

**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-0002522
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	The Health Service Executive
<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>	12
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a change in person in charge. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
04 February 2015 13:30	04 February 2015 18:30
03 December 2015 13:00	03 December 2015 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

**Summary of findings from this inspection**

This report reflects the findings of two monitoring inspections of this centre. The first inspection was conducted on 4 February 2015 and the second took place 3 December 2015. When the first inspection was conducted the centre was part of a large designated centre that encompassed six facilities in South Donegal. The arrangement was revised during 2015 as all the houses in the original group did not provide similar services, were geographically distant and had separate person in charge arrangements. The two houses subject to these inspections were established as a separate designated centre. This report reflects the findings of both inspections. The purpose of the inspection was to assess that the service was compliant with relevant legislation, national standards and good practice and that the service provided was in accordance with the service users' assessed needs and preferences. The inspector based the judgments made on quality of life, health care, staff arrangements and health and safety on discussions with the person in charge, residents and staff, observations of the delivery of care and a review of documentation such as personal care plans, staff duty rotas and health and safety monitoring records.

This service is now one of four designated centres located in the south Donegal area. It is comprised of two houses, one of which provides respite care for up to seven adults or four children on alternate weeks and the other provides full time residential care for up to five residents. Some residents live in the house on a continuing basis and view it as their home. The remaining residents have a shared care arrangement and divide their time between their homes and the centre. The houses were in good decorative condition and offered a comfortable home like environment for residents. They are located off a main link road and are a short distance apart.

The inspector talked with residents who used the respite service and to residents who lived in the group home long term and to the staff on duty. The arrangements for the delivery of care including social, day care and opportunities when using the respite service were discussed. Residents said they enjoyed "plenty of activity" when on respite breaks. Decisions on what to do were made at the beginning of the week and included activity within the house such as painting and trips out.

Staff were well informed and described individual residents' support needs, wishes and preferences in a respectful way. They described how individual life style choices were accommodated and how residents were enabled and facilitated to use local community facilities for day care and leisure activity.

The post of person in charge is held by a nurse at clinical nurse manager level who works full time as required by legislation. During interview she well informed on aspects of the legislation that related to her role and could describe how she used the legislation in practice particularly in relation to the admission and discharge of residents and when managing adult protection issues. There was appropriate staff allocated to both houses to ensure residents care and support needs were met the inspector noted from staff rotas and the deployment of staff. Staff rotate between the houses to ensure they are familiar with all residents who use the service and the person in charge provides regular support to carers who are mainly responsible for long term residents' support needs.

Areas of non-compliance related to the need for training for care staff on medication administration, the absence of a system for unannounced visits to the service on behalf of the provider as described in regulation 23 (2) Governance and Management. The fire procedure required up dating to reflect the specific arrangements in each house and there was a need for fire drills to be organised after dark or in evenings when the least number of staff were on duty to ensure the fire procedures operated as planned. These and other findings are discussed in more detail in the report and the action plan describes where improvements are required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) regulations 2013.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that residents were consulted about their daily routines and could exercise freedom of choice about how they spent their time. The activities and routines reflected residents' abilities, choices and lifestyles and there was adequate staff available to support residents to go out during the evenings and at weekends.

There was good emphasis on promoting privacy and dignity. Resident were encouraged to personalise their own rooms and communal areas and the inspector saw that rooms had photographs, ornaments and other items on display that reflected residents' personal taste, hobbies and interests. There was good emphasis on ensuring that residents contributed to decisions about arrangements in the house and examples of this were reflected in residents' weekly meetings. These were used in both houses to organise the way the household was arranged, activities and social outings and trips for the coming week. Residents said their requests/choices for particular foods, trips or social events were facilitated as much as possible. The personal records viewed conveyed that consultation with residents was a priority for staff .

There was a complaints policy available to residents. It described the Executive's arrangements for managing complaints and outlined how and to whom a complaint should be made. Residents said they would tell staff on duty in the house or in their day care service if they had a concern. The procedure was provided in an easy to understand pictorial format.

Staff could describe the arrangements in place to ensure residents' finances were safeguarded. The inspector reviewed how residents' finances including the payments for rent and the security of monies held on behalf of residents were managed. An allowance was provided to each house on a weekly basis for grocery shopping and other

miscellaneous items and included an allowance for staff meals when eating out with residents. Receipts were retained for all items purchased and for meals. All residents were encouraged to have credit union and savings accounts.

Information on the National Advocacy Service was available and staff said they knew where to contact local services and how to guide residents or family members to access the service if needed.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents were supported to develop and maintain positive personal relationships with their family members and to develop links with the wider community. Residents had families who were actively involved in their care and there were two residents in the community house who had "shared care" arrangements which meant that they spent part of the week in the house and the remaining time at home.

Visitors were welcomed to the houses as often as residents' wished. In practice the respite house had few visitors as both residents and families used the times away from home as a break. The inspector saw that staff maintained good contact with family members and they were regularly consulted and kept up to date. Personal plans reflected the relationships residents maintained with family and the supports in place to facilitate and enhance this process. Photographs of family members and varied family events and social occasions were displayed in bedrooms.

Residents were supported to attend local community events. They were familiar with the local town and used a range of facilities and businesses such as cafes, restaurants, churches and leisure facilities.

**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:**

The inspector reviewed a sample of personal plans in both houses and confirmed that each resident had a personal plan that described their specific support needs and personal goals. An assessment that described social, emotional and health needs was available for each resident. The assessments outlined residents' abilities in relation to activities of daily living, such as dressing, cooking and managing personal care. The assessments were used to develop support plans to guide staff on the actions/interventions to be put in place to maximise independence and help residents achieve their goals and participate as fully as they can in the activities of daily living and in the community. There were aspects of behaviour that required some management intervention outlined in personal plans and the ways behaviour patterns were addressed were described to ensure appropriate safe outcomes for residents.

The inspector found that staff encouraged and supported residents to achieve their maximum independence. Goals were noted to be realistic and addressed the development of skills, wishes to remain in day care and more personal wishes that related to sustaining and developing relationships including family relationships. A system was in place to review personal plans and families and significant others were invited to review meetings and their contributions were included where relevant. Some residents' personal plans were reviewed in their day care placement particularly where "shared care" arrangements were in place as this setting was regarded as the focal point for coordinating their care and staff from the centre attended these reviews.

Personal goals identified for residents for the previous year had been reviewed and most had been realised. For example, residents had attended social activities regularly and in the group home where residents had low support needs personal plans indicated residents' abilities and strengths as well as support needs. Ability and competence to use equipment was described well. There was good emphasis on encouraging residents to be as independent as possible and staff had recorded information that showed what residents could do independently in relation to personal care and leisure and social activity.

Personal plans contained strategic information in a hospital passport document that conveyed residents' ability to communicate, significant people to be contacted in an

emergency situation and any relevant health conditions. The documents were noted to be well organised, up to date and information was easy to access.

The inspector saw that residents had active programmes during respite care stays. In house activity such as art was organised prior to tea time and other social outings according to residents' choices were facilitated.

There was access to transport for both houses however at weekends this was shared which at times could restrict residents' choices and capacity to use community facilities. This is outlined for attention under outcome 16- Resources as the centre does not have access to public transport due to location and the distance from the nearest town can mean taxi use is costly for residents.

**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 accommodation available in both houses was found to be appropriate for residents needs. Both houses were comfortable, appropriately heated and were decorated to a good standard with many home like features and residents' personal effects in evidence.

The respite house can accommodate up to seven residents. There are five bedrooms one of which is used by staff when on sleeping in duty. Adult residents share rooms when on respite breaks as up to seven residents are accommodated. Children always have single rooms and a maximum of four children are accommodated at any time. The house is organised over two floors and there was restricted access to this floor to prevent accidents. Bedrooms had adequate lighting through roof windows. The house has a fully accessible bathroom with a floor level shower, tracking hoist and space to use stretcher equipment if required. There is good variety of communal space with sitting, kitchen and dining areas spacious and appropriately furnished. Garden space is available to the front and rear of the house.

The group home has five bedrooms with one bedroom allocated for staff on duty. Two bedrooms have ensuite facilities. Residents' bedrooms and the communal spaces were



comfortable and relaxed with home type fixtures and fittings and photographs on display. During both inspection visits the houses were noted to be appropriately heated, visibly clean and organised appropriately to suit the needs of residents using the service at the time. The design and layout of both houses ensured residents had adequate private and communal space. The kitchen/dining area had appropriate space for residents to sit and eat together in comfort and there was ample space for preparing food and food storage.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that there was proactive response to the management of risk while maintaining residents' independence. There was a risk management policy in place and a risk register was maintained with actions identified to minimise hazards. The inspector found that staff were aware of the risks identified which included staff shortfalls and lack of transport which could impact on residents quality of life and choices.

Residents in the group home are mainly supported by care staff with the person in charge or a nurse from the respite house providing regular guidance and supervision. There was a process in place to manage an emergency or untoward event. The relocation arrangements were described by staff who said that either house would be used to provide emergency accommodation if a critical situation arose and one of the houses had to be evacuated. Staff told the inspector that they would contact the person in charge, area coordinator or service manager for disability services for the county in an emergency however there was no formal on call rota that clearly identified who was to be contacted in an emergency situation.

Risks associated with care and support included the management of medical conditions such as epilepsy, dietary problems and safety. There were described in personal plans and were noted to be assessed and managed appropriately. There was a detailed infection control policy and practices were appropriate to the needs of the residents. A rolling program of hand hygiene training was in place.

Fire safety equipment including fire alarms, fire fighting equipment and smoke detectors were provided in each house. These were serviced quarterly and annually as required. The inspector reviewed the fire safety register and training records. A roll call is

completed each day and there were regular checks of the fire alarm, fire doors and fire exits to ensure that they were fully operational and not obstructed. Fire equipment was routinely checked to ensure it was in place and intact. The inspector noted that while there was a fire procedure and it was available in pictorial format to assist understanding this needed amendment to describe the centre specific arrangements for each house such as how fire drills were conducted and the assembly points for each house. No fire drills during the hours of darkness had been conducted and it is a requirement of this report that arrangements to ensure appropriate knowledge for fire evacuation are put in place including fire drills at varied times of the day in addition to the fire safety training already in place. All residents were fully mobile and could leave the building independently. A fire safety assessment had been conducted and changes to the stairwell in the respite house had been identified to improve fire protection standards. this work was scheduled the inspector was told. Confirmation that the work has

Staff training records confirmed attendance at fire training during 2014 and 2015 and there was an ongoing schedule of training. Chemicals were stored securely in the interest of safety.

The inspector noted that while radiators had temperature controls, some were hot to touch and this was brought to the attention of staff to address.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector viewed policies and procedures for the prevention, detection and response to allegations of adult abuse including the HSE national policies "Trust in Care" and "Safeguarding Vulnerable persons at Risk of Abuse". There were procedural guidelines on the provision of personal and intimate care to residents. The delivery of personal care was identified in personal care plans and they provided specific information to guide practice.

The inspector was told that the safeguarding of residents was a priority for staff. The person in charge was well informed and knowledgeable on the procedures to follow and had recently enacted these procedures to address a safe guarding issue described by a resident during November. This had been notified to the Authority as required. The inspector reviewed the records maintained and found that the designated social worker and gardai had been informed and that two protection plan meetings had taken place so far. The resident was aware of the safety measures put in place for their protection and the inspector noted that there had been good coordination between the multidisciplinary team including staff in day care services to ensure a comprehensive overview of the situation was available and shared by staff who provided a service to the resident.

Training records confirmed that staff had training during the past two years on adult protection and the Children First guidance. Other factors which support the protection of residents included access to a relevant advocacy service and the residents' regular meetings. Information on the National Advocacy Service was available. Residents told the inspector that they were protected and supported by staff and described the support they received on a day to day basis in positive terms. Interactions between residents and staff observed by the inspector were respectful, timely and met residents' needs for assistance. Care and nursing staff in both houses could describe how they respected residents' rights to privacy and choice while ensuring their support needs were met. The person in charge saw care staff before the start of their shift in the group home as they signed in for duty and this contact point was used to share information and update staff on any changes within the resident group.

Staff that the inspector talked to were familiar with the adult protection procedures and could confirm their understanding of the indicators of abuse, how to protect vulnerable adults and knew how to report a concern. The area manager provides the training on adult protection and records confirmed that staff had training on this topic, Trust in Care and Children First.

**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:**

Residents were supported to maintain good health through care planning, accessing

health professionals and monitoring of residents individual health care needs. All residents were in good health according to staff. Residents present during the inspection said they attended medical appointments as required and said that staff accompanied them at their request. The inspector saw that where residents had critical medical problems that required regular monitoring and outpatient care that staff were well informed about the condition and alert for changes that would indicate the residents needed additional rest and care.

Residents had access to their own doctors and had regular reviews by allied health professionals such as dentists, dental hygienists, dieticians, chiropractors and opticians as required. Staff were knowledgeable about the recommendations of health professionals and how to implement recommendations into practice. The inspector saw that where input from dieticians or occupational therapists was required that assessments had been undertaken and that the guidance provided for care and nursing staff was included in the relevant care plans and being followed as directed. Specialist equipment such as beds and sleep systems were reviewed by an occupational therapist for use in the centre if such equipment was used at home for example.

Care plans were noted to contain information and interventions that applied to specific problems and these reflected evidenced based practice. Where residents were at risk of problems such as choking there was an appropriate care plan outlined and staff were aware of the instructions to follow with regard to food consistency. Safety issues such as tendency to abscond or behaviour of a challenging nature were outlined. There were no restrictive practices in use and staff said they knew how to ensure behaviour did not escalate in particular situations.

Staff that the inspector talked to said that the quality and choice of food was frequently discussed with individual residents and at residents meetings and changes were made to the menu to ensure variety and an appropriate nutritious diet was provided. The inspector saw an evening meal being prepared when residents returned from day services. The fridges were well stocked with a variety of food. Residents said they had a good variety of meals and enjoyed meal times.

**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:**

There was a policy on the management and prescribing of medication which was compliant with guidelines and the legal framework.

Medicines were stored safely and securely in designated cupboards in each house. Medication is supplied by the pharmacy in blister packs and residents admitted for respite care take in their own medication supplies. Medication is checked when delivered and when taken in from home by residents. Care staff administer medication in the group home and the system is checked regularly by a nurse or the person in charge on the days she is in the centre. While training had been provided on how to administer emergency medication in the event of seizure activity staff did not have any formal training or competency assessment to determine that they were competent to administer medication. The inspector was told that training for carers was planned. An action in relation to medication training is described in outcome 17-Workforce. The carer on duty said that PRN (as required) medication was regularly reviewed and carers contact the nurse on duty in the respite house before administering medication prescribed in this way. When administered there was an explanation recorded indicating why it had been necessary.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

A written statement of purpose was available for each house although at the time of the first inspection in February 2015 both houses were part of a larger designated service. This document now requires review to describe the services provided across both houses that now form the designated centre. The statement of purpose submitted also required minor review to ensure clarity in certain aspects. The areas requiring review are outlined below:

- A description either in narrative form or a floor plan of all the rooms in the houses including their size in metres square and primary function
- Details of the admission procedures were outlined however, the information did not clarify if the service accepts emergency admissions
- The details of the person in charge required updating to reflect the arrangements now in place.

Part of the initial monitoring inspection was to establish if the residential services for the area could be registered as one designated centre. It was decided by the provider that the service which comprised initially of six units should be divided into smaller designated centres that were geographically compatible and reflected the person in charge arrangements.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The aim of the most recent inspection conducted in December was to review the revised service and the person in charge arrangements. The post holder was a qualified nurse, was experienced in the area of intellectual disability and was familiar with the regulations and Authority's standards. She was engaged in the governance, operational management and administration of the designated centre on a day to day basis. She was supported in her role by another experienced nurse and by the area coordinator for residential and day care services.

During interview she conveyed a comprehensive knowledge of residents who used the service. She attended personal plan reviews and there was good coordination between all services that residents used regularly such as day care and specialist services such as mental health. She had a good working knowledge of the regulations and used them regularly in relation to ensuring that admission and discharge procedures met the appropriate standards for the transfer of information between services.

There were clear lines of authority and accountability present. The person in charge reported to the area manager for disability services and while there was a system for staff in the centre to access advice and guidance this was not formalised as there was no on call rota of senior staff to contact outside of normal working hours should management advice be required in an emergency.

The inspector noted that monitoring systems require further development by the

provider to ensure that the requirements of regulation 23 were met. There was no arrangement as yet for the six month unannounced inspections to the service on behalf of the provider and an annual review of the quality and safety of care had not been completed. The system for these reviews requires consultation with the residents and reports of the periodic inspections and the annual report should be made available to residents and to the Chief Inspector if requested.

**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 inspector found that the service was appropriately resourced however the provision of transport required review to ensure that all residents had access to transport to effectively meet their social and health care needs. While the day care transport vehicle is available during the evening and at weekends the number of residents being accommodated for respite and long term care may mean that residents do not have meaningful choices for times to go out. Staff were also concerned about the replacement of vehicles in the future as reliance on taxi services could be prohibitively expensive in the absence of public transport..

**Judgment:**

Substantially Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found from observation and records available that the numbers and skill mix of staff were satisfactory to meet the needs of current residents. The inspector reviewed the staffing rota. There was a carer on duty at all times when residents were in the group home. Carers started duty at 16.00 hours, completed a sleepover duty and then went off duty when residents had left for their day care services. The carers had been employed for significant periods of time and they rotated between the respite house and group home so therefore there was a high level of continuity of staffing. The respite house always had a nurse on duty usually in addition to the person in charge and the nurses provided support to the carers in the group home.

Staff confirmed that they had a range of training opportunities and records confirmed that training on topics such as the protection of vulnerable adults, moving and handling, Trust in Care, Children First, hand hygiene, food hygiene and fire safety were completed on a rolling programme to ensure staff were kept up to date.

As described earlier under outcome 12, Medication Management, that while carers have had information on the use of the blister pack administration system there has been no formal training or competency assessment completed to ensure that they are competent to undertake this responsibility.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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





## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002522
<b>Date of Inspection:</b>	04 February and 03 December 2015
<b>Date of response:</b>	26 January 2016

### Requirements

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

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

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

**Theme:** Effective Services

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

While radiators had temperature controls there were some radiators that were hot to touch specifically the radiator in the hall of the group home.

**1. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated

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

centre.

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

Temperature controls to be fitted to all outstanding radiators

**Proposed Timescale:** 28/02/2016

**Theme:** Effective Services

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

Fire drills were not routinely conducted particularly at times when few staff were available and after the hours of darkness to ensure that residents could be evacuated safely and to identify any problem areas in the event of evacuation being required.

**2. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Routine fire drills will be completed after dark and same will be recorded in both facilities

**Proposed Timescale:** 28/02/2016

**Theme:** Effective Services

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

The fire procedures required review to describe the centre specific arrangements for each house including the assembly points.

**3. 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 centres now have specific drills to be carried out with specific evacuation points allocated in each location.

**Proposed Timescale:** 26/01/2016

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose require amendment to describe the services provided in the two units that now make up the designated centre. All the required schedule 2 information including size and purpose of rooms should be outlined.

**4. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:**

Revised Statement of Purpose to incorporate the reconfigured designated centres.

**Proposed Timescale:** 28/02/2016

**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:**

A system for the required six monthly unannounced visits had not been introduced.

**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:**

6 monthly unannounced inspections will be conducted and appropriate written reports prepared by the provider.

**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:**

A formal on call system had not been established to guide and inform staff out of hours when advice could be required.

**6. Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Emergency folder is in place for each site which informs who to contact in the event of an Emergency.

**Proposed Timescale:** 26/01/2016

**Theme:** Leadership, Governance and Management

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

An annual review of the quality and safety of care in consultation with residents had not been completed.

**7. Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

An Annual review of the quality and safety of care will be provided

**Proposed Timescale:** 31/03/2016

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The transport arrangements need review to ensure the social and health care needs of residents can be met effectively and in accordance with their needs.

**8. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

A review of transport arrangements will take place.

**Proposed Timescale:** 31/03/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Provide staff who have responsibility for medication administration with training to ensure they are competent in this area of practice.

**9. Action Required:**

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

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

Staff have been identified for the training on Medication and are awaiting date of same.

**Proposed Timescale:** 31/03/2016