

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002503 |
| Centre county: | Donegal |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Kieran Woods |
| Lead inspector: | Geraldine Jolley |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 14 |
| Number of vacancies on the date of inspection: | 1 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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: |
| 03 February 2015 10:30 | 03 February 2015 19:00 |
| 03 December 2015 10:00 | 03 December 2015 12:30 |

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

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| 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 14: Governance and Management |
| 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 3 February 2015 and the second on 3 December 2015. When the first inspection was conducted the centre was part of a larger designated centre in South Donegal that comprised of six units. The arrangement was reorganized during 2015 making this a separate designated centre. This report reflects the findings of both inspections and the person in charge arrangements in place following the change.

The centre is comprised of two houses located in a rural area a few miles from Donegal town and a short distance apart. The larger house is purpose built and is located near a shop and church. It can accommodate up to 10 residents of mixed gender who have moderate to high level support needs. There is a nurse on duty here over the 24 hour period. The smaller house accommodates five residents who have low support needs.

The purpose of the inspection was to ensure that the service was compliant with relevant legislation, national standards and good practice ensuring that the service provided was in accordance with the service users' assessed needs and preferences. The inspector based judgements made on quality of life, health care, staff

arrangements and health and safety and 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. There was evidence that residents received a good quality service that met their individual needs. Some residents required significant levels of support and nursing intervention and the inspector noted that personal plans outlined their care needs, choices and wishes in a way that guided and informed the way staff delivered care. For example, where residents developed acute problems and end of life care needs staff were able to accommodate this within the centre with the support of the palliative care team and additional training. This ensured that a resident's wishes to remain in the centre could be accommodated safely and in accordance with good practice standards. There was evidence of compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 in a range of areas and this was reflected in a number of positive outcomes for residents. This included:

- Residents being able to remain at home during the day and have a programme based on their preferences if they did not wish to attend a day care service every day
- there was appropriate deployment of staff to ensure residents who needed regular supervision and assistance were supported in a timely way
- there was regular and positive interactions between staff and residents and residents told the inspector that they valued all the staff and could bring problems they had to them when they needed help and
- health care assessments and interventions reflected residents individual needs and care plans were being followed by staff as described.

The inspector found that staffing levels were suitable to meet the needs of residents. Social care needs and health care needs were met and there was evidence of safe medication management practices.

Areas of non-compliance related to the premises where shared rooms in the large group home were noted to be small and there was an absence of privacy screens. There was also a deficit in choice in bathroom/shower facilities. The small group home did not have access to the internet. A review of the fire safety precautions had been completed but work required had not been communicated to the person in charge. Care staff who had responsibility for administering medication had not had training in this area of practice but there was support from staff nurses weekly who monitored the system and how medication was administered. These matters are discussed further in the report and included in the Action Plan at the end of this 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 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:

Staff said that they assess and support residents who have communication problems and ensure that access to advocacy services and to statutory services were made available where residents require this support. A complaints policy and copies of the Health Service Executive document Your Service, Your Say were available. During both inspections residents told the inspector that they knew how to make a complaint and knew who was responsible for addressing complaints. One resident told the inspector that she would talk to the person in charge and another said that she would let any member of staff know she was unhappy about a situation. Both felt that their concerns would be addressed without difficulty. The inspector saw that residents had successfully used a local advocacy service to help outline their concerns about the availability of transport. There is a seven seater bus that is shared between both houses. The arrangement had restricted choice particularly in the evenings when the bus could only be used by one house and residents wrote to the provider with the support of the advocate to raise their concerns about lack of choice. The matter was noted to have been resolved by the allocation of an additional fund for taxis for social trips.

The privacy and dignity of service users was respected and the inspector noted that personal care was delivered in a respectful manner and time was taken to ensure the comfort of residents. Some residents had their own bedroom and there were private spaces for residents to see visitors away from their bedroom areas. However shared rooms were small and lacked screens to protect privacy fully.

The inspector was told that there are plans for the smaller group home to be replaced by two houses located in the town. This will provide more appropriate environments for residents as the present location is somewhat rural and remote and does not meet

residents' needs for accessible social amenities. The plans for the larger setting include reducing the numbers accommodated to six to ensure that bedroom/ private space is appropriate to need and to ensure shower facilities are appropriate.

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:
The inspector observed that there were good links maintained with family members. The majority of residents had key family members they went to visit or who visited them in the centre. Where residents did not have family contacts staff ensured that their personal plans reflected this and that their social programme was enhanced to compensate for this.

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 found that the care and support provided to residents reflected their assessed needs, preferences and support requirements. The inspector reviewed a sample of residents' personal care plans and found that there were a range of evidence based assessments undertaken that underpinned the goals and objectives in personal plans. These assessments included the identification of clinical risks, nutrition status, communication capacity, behaviour patterns and health care status. Care and support plans reflected the assessments completed and goals that residents hoped to achieve. There were regular reviews with key workers and with members of the multidisciplinary team where relevant. Daily records that described the care and support interventions in place, the personal care provided and how service users spent their day were maintained and were noted to reflect the care delivered as described in care plans.

There was evidence that personal plans were written from the perspective of the resident and contributions from family members were recorded. The inspector saw that staff had clear guidelines in place where residents had critical medical needs and the interventions to be put in place were described and reviewed within the required intervals. Preferences were recorded in relation to choices of food, clothing and activities and were noted to be highlighted for staff to ensure residents' wishes were appropriately accommodated. There was good emphasis on forward planning particularly where residents were advancing in years and did not wish to continue with full time day care or preferred other options. The inspector saw that residents could remain in the centre and could avail of community activities such as walking groups rather than attend day care if they preferred. There was also an emphasis on supporting residents to develop and to do as much as possible for themselves. Capacity in varied areas was described and communication ability was highlighted in personal plans and in hospital passport documentation to ensure that where residents had contact with people who did not know them well there was guidance to follow.

There was a range of relevant activities available to residents in the centre and in the local community. The inspector saw that weekly plans were outlined that described the particular activities available each day when residents remained at home. Hobbies and interests were outlined in personal plans and the activity schedule reflected this information. For example, where residents like to write, complete jigsaws, listen to music or watch programmes on television this formed part of their personal social care plan. Staff were familiar with residents choices and could describe how they ensured that each resident had appropriate stimulation and relaxation in accordance with their personal goals. Daily records confirmed what residents had done during the day and reflected their emotional and physical health.

Transport was available for the centre and staff supported residents to take part in local activities and to go out to events and to do their shopping. As described earlier there was some concern about the availability of transport which had been addressed partially by financial support. Staff told the inspector that residents were supported to attend concerts and community events and ensured they were informed of events so that they could decide if they wished to attend or not.

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 comprised of two houses. One is a large purpose built facility that was opened in 1998. Accommodation for residents includes four single and three double bedrooms. Bedrooms were noted to be adequately furnished and were personalised to reflect the choices and interests of residents. Photographs, pictures, televisions and music centres were available according to residents’ preferences. Some bedrooms had tracking for hoists should this equipment be required. As described earlier some double rooms were small in size for shared use and there were no screens to ensure privacy.

There is a spacious sitting room and dining area that can accommodate all residents in comfort. There are two shower facilities and toilet areas for care and catering staff. There are two floors in use. Residents’ accommodation is located on the ground floor and the upper floor is devoted to office and meeting room space. There is a large garden area that looks out onto countryside. This was not secure but this did not present a problem for the present resident group some of whom said they enjoyed the open outlook. The smaller group home can accommodate five residents in three single and one double room. This house was home like and well furnished. There was adequate communal space for residents and appropriate bathroom and shower facilities.

The standard of decoration and maintenance was generally good however there were some areas where paintwork required renewal particularly in the larger house where radiators showed signs of wear in the form of paint damage. The design and layout of both houses reflected the information described in the statement of purpose. The houses had suitable heating, lighting and ventilation.

There were appropriately equipped kitchens in both houses. There was adequate storage for equipment needed to store, prepare and cook food.

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 was a policy on risk management and health and safety. This outlined the roles and responsibility of management and employees in the Health Service Executive in relation to health and safety. The inspector found that the health and safety of residents and staff was promoted and protected in accordance with regulation 26 - Risk Management Procedures however there were some improvements required to the overall risk identification process and the monitoring of potential hazards.

The inspector found that staff that provided care and support to residents had up to date infection control knowledge. Hand hygiene and general hygiene guidelines were followed and staff were noted to have training on this topic regularly and through on line training at HSE-land. There was good emphasis on accident and falls prevention. Falls risk assessments were completed where relevant and interventions to prevent falls such as supporting residents with mobility problems and having appropriate equipment such as walking aids and wheelchairs were part of the interventions in use. Protective measures such as buffers were in place to prevent injury where residents were at risk from self injury due to head banging.

Procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting, the fire alarm system and fire fighting equipment were serviced at regular intervals on a contract. A record of all fire equipment in each house was available. The inspector noted that a fire alarm panel was checked and activated weekly to ensure that it was in working order. Unplanned activations of the alarm or malfunctions due to power failure were recorded and noted to be repaired promptly. The fire equipment and fire exits were checked daily by night staff and no faults or deficits were recorded. Fire exits and fire doors were also checked to ensure that they were not obstructed and were working effectively. A review of fire safety measures had been undertaken however a report on the outcome of this had not been supplied to the person in charge. There was evidence of regular fire training and fire drills were scheduled each quarter however fire drills during the hours of darkness or when the least number of staff were on duty had not taken place. Learning from fire training had included how to manage problems such as evacuation using mattresses and ski sheets which could cause obstruction or delay when getting through doorways. The fire procedure was noted to provide clear guidance for staff and included the full address of the centre to assist staff if emergency services had to be called.

There was appropriate identification of behaviour that fluctuated and could present challenges. The inspector found that incidents of such behaviour were recorded in detail and that interventions had proved successful in managing such behaviour for one resident where restrictive practices had previously been required. Staff had been assisted in their support to the resident by mental health staff and occupational therapists who had devised a person centred sensory programme to meet the resident's

needs. There were no restrictive measures in place at the time of the February or December inspections.

The inspector found there was good identification of risk areas and that matters identified were highlighted to senior managers for attention. Some of the risk areas identified included managing an outbreak of influenza or winter vomiting, lack of availability of services for non risk situation such as speech and language support for communication, limited availability of psychology services, the transition of residents from current settings to improve quality of life and poor external lighting. The inspector found that several matters raised had received attention. The external lighting had been addressed and the provision of alternative accommodation was a gradual process that the person in charge said would be managed on a phased basis to ensure residents were appropriately prepared for any moves.

In addition to the areas outlined above there were other aspects of risk identification that required attention. The shortfalls related to the following areas:

- the area where oxygen was stored was not identified as having this substance in storage
- some hot water taps dispersed water at temperatures that could cause injury.

There was a record of accidents and incidents and the inspector noted that these records were complete and outlined the time of the event, any injuries sustained and the actions taken including first aid measures used to ensure the residents safety.

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:

Measures to protect residents being harmed or suffering abuse were in place. Staff had received training on adult protection, the Children First Guidelines and Trust in Care in 2012, 2013, 2014 and 2015. The person in charge is one of the trainers in adult protection for the area. Staff could describe the indicators of abuse including situations of neglect.

The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These documents outlined how vulnerable adults are protected and the responsibilities of staff to prevent, detect and report any matter that could impact on the safety and well being of residents. Staff were aware of their duty to report to the designated persons within the Executive and knew how to do this. The contact numbers were readily available. They could also describe their responsibility to inform the Gardai, how to record information and how to protect evidence relevant to incidents.

Staff were also aware of the procedures that related to protected disclosure and knew where to locate the relevant policy should they need to refer to it for guidance.

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:

The inspector found that residents' health care needs were met with coordinated input from medical services and allied health professionals. Staff described good working relationships with the local general practitioners and an out of hour's service was also available.

Services such as physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, neurology and psychiatry and dietetics were available through referral to the HSE. Staff described the majority of residents as in good health however they were managing one critical end of life care situation during the December inspection. Many residents were becoming increasingly dependent and required a range of therapeutic interventions. Some residents required assessment and intervention from the dietician and where for example a nutrition assessment had been completed the food fortification arrangements had been put in place as directed.

The inspector found that residents' nutritional needs were met to a high standard. Regular weights were recorded and were reviewed regularly to ensure weight loss or gain was noted. Residents said they enjoyed the food provided and said that a good variety was available. Snacks and drinks were freely available.

The inspector reviewed end of life care plans during both inspections. There was clear emphasis placed on obtaining residents views of their changing health care needs and significant efforts made to ensure their choices were facilitated. For example in one situation there was guidance outlined for medical staff on call out of hours that described the actions the resident would prefer. In another situation a resident had been moved from the small group home in response to his wish to be cared for by nursing staff he was familiar with and five staff had undertaken specialist training to ensure that they could administer pain relief as required in consultation with the palliative care team. The inspector saw that staff were providing care in accordance with good practice standards and that efforts to ensure comfort and pain relief were proving effective.

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 and a range of procedures in place that outlined the medication management practices in the designated centre. Nursing staff, in conversation with the inspector, conveyed good understanding of appropriate medication management, adherence to safety guidelines and were familiar with all medication prescribed for residents. Residents who had conditions such as epilepsy had supplies of emergency medication for use as required. A copy of the medications prescribed for residents in the small group home was kept by nurses so they could advise staff if required.

The inspector reviewed the system in place for storing medication and found that safe secure arrangements were in place for general and controlled drugs. All medication is supplied in original packaging and is supplied by a local pharmacy. Medication administration records were up to date and were fully complete.

There were some medications in use that required strict control procedures. These procedures were noted to be in accordance with good practice guidance. A check of all medication was completed by two nurses, one from each shift as required. The storage arrangements in the larger house were appropriate but the metal cabinet in use in the small group home was located near a radiator which may adversely impact on the storage of some medications. Medication that is no longer required is returned to the pharmacy for disposal.

Medication to be given in crushed format was prescribed to be administered in this manner. The inspector saw that efforts were made to reduce dependence on sedative and psychotropic medication. This was being achieved by a very gradual reduction and regular reviews by the psychiatrist to assess progress.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

This designated centre was originally part of a larger service that comprised of these houses and four other group homes located in the South Donegal area each of which had their own statement of purpose and varied person in charge arrangements. The arrangement was revised during 2015 to reflect more appropriately the services provided in each centre and the specific person in charge arrangements that were in operation.

The information required by the Authority in respect of the person in charge is being supplied as part of the registration application. The person in charge is also the area coordinator for all the intellectual disability residential and day care services in south Donegal. She has an office in the centre and was fully engaged in the management of the service. She was aware of residents' support needs and residents the inspector talked to said they knew where to locate her if they wanted to talk to her. She reports to the service manager for intellectual disability services at county level who in turn reports to the provider nominee. In discussions with the person in charge she demonstrated appropriate knowledge on the legislative requirements for designated centres and knew the particular responsibilities that apply to the person in charge role.

The person in charge was appropriately qualified and had the necessary experience to fulfil this role. She is a registered nurse and had many years experience in the care of people with disabilities. There was supervision and guidance provided to staff who described being well supported by the person in charge. The inspector noted that the person in charge had a full time role and had time dedicated to management duties and

to front line work. The arrangements in place enabled the person in charge to undertake her duties effectively. There was good support from the nursing staff team who were experienced and able to take charge in her absence.

The inspector was told that in the event of an emergency they would contact the person in charge or the service manager for disability services however while staff knew a range of people to contact there was no formal on call rota of senior staff to provide advice or guidance out of normal work hours.

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 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 was satisfied from observation and records available that the numbers and skill mix of staff were satisfactory to meet the needs of current residents. The inspector viewed the staffing rota. This described the staff on duty over the 24 hour period. The large house had 2/3 nurses on duty during the day including the person in charge. At night there was a nurse and a carer on duty.

In the group home there was always a carers on duty when residents were at home. Carers commenced duty prior to residents returning from their day care activity and after dinner and evening activity undertook a sleep in duty until 07.30 when they assisted residents to get organised for the day before going off duty mid morning.

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.

The inspector found the staff team caring and committed to ensuring the well being of residents. Staff addressed residents respectfully, helped them with aspects of daily living and ensured that they were engaged in whatever activity was planned according to their programme for the day. There was a high level of engagement noted between staff and residents during the inspection days. Residents said they knew the inspector was scheduled to visit and said that staff kept them informed about who was in the centre. Staff were aware of the communication needs of residents and took their time communicating in accordance with their assessed support needs. Residents who had significant needs had one to one support and were regularly observed to ensure that they were comfortable, pain free and had adequate fluids and food.

As described earlier under outcome 12- Medication Management 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. The inspector acknowledges that nurses do review the medication arrangements and assess staff during their regular input to the group home.

The inspector reviewed a small number of staff files to establish that recruitment procedures were in accordance with good practice requirements for staff working with vulnerable people. The required documentation outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was in place in the two staff files reviewed.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 report¹

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002503 |
| Date of Inspection: | 03 February and 03 December 2015 |
| Date of response: | 27 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 06: Safe and suitable premises

Theme: Effective Services

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

Some shared rooms were small in size and did not have screens to maintain privacy.

1. 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.

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

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

Privacy screens will be purchase for 3 double rooms.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Decoration in the large house required improvement as some radiators had paint damage.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Radiators have been repainted.

Proposed Timescale: 25/01/2016

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:

There were some areas where hazards had not been identified and these included:

- the area where oxygen was stored was not identified as having this substance in storage
- some hot water taps dispersed water at temperatures that could cause injury and this required regular monitoring to ensure water was dispersed at safe temperatures throughout both buildings

3. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Storage of Oxygen in Sluice Room has been identified by signage.

A Review of the Water Thermometers was completed with Maintenance Oct 2015 and remedial works undertaken.

Proposed Timescale: 26/01/2016

Theme: Effective Services

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

The outcome from the fire safety assessment had not been made available to the person in charge to enable her to initiate any improvements required.

4. Action Required:

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

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

The Registered Provider will make available to the PiC the fire safety assessment from Fire Officer as soon as received.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Fire drills had not been undertaken when the least number of staff were available or during the hours of darkness to ensure that staff could manage a fire situation or evacuation in such circumstances.

5. 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:

A Fire Drill will be carried out during the hours of darkness, when the least members of staff are available.

Proposed Timescale: 30/04/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The storage of medication in the small group home required review as the cabinet used for medication was in close proximity to a radiator.

6. Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The Medicine cabinet has been moved to another area away from the radiator.

Proposed Timescale: 25/01/2016

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 to review the quality and safety of care had not been implemented in accordance with regulation 23- Governance and Management and no annual report on the service had been produced in accordance with this regulation.

7. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review of the quality and safety of care and support will be completed.

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:

There was no arrangement in place as yet for the six month unannounced inspections to the service on behalf of the provider.

8. 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:

Six monthly unannounced Inspections will be arranged by the provider.

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 care staff who have responsibility for administering medication with training to ensure they are competent to undertake this responsibility.

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:

Nominations have been forwarded for Health Care Assistant Training on medication management.

Proposed Timescale: 30/04/2016