge. To date, this has occurred on one occasion.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**

_The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose._

**Theme:**
### Use of Resources

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

**Findings:**
The centre was resourced to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose.

There was evidence that the person in charge monitored the centre's resources. The centre had access to regular maintenance services. Service contracts reviewed indicated that external contractors were engaged to service equipment on a regular basis. There was evidence of ongoing maintenance and decoration.

However, as detailed and actioned in outcome 17, workforce, there was an insufficient number of social care support hours to facilitate flexibility of choice and meet residents individual needs. There was limited opportunity to facilitate outings and pursue the developmental goals identified by residents.

**Judgment:**
Substantially Compliant

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
The inspector examined staff rosters, reviewed residents physical care and psychosocial needs in care files and met with residents and discussed with staff their roles, responsibilities and working arrangements.

The inspector found there was an insufficient number of care staff at the weekend in three of the houses visited taking account of the purpose, size and the number of residents accommodated in the service. There was an insufficient number of social care support hours to facilitate flexibility of choice and meet residents individual needs. There was limited opportunity to facilitate outings and pursue the developmental goals.
identified by residents. There was two staff available to meet the needs of seven residents at the weekend. This restricted options for outings taking account of the level of support required. Other residents required high support to meet their moving and handling needs. Some residents required the assistance of a wheelchair for outings.

The inspector reviewed a selection of staff files. The files contained all documents as required under schedule 2 of the Regulations. Garda Síochána vetting was in place in each staff file examined.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Records evidenced a range of training was ongoing. However, as described under Outcome 8, Safeguarding and Safety training in the management of behaviour that is challenging was not fully completed for all staff.

The inspector identified one care staff member was not trained in the administration of emergency medication in the event of a seizure by a resident in one house. The house is primarily staffed by care assistants. As identified in outcome 12, Medication, other care staff had not undertaken training in medication administration and completed a competency assessment.

Judgment:
Non Compliant - Major

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

Findings:
The inspector found evidence of compliance in regard to records that need to be maintained in the centre as per Schedule 3 (residents' records) and Schedule 4 (general records) of the Regulations.

A directory of service users was maintained in the centre and this contained all of the matters required by the Regulations.
All of the written policies and procedures as required by Schedule 5 of the Regulations were in place.

It was noted by the inspector that records were maintained in a complete and organised manner and this made for ease of retrieval.

There was evidence that the centre was adequately insured against accidents, or injury to residents, staff and visitors.

**Judgment:**
Compliant

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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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004431</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>07 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09 November 2015</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A second person was not nominated in the centre to ensure complaints are responded to and records maintained within the timeframes outlined.

1. Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
A 2nd person has now been nominated to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

<table>
<thead>
<tr>
<th>Proposed Timescale: 16/11/2015</th>
</tr>
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<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The there was not a standardised form developed to record details of complaints, the investigation undertaken, action taken to resolve the issue raised and the complainant’s satisfaction with the outcome.

2. **Action Required:**
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
A standardised form is being developed to record details of complaints, the investigation undertaken, action taken to resolve the issue raised and the complainant’s satisfaction with the outcome.

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<th>Proposed Timescale: 30/11/2015</th>
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**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:**
The detail of any service that may incur an extra cost was not outlined the contract of care.

3. **Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the 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 contract of care has been reviewed and an appendix outlining regular charges will
**Proposed Timescale:** 30/11/2015

### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was a variation in the standard and practice of outlining annual personal goals.

A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents taking account of their preferences and capacity, to support and enhance their life experiences.

Some goals identified reflected activities of everyday living, rather than being developmental.

**4. Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**
A review of the personal plans is taking place with a focus on developmental goals. The Annual Review template has been updated to assist this process.

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**Proposed Timescale:** 30/11/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans they were not made available in an accessible, understandable format to all residents.

**5. Action Required:**
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**
Personal plans will be made available in an accessible format to the residents and where appropriate their representatives.
Proposed Timescale: 30/11/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restrictors were not fitted to upstairs windows.

6. Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
Restrictors will be fitted to the necessary upstairs windows.

Proposed Timescale: 30/11/2015

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:
An interdisciplinary review of the resident’s care needs has not been undertaken to plan an integrated approach to respond to the change in behaviours.

7. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents’ behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
An Interdisciplinary review has been arranged for 3rd December 2015.

Proposed Timescale: 03/12/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents had limited access to a psychology service.

8. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
National Recruitment Service is actively involved in recruiting a full time Psychologist for the Learning Disability Service Adult Team. Interviews have been held but as yet no appointments have been made however this should be resolved no later than end of January 2016.

**Proposed Timescale:** 31/01/2016  
**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff were not trained in the newly adopted model of behaviour management.

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

**Please state the actions you have taken or are planning to take:**
A training schedule is in place to enable all staff to be trained in Studio 3. Staff who work frontline with behaviours that challenge are being prioritised.

**Proposed Timescale:** 30/11/2016

**Outcome 12. Medication Management**  
**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
An assessment was not undertaken to ascertain if a resident had the capacity to manage their own medication safely.

A risk assessment tool to guide staff in their decision making to facilitate residents who may wish to self medicate was not available.

10. **Action Required:**  
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Please state the actions you have taken or are planning to take:**
A Risk Assessment Tool to guide staff in their decision making to facilitate residents who may wish to self medicate is being circulated to all residents.

Proposed Timescale: 30/11/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was an insufficient number of social care support hours to facilitate flexibility of choice and meet residents individual needs. There was limited opportunity to facilitate outings and pursue the developmental goals identified by residents.

11. **Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
A business plan is been prepared to support the benefits of the social support hours and will be submitted to the provider.

Proposed Timescale: 30/11/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One care staff member was not trained in the administration of emergency medication in the event of a seizure by a resident. Other care staff had not undertaken training in medication administration and completed a competency assessment.

12. **Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
The training has been organised for the care staff for the administration of emergency medication in the event of a seizure of a resident on 10th December 2015.

• Training in medication administration and a competency assessment is being sourced for the care staff.
| Proposed Timescale: | 31/01/2016 |