### Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002614</td>
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<td><strong>Centre county:</strong></td>
<td>Sligo</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
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<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Teresa Dykes</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>PJ Wynne</td>
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<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>10</td>
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<td><strong>Number of vacancies on the date of inspection:</strong></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 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: To:
20 October 2015 09:00 20 October 2015 18:00
21 October 2015 09:00 21 October 2015 14:30

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 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. This was the second inspection of the centre undertaken by the Authority.

The centre currently accommodates ten residents of both gender. The inspector met with all of the residents residing in the centre and reviewed a selection of their personal plans. The specific care and support needs of the residents were in the mild to severe range of intellectual disability. Some have physical/sensory disabilities and age related healthcare needs. The majority of residents are able to communicate
verbally and make their needs known.

There is a clear management structure and staff were aware of the reporting arrangements in place. The centre is well maintained and decorated to a good standard. Each resident has their own bedroom.

The inspector found that residents received a good quality service. Staff supported the residents in making decisions and choices about their lives and their involvement in the running of the house. There was evidence that resident’s health care needs were met. Responsive healthcare was promoted through medical tests and investigations.

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
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 person in charge was knowledgeable about the residents needs. It was evident that the residents were familiar with and engaged well with the person in charge and all staff spoken with during the inspection. Residents’ personal profiles described well their level of independence, their preferred daily routines and what they could do for themselves.

Each resident had their own bedroom. There was adequate storage in each bedroom for clothing and possessions. Many residents had custom designed, fitted wardrobes. All bedrooms were well decorated to a high standard and well personalised with curtains, bedcovers, pictures and ornaments of residents choice.

There was evidence that staff actions maintained resident’s dignity and respect when carrying out personal care, with doors closed. During individual reflexology sessions notices were placed on bedroom doors to maintain privacy There was a policy in place that covered resident’s personal possessions.

Staff assisted residents maintain their clothing. All clothing was washed and dried by staff on the premises Records were retained dating each item of clothing purchased. When clothes were discarded the details of the reason why and the date was recorded by staff in each resident’s personal inventory log.

The inspector reviewed the systems in place to support service users with management of their finances. Receipts were retained for all items purchased. The records for the management of the household budget demonstrated clear accounting systems.

There were audit arrangements in place by the person in charge to ensure accuracy and
transparency in the managing of residents’ personal finances. The person in charge was a designated agent for each 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. Two staff signatures were recorded in all instances for each transaction to ensure transparent arrangements. This was identified as an area for improvement in the action plan of the last inspection report. Routine checks were undertaken to reconcile expenses incurred with financial records maintained.

There was a localised complaints policy in place which met all the requirements of Regulation 34. A designated person (the person in charge) was named to whom complaints could be made at a local level in the centre. The complaints policy included an appeals procedure to the service provider.

The complaints policy additionally 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.

The complaint procedure was displayed in the entrance foyer. There was a simplified version of the complaints procedures to assist residents understand to whom they could raise an issue if they were unhappy. This included good use of photographs to aid residents understanding.

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

**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:**
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.

The majority of the staff have worked at the centre since it opened initially and are very familiar with resident’s facial and vocal expressions. Staff were observed interpreting
what individual residents' were communicating to them.

The majority of residents are able to communicate verbally and make their needs known. Most residents had a good range of comprehension in conversation with staff.

Residents had access to television and staff were aware of their favourite television programmes, music, activity or preferred clothing. The majority of residents had their own television in their bedroom. Community links were maintained with access to outside activities music and shopping trips.

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

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

**Judgment:**
Compliant

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**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 residing in the centre had access to a day service. Two residents were not attending a day service at the time of this inspection. One resident chose not to attend. The other resident was unable to attend due to an ongoing health matter. Suitable activities were provided and the two residents went on short trips to local shops.

The majority of the other eight residents attended their day service three to four days each week. Their choice to attend was in consultation with staff and their wishes respected. Four of the residents are over 70 years and three over 60 years. Depending on how they felt each day, they could decide to attend their day service or not. Residents could lie in later and partake in a more leisurely day. The staff members assisted in facilitating meaningful engagement throughout the day suitable to residents’ capacity and life stage.

Families were actively encouraged and involved in the lives of residents. Relatives of residents through questionnaires submitted to the Authority confirmed that there was open visiting in the centre. Residents were facilitated to go and stay with family
members. One resident spent a day each week at home. Communication was facilitated through regular phone calls.

Residents were involved in various outings and activities outside of the centre. A vehicle is available for staff to use to transport residents to external activities. All staff can drive the vehicle provided.

The majority of the residents have resided together in the house for over 10 years and have formed strong bonds and friendships. They attend social outings and the day centre in each other’s company.

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):**
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. All ten residents have lived at the centre for a considerable period of time. There has been no new admission in the recent past to the centre.

The inspector found that all residents accommodated had an agreed written contract. However, the contracts did not detail the total fee payable. The detail of any service that may incur an extra cost was not outlined in the contract of care for example chiropody. Some residents pay additional charges for reflexology treatments and art classes. These cost were not identified within the contract of care.

Judgment:
Non Compliant - Moderate

**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):**

**Findings:**
The inspector met with all of the residents residing in the centre and reviewed a selection of their personal plans. 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, in one file there was not a plan of care to mange weight gain. While the resident was reviewed by the dietician and had lost some weight it was not within the BMI range advised by the dietician. Another resident while being weighed routinely did not have a plan of care to mange weight loss. Each residents with a diagnosis of epilepsy had a plan of care to meet their needs and guide staff to ensure the residents safety.

Each resident had a plan outlining their personal goals for the year. There was evidence of appropriate multidisciplinary involvement in resident’s personal plans at their annual review. This included residents, family members and staff.

A review of the personal plans for residents demonstrated good practice in the promotion of individualised care for residents. Residents’ preferences were considered and supported in enhancing their life experiences. The plans were suitable to the different range of needs, capacities and life stage. The plans took account of residents' psychosocial needs as well as medical and physical health status. The inspector found that there was sufficient knowledge and understanding by staff of the range of supportive interventions required to assist residents achieve their goals.

However, some improvements were required in the documentation of goals. Where goals were identified, individual staff members were not named to take forward objectives in the plan. Support plans were not outlined to help residents achieve their goals.
There was simplified or easy to read version of resident’s personal plans available. These were available in each resident’s bedroom. However, they require review to fully reflect the goals identified for each year.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The centre presently accommodates ten residents. The bungalow house is well maintained both internally and externally and decorated to a good standard. The centre comprises of two houses joined together by a central foyer and are referred to as The Ferns and The Willows.

The location, design and layout of the house is suitable for its stated purpose. The house meets the residents’ individual and collective needs in a comfortable and homely way. Each resident has their own bedroom. There are kitchens/dining and living rooms in each house. There is a sufficient number of bathroom facilities which are suitable in size and designed to maximise the independence of residents. Showers are level with the floor ensuring ease of access and egress. Grab rails are provided alongside toilets and showers.

Comfortable furniture and fittings are provided. The kitchen and dining area is large with ample space for cooking facilities and food storage. There is a spacious sitting room separate from the dining /kitchen area. All parts of the building are well ventilated with good natural lighting in all rooms.

Residents have access to an outdoor space which is safely enclosed and well maintained.

**Judgment:**
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:**
There are systems and procedures in place to promote the health and safety of residents, staff and visitors. The actions in the previous inspection which related to risk, health and safety were satisfactorily completed.

There is corporate and localised policies in relation to health and safety, risk assessment and incident reporting. There is a centre specific health and safety statement. A risk register was maintained and actions were identified to minimise any hazards. The emergency plan for responding to untoward events requires review as it is not specific to the centre. It did not identify where residents could be evacuated to if the need arose.

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.

Fire safety equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed. Checks were undertaken on fire exits and extinguishers to ensure they were in place and intact. The fire panel was checked to ensure it was operational. However, automatic door closer were not checked to ensure they were operational.

All staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed and the time taken to evacuate. However, the names of staff taking part were not recorded to allow management verify all staff had participated in fire drills.

The drills did not record the scenario/type of simulated practice. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required or changes to personal emergency evacuation plans.

There were three residents who smoked. Risk assessments informed the level of supervision and support required. Two residents required assistance and smoking aprons were provided. This was an area identified for improvement in the action plan of the previous inspection.
The inspector viewed evidence confirming all staff had up to date training in the safe moving and handling of residents. One resident required the use of a hoist to meet all moving and handling needs. The resident has his own hoist and sling.

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. Only one resident was transported by clamping his wheelchair on the bus. Staff were able to describe well the safety precautions involved to ensure the resident’s safety.

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:**
Non Compliant - Moderate

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not 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. Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern.

In the sample of personal plans reviewed it was clearly stated whether a resident could maintain their own safety on outings and if not what level of support and supervision was required. This was evidenced in conversation with staff. There were able to describe well to the inspector on shopping trips residents who browse independently and those they would observe from a distance. There was also information in the personal plans...
regarding the level of support required with personal and intimate care. Intimate care plans were revised and updated.

There were three residents with behaviours that challenged at a mild level. Each resident had a behavioural support plan in place. All staff spoken with were familiar with each resident’s behaviour and how to respond accordingly. The staff responses to the inspector in relation to behaviours that challenged correlated with the interventions in each resident’s behavioural support plan. The plans were developed in conjunction with staff and the behaviour support therapist. There was evidence of reviews by the psychiatry team routinely. Medication changes were recommended to ensure optimum therapeutic values.

Training in the management of behaviour that is challenging was being completed with staff. At the time of this inspection the person in charge who is a qualified trainer was progressing the training in the model of behaviour management implemented.

The inspector reviewed aspects of restraint management practices. A restraint free environment was promoted. Since the last inspection bedrails have been removed where they were in use. Three residents have beds which are lowered to the lowest level and provided with a crash mat. No residents were administered a night sedative. The number of residents administered a psychotropic medication on a PRN (as required) basis was low and this only occurred in rare circumstance. A review of medical files evidenced the discontinuation of PRN psychotropic medication following reviews by the psychiatrist.

Judgment:
Substantially Compliant

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
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:
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 had opportunities for new experiences and social participation. One resident as identified in her personal goals had acquired a laptop.

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

Service user had access to transport. There are vehicles provided to meet resident’s transport needs.

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:
Staff were knowledgeable and responsive to the healthcare needs of residents. There was evidence of referrals for medical investigations and treatment. There was timely
access to (GP) service, including out-of-hours.

There was evidence that resident’s health care needs were met. Responsive healthcare was promoted. Residents had regular blood tests, participated in the national bowel screening program, breast check, dxa scans and medical investigations when unwell. Access to appropriate treatments and allied therapies was available to residents. Residents had access to dietetic, optical, speech and language, occupational therapy, psychiatry, dental and chiropody.

However, the inspector identified in one file where a resident may benefit from a psychology review with input from the resource of the clinical nurse specialist in dementia, including other residents due to their ageing profile.

Residents’ choice in relation to food options were available. Any particular dietary needs that they might have were addressed. Residents’ weight was closely monitored and all residents were weighed routinely. There was a policy and guidelines for the monitoring and documentation of nutritional intake. Procedures were available to guide staff in completing nutritional risk assessments. Some residents assisted staff with the weekly shopping. The inspector noted the fridges were well stocked with a variety of nutritious and wholesome food.

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. Staff spoken with could describe well to the inspector how their individual dietary needs are met.

**Judgment:**
Substantially Compliant

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

**Theme:**
Health and Development

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

Each resident’s medication was dispensed from individual packages with the exception of one resident with the purpose of promoting her independence in self medicating.
Medications on arrival against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident.

The prescription sheets reviewed were legible and distinguished between regular and PRN (as required). The max dose for all PRN medication was in place for all drugs in the sample of prescriptions reviewed. This was an area identified for improvement in the action plan of the last inspection report.

The majority of care assistants were trained in the administration of emergency medication in the event of a continuous seizure by a resident. However some staff were identified as requiring training.

The medication administration sheets viewed were signed by the nurse following administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

There were no residents in receipt of medications that required strict control measures at the time of this inspection.

**Judgment:**
Compliant

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

**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

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**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 his statutory responsibilities. Records confirmed that he was committed to his own professional development.

There is a system to review the quality and safety of care and quality of life in place. In practice there was evidence of reviews leading to quality improvement initiatives. A physical restraint free environment is now promoted as bedrails were removed from the beds of three residents. A review of medical files evidenced the discontinuation of PRN psychotropic medication.

However, formalised arrangements were not in place to undertake audits and review quality indicators to identify trends and develop individual improvement plans for enhanced outcomes for residents.

An annual report on the quality and safety of care was not compiled in consultation with residents and their representatives.

**Judgment:**
Substantially 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:
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 two deputises for 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):
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. There was evidence of ongoing maintenance and decoration.

However, as detailed in Outcome 17, Workforce, there was an insufficient number of social care support hours to facilitate flexibility of choice and meet residents individual needs at weekends.

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

The inspector judged there was a sufficient number of nursing staff to meet the healthcare needs of residents. However, the inspector found there was an insufficient number of care staff available at the weekends. The majority of residents spent most of their time each weekday at their day service. The staff level did not increase during the day at the weekends when all residents were residing in the house. There was an insufficient number of social care support hours to facilitate flexibility of choice and meet residents individual needs at the weekend.

The inspector reviewed a selection of staff files and noted that the files contained all documents as required under schedule 2 of the regulations. Garda Siochana 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 with all staff.

Further training in the administration of emergency medication in the event of a continuous seizure by a resident is required to ensure all staff are trained.

Judgment:
Non Compliant - Moderate

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

**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

**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>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002614</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>20 and 21 October 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09 December 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:

The contracts did not detail the total fee payable. The detail of any service that may incur an extra cost was not outlined in the contract of care for example, chiropody. Additional charges for reflexology treatments and art classes were not identified within the contract of care.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **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 contracts are being revised to detail the individual fees and will list the additional charges to be paid by the residents.

**Proposed Timescale:** 18/12/2015

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In one file there was not a plan of care to mange weight gain. Another resident while being weighed routinely did not have a plan of care to mange weight loss.

2. **Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
Care plans to manage weight are now in place for all residents who are gaining or losing weight.

**Proposed Timescale:** 09/12/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Where goals were identified, individual staff members were not named to take forward objectives in the plan. Support plans were not outlined to help residents achieve their goals.

3. **Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**
Identified goals will have support plans and named staff to help the resident achieve them.

**Proposed Timescale:** 18/12/2015  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The simplified or easy to read version of resident’s personal plans require review to fully reflect the goals identified for each year.

4. **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:**  
The easy to read resident’s personal plans are being amended to fully reflect their annual goals.

**Proposed Timescale:** 18/12/2015

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
<td></td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
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<tr>
<td>The emergency plan for responding to untoward events requires review as it is not specific to the centre. It did not identify where residents could be evacuated to if the need arose.</td>
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<tr>
<td><strong>5. Action Required:</strong></td>
<td></td>
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<tr>
<td>Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</td>
<td></td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td></td>
</tr>
<tr>
<td>The emergency plan has been made centre specific. Place and method of evacuation have been specified on it.</td>
<td></td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 09/12/2015</td>
<td></td>
</tr>
</tbody>
</table>
**Theme:** Effective Services |
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Automatic door closer were not checked to ensure they were operational.

6. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
This had now been detailed in the fire register.

Proposed Timescale: 09/12/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The drills did not record the scenario/type of simulated practice.
Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced.
There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required or changes to personal emergency evacuation plans.
The names of staff taking part were not recorded to allow management verify all staff had participated in fire drills.

7. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
The fire register and audit of drills have been amended to reflect both the scenario and residents and staff present for the drill. Any learning outcomes will be documented and will be reflected in their PEEP and will be a standing item on the agenda for staff meetings.

Proposed Timescale: 09/12/2015

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:
Training in the management of behaviour that is challenging was not fully completed with all staff.
8. 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:
This training is ongoing and all staff will have completed training by March 2016.

Proposed Timescale: 31/03/2016

Outcome 11. Healthcare Needs
Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector identified in one file where a resident may benefit from a psychology review with input from the resource of the clinical nurse specialist in dementia, including other residents due to their ageing profile.

9. 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:
Referrals have been made to CNS in dementia for screening to be carried out on all the residents. A referral has been made to the Psychology Department and we are awaiting an appointment.

Proposed Timescale: 31/03/2016

Outcome 14: Governance and Management
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Formalised arrangements were not in place to undertake audits and review quality indicators to identify trends and develop individual improvement plans for enhanced outcomes for residents.

10. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.
Please state the actions you have taken or are planning to take:
We are in the process of developing an audit schedule within the service which will identify trends and develop individual improvement plans for enhanced outcomes for residents.

**Proposed Timescale:** 31/03/2016  
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual report on the quality and safety of care was not compiled in consultation with residents and their representatives.

11. **Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
The report on the quality and safety of care has now been completed.

**Proposed Timescale:** 09/12/2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staff level did not increase during the day at the weekends when all residents were residing in the house. There was an insufficient number of social care support hours to facilitate flexibility of choice and meet residents individual needs at the weekend.

12. **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 being prepared to support the benefits of the social support hours and will be submitted to the provider.

**Proposed Timescale:** 15/12/2015