**Centre name:** A designated centre for people with disabilities operated by Health Service Executive  
**Centre ID:** OSV-0004705  
**Centre county:** Westmeath  
**Type of centre:** The Health Service Executive  
**Registered provider:** Health Service Executive  
**Provider Nominee:** Joseph Ruane  
**Lead inspector:** Raymond Lynch  
**Support inspector(s):** None  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 6  
**Number of vacancies on the date of inspection:** 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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 13 January 2016 10:30
To: 13 January 2016 18:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

This was an unannounced inspection in order to assess the providers ongoing compliance with regulations. The centre formed part of the Health Services Executive Westmeath Disability Services and comprised of a house supporting five residents with an adjoining apartment supporting one individual.

The inspection took place over one day and as part of the inspection process, practices were observed and relevant documentation reviewed such as care plans, health care records and policies and procedures. The views of management and staff were also sought.

Over the course of the day, the inspector found the person in charge and staff to be courteous, supportive and helpful with the inspection process.

It was also found that residents received a good quality of service and staff interacted with them in a respectful and dignified manner. They were also supportive in assisting residents in making decisions and choices about their lives. The centre had a warm and welcoming atmosphere.
Evidence of good practice was found across all outcomes. However, the inspector found that there were issues with the governance and management of the centre. Of the seven outcomes assessed three were found to be compliant, which were safeguarding and safety, healthcare needs and medication management. Social care needs, health, safety and risk management and workforce were found to be substantially compliant. Major non compliance was found in the governance and management of the centre.

The Action Plan at the end of this report identifies those areas where improvements were required in order to be fully compliant with HIQA's Standards.
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 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 wellbeing and welfare provided to the residents was of a good standard and from a sample of files viewed, most residents had comprehensive health, personal and social care plans in place which were reviewed on a monthly basis. Where desired by the resident, family members were involved and consulted with regarding the development of personal plans. Personal plans were in an accessible format and were supportive in achieving important social goals identified by individual residents.

For example, one resident at their request, attended two different types of day service in order to support their goals, interests, likes and abilities. One centre was an activation unit where the resident chose a range of activities to partake in, based on individual preferences such as art therapy, literacy skills, music, drama, swimming and social outings. The resident also attended another day centre each Thursday. In that setting the resident was supported to achieve a goal of a work placement in a local agricultural shop.

On reviewing documentation, the inspector observed that person-centred plans were reviewed monthly by support staff and a log of social activities that each resident engaged in was kept. The focus of the person-centred plans was on residents' likes and abilities and the continued supports needed to enhance their overall quality of life. However, it was also observed that some care plans were not detailed adequately. For example, a substantial risk was identified with regard to the type of footwear needed to
support the mobility of a resident. The person in charge was able to inform the inspector that this resident could be prone to falling if he wasn't wearing a specific type of shoe. While the resident had not experienced any falls to date, no information was available in the resident's care plan as to what type of footwear was appropriate in meeting their needs. The inspector found this care plan did not direct the care of this identified need in a consistent way.

Another resident chose not to attend a day service; however, there were specific activities the resident identified as being important. For example, the resident loved music and singing. The person in charge had arranged to facilitate this activity in the centre. On the day of inspection a music facilitator came to the centre and spent one-to-one time with the resident, playing music the resident liked and the inspector observed that the resident enjoyed the activity immensely.

An elderly resident was supported to attend a day service for a half day each week. The person in charge informed the inspector that this was due to changing circumstances regarding the resident's age and health. On reviewing the social care plan however, it was found that it was not updated or reviewed adequately to take into account the resident's changing needs. For example, no options had been explored for the resident with regard to active ageing and/or active retirement. The resident in question also loved animals and in the past visits to a pet farm had been facilitated. However, due to health reasons this type of social activity had stopped. No alternative options were explored with regard to supporting the resident to remain having contact with animals.

**Judgment:**
Non Compliant - Moderate

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Overall the inspector found that the health and safety of residents and staff was promoted in the centre.

The centre had a risk management policy and a comprehensive risk register in place. For example, detailed risks with regard to the environment were identified, the possible impacts of such risks, control measures in place to mitigate the risk and the review date for each risk. Inspectors found that the register had been reviewed in July 2015 and
was next due for review in May 2016. There was also a system in place to review any adverse incidents in the centre, how they were managed and learning from same.

From a sample of files viewed, each resident had a personal evacuation emergency plan in place and fire drills were carried out in accordance with regulations. Weekly inspections took place to ensure all fire doors were working correctly and all escape routes were clear. The fire alarm was tested and serviced by an external fire company in October 2015. The certificate of this service was observed by the inspector.

Fire extinguishers were kept in protective casing as one resident had a tendency to set them off. The emergency 'in case of fire break glass' system was also operated by key as the same resident had a tendency to break the glass, setting off the alarm. However, the person in charge informed the inspector that staff carried the keys on them at all times when on duty. During the course of the inspection the inspector observed that the staff on duty in the centre did carry the keys with them.

Inspectors found that the centre had robust systems in place for the management of infection control. There were sufficient hand gels throughout the centre, along with warm water, soap and clean towels in each of the bathrooms

Judgment:
Compliant

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Overall it was found that there were systems in place to promote the safety of residents and staff in the centre. However, gaps were identified with regard to refresher training in the safeguarding of vulnerable adults.
There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff on how they would manage any issues or concerns regarding the welfare of the residents. Of the staff spoken with by the inspector, they were found to be knowledgeable on what to do if any concerns were disclosed to them. For example, staff said they would reassure a resident if any concern was raised, record the information and immediately seek support and advice from management and or the designated person as required by the centre's policies and procedures.

The person in charge also informed inspectors there was a designated person to deal with any allegations of abuse. The inspector noted that the designated person's name, picture and details were on view in the centre. Personal and intimate care plans were also in place which promoted consistency, privacy and dignity in the personal care provided to residents by staff. They were informative on how best to support a resident with personal and intimate care.

There was a policy in place for the provision of behavioural support and where required, each resident had a behavioural support plan in place. From a sample of positive behavioural support plans viewed, they were found to be informative on how best to support a resident to manage their behaviour, using the least restrictive intervention. For example and as identified earlier in this report, some residents liked relaxation therapies such as aromatherapy which they found calming. It was observed that staff facilitated this support in the centre. From the sample viewed, positive behavioural plans were up to date, having been last reviewed by appropriate allied healthcare professionals in December 2015.

One resident was prescribed a PRN medication in December 2015, which was to support the management of problematic behaviour. This was in conjunction with a review of the resident's positive behavioural support plan by appropriate allied health care professionals. On inspecting the residents' daily records, evidence informed that this medication had been administered once since it was prescribed. The inspector observed the resident's drug recording sheets, which also confirmed that the PRN had only been administered once.

While all staff had training in the safeguarding of vulnerable adults, the inspector noted that some staff required refresher training. The person in charge assured the inspector that this training was scheduled to take place in the near future and it was also observed that staff members on duty during the inspection who required the refresher training were knowledgeable on how to manage issues related to safeguarding in the centre.
**Judgment:**  
Substantially 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:**  
Of a sample of healthcare plans viewed, inspectors found that residents were supported to achieve and enjoy best possible health. Healthcare plans were also found to be updated annually or as required.

Healthcare needs were met in line with personal plans and through timely access to appropriate healthcare services and treatments with allied healthcare professionals.

From a sample viewed, records showed that routine visits were organised as and when required to the medical officer, dentist, optician and dietician. Specific issues were also comprehensively provided for such as high blood pressure and cholesterol. Records also informed the inspector that healthcare plans were last reviewed in January 2016.

Mental healthcare needs were also found to be comprehensively provided for and reviewed as required. One resident, who needed specific mental health support was seen by the psychiatrist monthly for a period of time in 2015. On each visit the resident was reviewed and provided with support to manage issues such as anxiety. Medication was also reviewed on each visit. The person in charge informed the inspector that the aim was to provide the resident with coping strategies, while gradually reducing the amount of medication prescribed. Documentation viewed by inspectors informed that over a three month period in 2015, this intensive mental health support was successful in reducing the amount of medication prescribed to the resident.

The centre also provided relaxation supports that the resident enjoyed. For example, the resident liked therapies such as aroma therapy and lavender oils, relaxation music and baths. Inspectors found that all these supports were in place in the centre on the day of inspection.
Residents were supported in choosing the weekly menu and individual preferences were provided for. Food was varied, fresh and nutritious. Meal times were observed to be person-centred and staff were observed being patient and supportive with residents during mealtimes.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Overall the inspector found that residents were protected by safe medication management policies and practices. All residents were supported in the administration of their medication by appropriately qualified and trained staff members.

There was a robust medication administration and management policy in place in the centre, which had just been reviewed and updated in January 2016. There were also appropriate procedures in place for the handling and disposal of unused and/or out of date medicines. All medication was locked securely in a press in the centre and of a sample of medications viewed, inspectors found they were correctly labelled and in date.

From a sample of documentation viewed, the inspector found that both the administration sheets and prescription sheets contained the adequate information required by regulation to ensure safe administration of medication.

There was a system in place for reviewing and monitoring safe medication practices. For example, if a drug error or any issue with the administration of medication was to occur it was recorded and reported appropriately. For example, at times one resident refused to take their medication. If this was to happen, it was recorded that they refused their medication and there was a standard procedure in place to support the resident in taking the medication at a later stage.
Quantities of medications were kept under review by the nursing staff in the centre. The inspector went through the review process with the person in charge and found the system to be robust. For example, the person in charge showed the inspector the recorded quantity of some of the PRN tablets kept in the centre. On counting the number of tablets with the person in charge, and observing the residents' medication administration sheets, it was found that the correct number of tablets were in stock.

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. However, the provider was not monitoring the quality and safety of care provided to residents.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. From speaking with the person in charge it was evident that she had an in-depth knowledge of the individual needs of each resident in the centre.

For example and as already identified in this report, the person in charge ensured that adequate supports were in place to ensure best possible health for each resident in the centre. The inspector also observed that the residents had a good relationship with the person in charge. She was also aware of her statutory obligations and responsibilities with regard to management of the centre.

She was supported by a team of suitably skilled and qualified staff including nursing staff and care staff. The inspector found that the person in charge provided good support, leadership and direction to her staff team. Staff members also spoke positively
of her.

However, there was no documentation with regard to the annual review of the quality and safety of care made available to the inspector on the day of inspection. There had also been no unannounced visit to the designated centre by the provider nominee and no written report on the safety and quality of care and support provided was available to the inspector on the day of inspection.

**Judgment:**
Non Compliant - Major

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**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

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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that there were skilled and competent staff on duty during the course of the inspection. It was also observed that residents received assistance and support in a caring, dignified and respectful manner.

The person in charge informed the inspector that there were always four staff on duty from 8am to 8pm each day and two waking staff on night duty. From observation by the inspector, this number of staff was adequate in meeting the complex and individual needs of each resident residing in the centre.

All staff were appropriately trained for their roles, and from viewing a sample of training records, they had the required mandatory training to support the residents. However, some staff required refresher training in safeguarding. This was discussed in greater detail under Outcome 8: safeguarding and safety.

The person in charge also informed inspectors that all staff were supervised according to their role and responsibilities. However, there was no system in place for keeping
records of the supervision sessions held with her staff. The person in charge assured
the inspector that going forward, she would keep records of the supervision meetings.

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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004705</td>
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<tr>
<td>Date of Inspection:</td>
<td>13 January 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24 February 2016</td>
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</tbody>
</table>

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plans were not reviewed adequately in order to take into account the changing social and/or healthcare needs of some residents.

1. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
All residents’ personal plans in the designated centre will be reviewed and updated to take into account each individual’s changing health, personal and social care needs and circumstances by 31st March 2016.

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

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### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some staff required refresher training in safeguarding of vulnerable adults.

**2. Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure that all staff receives the appropriate training in relation to safeguarding of residents and the prevention, detection and response to abuse. The three staff identified as not having completed the refresher training will attend this training on the 26th February 2016.

**Proposed Timescale:** 26/02/2016

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### 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:**
There were no unannounced visits or annual review of the quality and safety of care and support in the centre facilitated by the provider nominee.

**3. 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:
An annual review of the designated centre will be completed and a report on the safety and quality of care will be completed on behalf of the registered provider by the Director of Nursing by the 31st March 2016.
A schedule for unannounced visits to the designated centre has been drafted and scheduled to commence week beginning 22nd February 2016.

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:
The process of staff supervision had not been commenced in the centre.

4. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
The process of formal supervision will commence in the designated centre from the 29th February 2016. All staff in the designated centre will receive formal supervision with the person in charge by 30th April 2016.

Proposed Timescale: 30/04/2016