

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003323
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Kieran Woods
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

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

From: 21 April 2015 11:00 To: 21 April 2015 18:30

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

Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an announced monitoring inspection and was the first inspection of the service conducted by the Authority. The service provides respite services for children and adults on alternate weeks and operates Monday to Sunday closing between Sunday and Monday afternoons. Children from the age of 3 to 18 years old, with moderate to profound intellectual disability and or autism, with associated physical, sensory, medical and behavioral needs were accommodated. Adults across the disability spectrum were accommodated. The maximum number of children accommodated during a respite stay is four and where residents who do not wish to share a bedroom this is respected. One space is kept for emergency admissions. The respite arrangements are flexible and are aimed to meet residents' needs. This means that some service users stay a few days and others a week at a time. The inspector found that the service provided was safe and resident focused and was delivered by a committed and experienced person in charge and staff team. During the inspection the inspector met with residents and, the staff team including the person in charge. Care practices, support arrangements, documentation such as

personal plans, medical records, incident reports, policies and procedures and staff files.

The inspector observed the interaction between staff and residents children and found that staff treated residents with warmth and respect and knew them well. They made efforts to ensure that they were given opportunities to express themselves and exercise choices. Staff the inspector talked to presented as competent and demonstrated awareness of the policies, procedures, egislation and standards that apply to designated centres. They conveyed very positive attitudes to their roles and responsibilities and were familiar with aspects of the service that particular residents valued.

The centre is located in a bungalow within the grounds of Carndonagh Community Hospital and James Connolly Memorial Hospital. The house is a modern design and has three double bedrooms, a staff room, kitchen/dining, sitting and utility areas. There is a secure garden available for residents use and this was noted to have a good range of accessible playground equipment. The premises were well maintained but some aspects such as the provision of shower and wash hand basin facilities were noted to require attention.

Further improvements were required in the following areas, the organization of medication administration charts and the arrangements for review of the service in accordance with regulation 23-Governance and management.

These and other areas for improvement are detailed in the body of the report and included in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

Records confirmed residents had a detailed communication assessment documented in personal plans. Staff enabled residents to communicate effectively by ensuring that documents and day to day activities were outlined in different formats and were also child orientated. There were photographs of activities such as washing and dressing, varied meals and facial expressions to help residents indicate their choices and feelings.

The residents had access to radio, TV, a telephone however there was no access to the internet. The inspector was told that residents who had specific communication needs and used assistive technology usually brought their equipment in with them for their respite stay.

Essential information such as fire safety procedures were also outlined in pictorial formats. Staff on duty could readily describe the varied communication pathways of residents and the ways they facilitated communication to achieve maximum benefit for residents.

**Judgment:**

Non Compliant - Minor

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

There was an open visiting policy and visitors were welcome to visit at times when residents were in and not at day activity or at school. Telephone contact was also maintained with families at residents' wishes.

The inspector saw that residents are supported to develop and maintain personal relationships and links with the wider community and as residents live at home families were fully involved in their day to day lives. The inspector noted that staff had recorded required information such as next of kin and family details for all residents.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were admission procedures in place that supported the wishes and needs of residents and that the arrangements for admissions took into account the needs of residents accommodated. Referrals to the service are assessed by a multidisciplinary team that includes the person in charge to determine if the centre is suitable for the service required.

Prospective residents and their families are invited to visit the service and they are advised of the times available and arrangements for taking in medication and other essentials. There are no charges made for respite care. Residents generally use these periods for social activity. Prior to any resident coming in to the service there is

comprehensive communication with the family in relation to the residents needs. The inspector saw that relatives were updated as required in relation to residents' progress. There is further communication with the families as part of the evaluation of the residents stay at the end of respite breaks. The contribution of respite care to the overall support of the resident is also reviewed when personal plans are updated.

There were arrangements in place for the management of money held by residents and on behalf of residents. Money was kept securely and receipts were kept for all transactions and these were sent home with residents when the respite period came to an end.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

All adults and children had plans in place for their respite care stays. These plans provided good details on service users' health care needs, communication needs, assistive devices if used, social care needs and how their day care and education services are organised. There was a good emphasis on the abilities of residents, their likes and dislikes and how they liked their evenings to be organised when they returned from school or day care.

At the beginning of each respite break, staff met with the children or adults to seek their views and choices regarding the food they wanted to eat and the activities they wanted to participate in during their brief stay. The inspector found that meetings were recorded and found that they offered residents the opportunity to make decisions and gave them a sense of belonging and ownership of their respite break.

Each service user had a specific assessment of their needs, a support plan and person centred plan. Action plans and risk assessments were devised according to the findings of the assessments. There was good emphasis on describing levels of independence,

what abilities residents had and their strengths. For example the inspector saw that residents' capacity to make choices and manage their personal care was described. The inspector found from speaking with staff and service users that staff supported service users to maximize their independence and encouraged them to make decisions and choices. There were good descriptions of the areas where residents needed support and the activities that they could undertake independently.

Service users were able to tell the inspector how they spent their day when at home, at day care and also described what they liked to do when staying in the centre. Children and adults were encouraged to use community facilities. Transport was provided to take them to their schools, day care services or on outings. Social programmes included cinema trips, shopping trips, visits to places of interest and activities within the house and playground.

Each service user had a specific assessment of their needs, a support plan and person centred plan. Action plans and risk assessments were devised according to the findings of the assessments. There was good emphasis on describing levels of independence, what abilities residents had and their strengths. The children's files also contained risk assessments, consent forms, personal emergency evacuation plans, school timetables, records of the children's monies and possessions, health-related records and hospital passports which contained the necessary information required for hospital staff should a child have to be admitted to hospital. Communication notes documented the staff's interaction with children and their monitoring of the children's health, general well being and their activities during their stay in the centre. Key workers reports were completed every three months.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The centre is located within walking distance of the town of Carndonagh. The house is a four bed roomed single-storey house. It was well furnished, clean, comfortable and well maintained. It had good lighting and ventilation. It was free of any significant hazards that could cause injury to a child or adult. Suitable arrangements were in place for the



disposal of waste.

The layout of the centre reflected the information in the statement of purpose. The three bedrooms used for residents were doubles and were noted to be small in size. Each bedroom had single beds, a wardrobe and a bedside locker. Cots were provided in some rooms. There was a bathroom with a centrally located bath and an appropriate hoist. There was also a shower and toilet area. Here two toilets and the shower were located together. This arrangement presented access problems. The shower area was at the entrance to the room and in front of the toilets and when the shower was in use residents could not access the toilets. One toilet had hand rails on both sides and the other had a handrail on one side only. There was a bedroom for staff to use when on sleep-in duty. This was adequate in size but had no hand wash facility.

There was a well-equipped kitchen that had a large dining table and chairs. There were two sitting rooms, one of which had a television and a projector screen. Furniture was appropriate and included sofas and bean bags. There was also a staff office, a utility room and storage areas for toys and equipment. Outside there was a secure play area with soft surface rubber matting in different colours and this was noted to be very well equipped with a range of play equipment such as swings, see saws, climbing frames and a seating area. There were car parking spaces to the front of the premises.

**Judgment:**

Non Compliant - Moderate

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

There were adequate systems in place to promote the health and safety of residents, visitors and staff. There was a health and safety statement which was dated as valid from September 2014. This included a description of the safety management system in the service as a whole, the procedures to be followed and the responsibilities of staff. This was supported by a range of associated risk management procedures such as accident/incident management, fire safety, moving and handling and food hygiene procedures among others. Service records for the equipment and a set of risk assessments conducted in the centre also contributed to the risk management arrangements. The person in charge is a safety representative and the service has a health and safety committee in conjunction with two other designated centres in the area.

There were suitable procedures in place for the prevention and control of infection however some of the premises deficits referred to earlier such as the absence of a wash hand basin the sleep over room hindered best practice. There was a hand hygiene policy and personal protective equipment such as gloves, aprons and disinfectant wipes were available for staff. The centre had an infection control link nurse on the staff team and infection control measures and cleanliness audits were conducted regularly.

The risk management policy and associated procedures were actively implemented and met the requirements of the regulations. The inspector found that there was a local risk register that contained a range of centre-specific risk assessments. Activities such as the use of chemicals, cleaning and medication management were included. Other areas identified included the use of equipment, moving and handling, lone working, fire safety and the management of emergency situations. The assessments identified specific risks and the measures in place to control them. There was a proactive approach to risk identification and management. The inspector saw that hot water had been identified as a risk and measures had been put in place to address this.

Risk assessments that were carried out for residents and the measures put in place to control any risks identified were specific to each individual and were set out in their personal plans.

There was a policy and procedures on incident/accident/near miss reporting and incident investigation. These events were recorded, signed off by the person in charge and were sent to the director of nursing in the area for review so that learning and changes in practice took place as a result.

Satisfactory precautions were in place to guard against the risk of fire. A fire safety policy and procedure was in place. Suitable fire fighting equipment was available and this was noted to have been serviced in November 2014. Emergency lighting was in place. Fire exits were unobstructed. The fire alarm was linked to the nearby community hospital and to another disability unit on the site. It was serviced quarterly and the last service was in April 2015. Fire drills were undertaken regularly. The record of a drill conducted in April 2015 was reviewed. The inspector saw that four service users and two staff were involved including one wheelchair user. The time it took to leave the house and get to the assembly point was recorded and the exercise had been completed expediently in one minute 20 seconds. All staff had received training in fire safety and staff interviewed were knowledgeable regarding the steps to be taken in the event of a fire.

There was a fire register in use and the records related to fire safety were up to date. Records of the daily, weekly and monthly checks of the fire equipment, fire precautions and on the means of escape that were undertaken by staff were maintained. A fire action notice was displayed in a prominent place and a version that was easy to read with signage depicting fire extinguishers and a fire engine that was child friendly was also available. In the event of the centre needing to be evacuated there was a satisfactory emergency plan and staff had the key for the nearby day centre to use as a place of safety.

The vehicles used for transport were also used by day services and were taxed, insured and serviced regularly by that service. Residents also used the local rural transport service to travel from home to their day service or school and from there to the centre.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

There were adequate measures in place to safeguard residents and protect them from abuse.

The centre had the Health Service Executive policy and procedures on child and adult protection. These were comprehensive and provided information different types of abuse. The procedures that staff must follow should they identify any concerns or suspicions of abuse were described. Staff were clear that they would report any concerns about the safety of children or adults firstly to the person in charge or to the director of nursing in her absence. Staff could describe the indicators that would prompt safeguarding concerns. The contact details for the local social workers who had responsibility for safeguarding concerns were available. The person in charge told the inspector that there had been no allegations, concerns or suspicions of abuse in the centre. There was a protection plan in place for two adults who lived at home and the safeguards in place were known to staff. There were regular reviews of each situation and the respite service offered here was part of the protection plan.

All staff members had attended training in Children First: National guidance on the Protection and Welfare of Children (2011) and in adult protection. Training records confirmed that staff had attended training in 2012 and 2014 and that 2 sessions of training on these topics were scheduled for later in 2015. The required An Garda Síochána vetting was in place in the sample of staff records examined.

There was a policy and procedures for the provision of personal and intimate care. Adults and children were assessed as to the level of support they required and the inspector saw that when support was required from staff this was identified in care records and an appropriate care plan put in place. Such plans were reviewed periodically by the key workers and the person in charge.

There was evidence that behaviour that presented challenges was assessed and the causes explored. Support plans were put in place where needed. Possible triggers for

behaviour that challenges were identified and pro-active strategies were set out to ensure that incidences of such behaviour were reduced to enhance quality of life. Training records showed that staff had received training on breakaway techniques and one of the nurses had achieved a substantial qualification in behaviour management.

The person in charge told inspectors that there had been no serious incidents of behaviour that challenges and no restrictive practices were currently used.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

A record of all incidents occurring in the centre was maintained.

The person in charge was aware of the incidents/events that had to be reported to the Authority. Information was available in the centre on how to notify incidents and the timeframes for reporting the required notifications.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

Adults and children were provided with good healthcare arrangements while on their

respite placements. As the respite breaks were for short periods of time healthcare needs were generally met at home by their families in conjunction with their own General Practitioner (GP). The respite service was a nurse-led service with a qualified nurse on duty on each shift and this ensured that residents who had medical conditions that required attention received appropriate assessment and nursing care. If a health-related issue required medical attention during the respite stay parents/guardians/family members would be contacted to arrange an appointment with their own GP. If an acute problem arose the out of hours GP service would be contacted.

The assessments of support needs contained information on medical needs, specific conditions and medication. Parents and family members informed staff at the time of each respite break if any healthcare issues had arisen since the last admission so that staff could continue to monitor the situation.

Children also had access to school nurses and allied health professionals such as speech and language therapists, occupational therapists and psychologists as required. There was safe garden space to enable residents to spend time outdoors and the garden equipment was varied and attractive to encourage them to take part in physical exercise and walks during respite breaks.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

Policies and procedures to guide staff on all aspects of safe medication management were in place. There were adequate arrangements for the safe storage of medication, which was kept in a secure cabinet. The keys of the cabinet were held by the nurse on duty. Medication for each resident was clearly labelled. The inspector noted where some details in the medication administration charts that required improvement.

Staff were well informed about the medication in use and residents' medication regimes. The inspector was told that as residents are admitted for respite care they take in from home the supply of medication required for the duration of their stay. This means that some medication is administered from blister packs and some from the original packaging.

The administration records included the resident's name and address, any allergies, the medication and dose to be administered and frequency. A General Practitioner's signature was present for all medication prescribed and for discontinued medication. The inspector noted that the maximum dose of PRN (as required) medication was not recorded in some cases and that the majority of administration charts did not have a photograph of the resident to support identification.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

There is a clearly defined management structure that identifies the lines of authority and accountability for the management of the service. The person in charge is supported by a team of staff nurses and health care staff on site and also has supervisory support from the director of nursing for disability services in the area. He reports to the service manager for disability services who in turn reports to the nominated person on behalf of the provider.

The person in charge is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and she works full time in the centre. She demonstrated good clinical knowledge, good understanding of her legal responsibilities as required by the regulations and standards and she was familiar with all residents who used the respite care service.

The inspector found that although there were regular meetings for senior staff including meetings for specialist purposes such as health and safety monitoring, an arrangement for monitoring the safety and quality of care and support provided in the centre including six monthly unannounced visits and an annual review of the service was not yet in place. This requirement is described in regulation 23(1) and (2) Governance and Management.

**Judgment:**

Non Compliant - Moderate

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

This was the centre's first inspection by the Authority.

**Findings:**

The centre was sufficiently resourced to ensure that care and support was effectively delivered to residents in line with the statement of purpose.

The inspector found that the service provided met residents needs and provided them with necessary breaks. Residents told the inspector that they looked forward to the times they spent here and said that they had "a great time going out shopping and on trips". Children had access to a range of resources such as toys and games, garden furniture and equipment, and, in the case of residents who required them, assistive equipment such as wheelchairs.

Staffing resources were maximised by ensuring that staff shifts coincided with the times that residents were in the centre and were tailored to meet the needs of residents. As an example the person in charge said that the number of residents and their support needs are taken in to account when each respite break is planned to ensure adequate staff resources are available to effectively operate the service. Respite care is available from 16.00 hours on Mondays until 16.00 hours on Sundays.

Since children and adults attended school or day/work placements activities and outings took place in the evenings and weekends and, in order to facilitate this, the centre had access to transport.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

This was the centre's first inspection by the Authority.

**Findings:**

Residents and staff were observed to have good relationships and residents said they valued the way staff remembered their choices, the ways they liked their daily routines and personal care to be carried out and the activities they liked to do when in the centre.

There was a sufficient number of staff to meet the needs of residents and as described earlier the numbers accommodated and their support needs were considered in the context of staff numbers and skill mix available. Continuity of care was provided by a small, consistent group of staff who were experienced and adequately trained. Apart from the person in charge, the staff team comprised of four nurses and three care staff. The staff rota was planned in advance. A review of the staff rota in relation to the numbers using the service showed that the staffing levels took account of the needs of residents and the size and layout of the premises. There was a nurse and a carer on duty each day when residents returned to the centre. At night there was a nurse on waking night duty and one care staff on sleep in duty but this altered in relation to the needs of residents.

The inspector reviewed the training records maintained. These conveyed that all staff had received training in Children First (2011) during 2012 and 2014. Staff had also attended adult protection training and Trust in Care in 2014. Fire safety had been attended by five nurses and three carers in 2013. Two staff had attended refresher training in February 2015 and the remaining staff were scheduled to attend in July 2015. Training in people moving and handling was up to date. Other training completed included food safety, mental health and disability and break-a-way techniques. All care staff had completed Further Education and Training Awards at level 5 the inspector was told.

The inspector viewed the staff files of two core staff members. The files were arranged in a way that made the retrieval of required documents easy to access. The files contained all the information and documents specified in Schedule 2 of the regulations.

**Judgment:**

Compliant



**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

This was the centre's first inspection by the Authority.

**Findings:**

The majority of the policies, procedures and records required by the regulations were in place and reflected the practices in the centre. Records were stored securely and were noted to be complete, up to date and well maintained. The person in charge was aware of the requirement to retain records in accordance with the regulations and there was adequate storage for records in the centre.

A directory of residents was maintained on computer.

There was a record of complaints and this was maintained in residents' records when complaints were made. The procedure for making a complaint was readily available and there was an "easy read" version. No complaints were being investigated at the time of the inspection.

The policies and procedures required by the regulations were checked and the inspector found the majority were available with the exception of a policy on education.

There was a policy on restraint/restrictive practice. No restraint measures were in use for any child or adult at the time of the inspection.

**Judgment:**

Non Compliant - Minor

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003323
<b>Date of Inspection:</b>	21 April 2015
<b>Date of response:</b>	15 September 2015

### 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 02: Communication

**Theme:** Individualised Supports and Care

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

The centre had no internet access which hindered the options for communication for residents and the options staff could access to help support communication needs.

**1. Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

internet.

**Please state the actions you have taken or are planning to take:**

Staff to explore WiFi options for building

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

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The bedroom used by staff when on duty had no wash hand basin.

**2. Action Required:**

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

**Please state the actions you have taken or are planning to take:**

Quotation has been sought for the cost and installation of the wash hand basin

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

**Theme:** Effective Services

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

The location of a shower facility restricts access to the toilets. When the shower is in use there can be no access to the toilets.

**3. Action Required:**

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

**Please state the actions you have taken or are planning to take:**

Quotation has been sought for the cost of the necessary remedial works.

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

## 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:**

Some medication administration records did not have a photograph to assist in identification of the resident and did not indicate the maximum amounts of "as required" PRN medication to be administered in a 24 hour period.

**4. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

Staff have begun ensuring that photographs of residents are on all administration records and the maximum amounts of PRN medication per 24 hour period are specified.

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

## 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:**

A system for unannounced visits for the purpose of monitoring the service was not in place as required by regulation 23.

**5. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**

The registered provider will carry out an unannounced inspection.

**Proposed Timescale:** 13/11/2015

**Theme:** Leadership, Governance and Management

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

No annual review or report on the operation of the service had been produced.

**6. 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 registered provider will produce the annual review report.

**Proposed Timescale:** 11/12/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The majority of the required policies and procedures were in place with the exception of a policy on education which is required in accordance with regulation 4.

**7. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

An education policy will be completed and put in place.

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