<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002446</td>
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<td><strong>Centre county:</strong></td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Kevin Carragher</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Stevan Orme</td>
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<td><strong>Support inspector(s):</strong></td>
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<tr>
<td><strong>Type of inspection</strong></td>
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</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 29 June 2016 09:05
To: 29 June 2016 16:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

Background to the inspection
This unannounced monitoring inspection was the third inspection of the centre, and was carried out to monitor ongoing regulatory compliance. In addition, the inspector reviewed actions the provider had undertaken since the previous inspection conducted on 15 and 16 December 2014. The designated centre is part of the service provided by the HSE in Cavan and Monaghan, and provides residential services to adults with an intellectual disability.

How we gathered our evidence
As part of the inspection, the inspector spent time with six residents at the centre. Residents were unable to tell the inspector about their views of the quality of the service. However, residents expressed their views and choices throughout the inspection through behaviour and gestures, appearing relaxed with the support
received. Staff knowledge showed an understanding of residents’ communication, and was reflective of personal plans reviewed. The inspector also met with staff members, observed care practices and reviewed documentation such as personal care plans, medical records, risk assessments, medical records, policies and procedures, and staff files.

Interviews were carried out with the Director of Nursing and the person authorized to act on the behalf of the provider. The inspector was unable to interview the person in charge as this position was in the process of being recruited.

Description of the service
The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a detached bungalow with a basement which accommodated the staff sleepover room and office. The centre is approximately three kilometres from a local town, with easy access to local amenities and shops.

The centre comprised of six bedrooms; one with en-suite facilities. In addition, the centre has two communal bathrooms with walk in shower facilities. The centre also provides a main and additional smaller communal sitting room, and a kitchen-dining room for the use of residents. The service is available to adults with an intellectual disability, with additional needs relating to behaviour that challenges.

Overall findings
Overall, the inspector found that residents had a good quality of life in the centre, and the provider had arrangements in place to promote the rights and safety of residents.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met, and that actions identified on the previous inspection had been addressed. The provider’s representatives demonstrated adequate knowledge and competence and the inspector found that they were fit persons as defined in the regulations. The inspector also found the temporary management arrangements at the centre ensured the safety of residents. This resulted in positive experiences for residents, the details of which are described in the report.

The centre was inspected against 15 outcomes. For the most part, the provider had put appropriate systems in place to ensure the regulations were met. The inspector found compliance in 11 out of the 15 outcomes inspected, with a particular positive focus on the promotion of residents’ rights and healthcare. Two outcomes were found to be substantially compliant, and two were found to be at moderate non-compliance. Improvements were required in the storage of medication, the submission of notifications to the Health Information and Quality Authority (HIQA), and ensuring the centre's governance arrangements met the requirements of Regulation 23. These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector did not examine all aspects of this outcome, only reviewing actions taken to address requirements following the previous inspection on the confidentiality of records and the centre’s complaints policy.

The inspector reviewed residents’ personal information held at the centre and found this to be stored in a secure manner, ensuring confidentiality. Information was clearly sectioned in personal plans, with clinical and financial records being filed separately.

The centre had a complaints policy which, following the previous inspection, included the names and contact details of individuals whom complaints would be forwarded too. Furthermore, information relating to the Ombudsman had been revised to ensure it was up-to-date.

Judgment:
Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that actions from the previous inspection on the promotion of advocacy services at the centre had been addressed.

The inspector observed information displayed on communal notice boards relating to the National Advocacy Service. Information was available in pictorial and easy-to-read formats on the provider’s complaints policy including photographs of the centre’s designated officer for complaints and safeguarding issues.

Residents were unable to tell the inspector how they would make a complaint. However, staff were knowledgeable on residents’ communications and how they would express their dissatisfaction with any support received. The inspector observed that residents expressed their views non-verbally to staff through gestures and behaviour which, when addressed, appeared to show residents were happy with the response given by staff.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that requirements from the previous inspection had been met, although further actions were required in regard to residents’ contracts of care.

Contracts of care following the previous inspection’s findings included total fees charged to residents. However, contracts of care had not all been signed by both the provider and resident or their representative. The provider confirmed with the inspector that contracts had not been signed due to representatives not being identified to sign on a resident’s behalf.

Judgment:
Substantially 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):

The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:

The inspector found that personal care plans and activities were reflective of residents’ needs.

Personal plans were comprehensive in nature and reflective of the needs and preferences of residents. Personal plans provided information on residents’ support needs in areas such as community activities, personal care, healthcare and dietary requirements.

The inspector found that personal plans were reviewed annually, with the involvement of residents' representatives. The effectiveness of residents' annual goals was reviewed and the outcomes of these were used in the setting of the next 12-month goals. Annual goals were reflective of residents’ interests and wishes as identified in their personal plans. For example, the accessing of music therapy, visits to places of interest and holidays. Personal plans, including annual goals, were available to residents in an accessible format, and in some cases were displayed in the residents’ bedrooms. However, although staff told the inspector that residents were supported to participate in the review, meeting minutes did not state their attendance.

Residents were also supported to access a range of day services reflective of their needs as identified in personal care plans. Daily care notes and staff interviews reflected that residents accessed a range of activities within the local community both individually and in a group. Furthermore, staff and daily records showed that residents who choose not to access activities were supported within the centre’s staffing levels to do an alternative activity in the community or at the centre.

#### 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):
The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:
The inspector found that the centre's layout had been reconfigured to provide more communal space following the previous inspection findings.

Following the previous inspection the provider had reduced the number of bed spaces available from seven to six. Staff told the inspector that the reconfiguration had enabled residents to move to bedrooms more reflective of their needs. Additionally, the changes had created a second sitting room, which was used for activities such as relaxation, and to enable residents to meet visitors in private.

#### 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):
The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:
The centre's risk management and emergency processes were informative and reflective of the residents’ needs.

Following the previous inspection, the inspector found that the centre had installed a gate from the rear patio area to the garden and basement area, reducing the risk of residents falling due to the steps accessing the garden area.

The centre's safety statement and risk assessments included both organisational and centre-specific risks including risks to resident welfare, violence and aggression, falls, fire and access to transportation. The inspector found that risk assessments and
interventions were reflective of practices observed on the day of inspection; for example, risks of burns or scalds due to cooking activities. The inspector found infection control procedures and staff knowledge were reflective of the centre’s policy.

The centre had a comprehensive emergency plan which reflected staff knowledge on evacuating the centre in the event of fire, flood or utility failures. Fire safety equipment such as an alarm, fire extinguishers, fire doors, signage, and emergency lighting were maintained and serviced regularly. Additionally, staff conducted weekly audits on fire equipment such as magnetic fire door closures and emergency call points to ensure they were in full working order.

The centre’s fire evacuation procedure was displayed throughout the centre and fire drill records showed that all residents had participated in one. Drills had been conducted using the centre’s minimum staffing levels. The inspector found that the supports residents required to evacuate were included in residents' Personal Emergency Evacuation Plans (PEEPs). Residents’ PEEP’s were up-to-date and reflective of staff knowledge on residents’ needs in the event of an evacuation.

The inspector found that incident reports were discussed in team meetings with future responses being agreed and incorporated into risk assessments for residents or centre practices.

All staff had received training on fire safety and manual handling at the centre and the inspector observed evidence of ongoing refresher training for staff in line with the provider’s policies.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found staff knowledge and care practices were reflective of the centre’s policies on the prevention, detection and management of abuse and positive behavioural
Staff training records reviewed showed that all staff had undertaken protection of vulnerable adults training, and this was reflective of their knowledge on what constituted abuse and actions to take if they suspected abuse. Staff knowledge was reflective of the organization's policy.

The inspector observed staff supporting residents in a respectful and dignified manner, reflective of the residents' needs as identified in their personal plans. Residents' intimate and personal care plans were reflective of observed care practices which ensured privacy and dignity at all times.

The inspector reviewed residents' behaviour support plans. These were comprehensive in nature, including investigations into any underlying health cause for the behaviour, and were reviewed regularly by a psychologist. Furthermore, staff told the inspector that behaviour-related incidents were discussed with the psychologist to identify any learning which then informed future behaviour supports for residents. Staff had received training on positive behaviour managements, including de-escalation techniques, and staff knowledge reflected the training received and current resident behaviour support plans.

The centre operated a restrictive practice on access to the centre's kitchen when the kettle or cooker was being used, due to an identified risk of injury to residents. The practice was recorded and reflected in both the centre's and residents' risk assessments. The inspector found the practice was reviewed regularly, and observed no negative effect on residents when witnessed during the inspection. This was also reflective of interviews with staff.

Judgment: Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that care practices were reflective of residents' healthcare needs.

Residents had access to a range of allied healthcare professionals in line with their needs including psychologists and speech and language therapists. Residents accessed a general practitioner (GP) of their choice. The inspector reviewed speech and language
therapy interventions, and found dietary recommendations were reflected in residents’ personal plans. Records reviewed and staff knowledge reflected that healthcare support plans were reviewed regularly with changes being made to ensure they were up-to-date.

The inspector reviewed food records which showed that residents had access to a range of nutritious meals. Residents were supported to choose meals through the use of pictures. The inspector found that staff knowledge on the food preferences of residents were reflective of personal plans examined. Daily care records and staff knowledge reflected that residents accessed local cafes and hotels, in addition to meals at the centre. Residents were supported to help with the preparation of meals based on their abilities, and would also assist with food shopping as shown in daily care notes and individual resident weekly activity plans. The inspector observed a meal at the centre which was positive in nature, with staff supporting residents in a respectful manner.

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

**Findings:**
The medication arrangements were reflective of the centre’s policy, although the inspector found arrangements for the storage of out-of-date medication had not been appropriately addressed.

The inspector reviewed medicines management records which were reflective of the centre’s policy. For example, the policy included information on residents' medication such as the administration route, times and dosage prescribed. Medication was given by nursing staff whose names were recorded in a signature bank included in the centre’s medication records.

Protocols were reviewed for the administering of residents' emergency epilepsy medication. Protocols clearly showed when medication should be given, maximum dosage to be given, and when to contact the emergency services. These were regularly reviewed by the residents’ GP. The inspector observed that staff knowledge was in line with protocols reviewed on emergency epilepsy medication. The inspector observed that medication was securely stored at the centre, with cream and liquid-based medication stored separately in a refrigerated medication cabinet.
It was evident from records reviewed and discussions with staff that out-of-date medication was returned to a local pharmacy. However, the inspector observed that no arrangement was in place to ensure segregation of out-of-date medication from current medication prior to being returned to the pharmacist.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre’s statement of purpose was reflective of the service being provided at the centre.

Following the previous inspection’s findings, the inspector reviewed the centre’s statement of purpose and observed that it now included a description of the centre’s layout including room sizes.

Furthermore, the statement of purpose also included deputising arrangements in the absence of the person in charge. The inspector found that the deputising arrangements were reflective of arrangements at the time of the inspection as the person in charge position was vacant.

Judgment:
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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found that the provider had systems in place to ensure effective governance and management of the centre, although these systems did not fully meet the requirements of Regulation 23.

The inspector found that the centre had audit systems in place to monitor medication practices and the working condition of fire equipment. Audits were conducted by both the centre’s management and staff, and were reflective of discussions with staff at the centre.

In the absence of a person in charge, the inspector discussed arrangements with the provider to ensure the continued care and support of residents. The inspector was told that the provider’s Director of Nursing would be deputising in the person in charge’s absence. This was reflective of the centre's statement of purpose and staff knowledge. The inspector found the Director of Nursing to be knowledgeable on residents’ needs as well as their obligations under the regulations. Staff interviewed confirmed the deputising arrangements at the centre as well as additional supports available such as provider weekly visits to the centre and access to the provider's out-of-hours on-call system.

The inspector observed that the provider had conducted unannounced six monthly visits and written reports were available at the centre. However, reports were only available for one unannounced visit in 2015.

The provider had conducted an annual quality and safety of care and support review on the centre for 2015 which included for example, the findings of resident consultation, unannounced visits, internal audits, incidents and accidents and complaints received. The reviewed report was accessible at the centre if requested by residents or their representatives.

**Judgment:**
Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*
## Theme:
Leadership, Governance and Management

### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

### Findings:
The inspector found that although the provider had informed the Health Information and Quality Authority (HIQA) of the absence of the person in charge, this was not in accordance with the regulations.

Prior to the inspection, the provider had notified HIQA that the centre's person in charge position was vacant and deputising arrangements would be operated while recruitment was undertaken. However, the inspector observed that notification had not occurred within the required timeframes prior to the previous person in charge leaving.

### 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):
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
The inspector found that staffing levels at the centre were reflective of residents’ needs.

Staff told the inspector that following the findings on the previous inspection of staffing levels at the centre, staffing had been increased. This had resulted in increased opportunities for residents to access the local community. The centre's staffing had been increased by one whole time equivalent healthcare assistant on weekdays, so that three staff (one nurse and two healthcare assistants) were available to facilitate community opportunities for residents. This was reflected in the roster and daily care notes reviewed.

### Judgment:
Compliant
**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found the current staffing levels and training reflected the needs of residents at the centre.

The centre had both a planned and actual roster in place, which was reflective of both the residents' assessed needs and staffing on the day of inspection. The inspector observed staff responding to residents' needs in a timely and respectful manner and also in a way that was reflective of individuals' personal plans.

The inspector reviewed training records and found that all staff had undertaken mandatory training for example, in fire safety, protection of vulnerable adults and manual handling, in line with the provider's policies. Refresher training was scheduled to ensure staff knowledge was up-to-date. Furthermore, staff had access to training specific to the needs of residents such as behaviour management and food and nutrition. Staff knowledge in areas such as behaviour management, rights and protection from abuse was reflective of both centre policy and the training received.

The inspector observed that staff received informal supervision from the previous person in charge which involved discussions on work performance and training needs. Furthermore, staff told the inspector that they had attended team meetings which had enabled them to raise concerns about the service. The inspector found team meeting records were reflective of staff comments.

Staff were aware of the role of the Health Information & Quality Authority (HIQA), and had access to the centre's inspection reports. Staff also informed the inspector of incidents which HIQA needed to be notified of, such as serious injury to a resident.

The inspector reviewed a sample of staff personnel files and found these to fully meet the requirements of Schedule 2 of the regulations.

**Judgment:**
Compliant
Outcome 18: Records and documentation

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

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that centre policies had been revised following the previous inspection.

The inspector reviewed the provider's policy on Risk Management and Escalation following the findings of the previous inspection. The inspector found that the centre’s policies had been reviewed to include information on arrangements for the regular review of psychotropic medication, and the needs for medical investigations to eliminate any physical health issues which may contribute to behaviours that challenge.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Stevan Orme
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

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<tr>
<td>Date of Inspection:</td>
<td>29 June 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 August 2016</td>
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Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts of care were not all signed by residents or their representatives.

1. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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:
Disability Services have agreed in writing with each resident or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Proposed Timescale:** 26/07/2016

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**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:**
Out of date medication was not stored separately from current medication.

**2. Action Required:**
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
Out of date medication is now stored in a box separately from current medication.

**Proposed Timescale:** 30/06/2016

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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:**
The provider had not conducted unannounced visits to the centre at least every six months. A written report was also not available.

**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:
The provider had conducted unannounced visits to the centre. One 6 monthly safety and quality of care and support report was available at the centre and the annual review of the quality and of care and support was also available. Unannounced visits to the designated centre at least once every six months or more frequently will continue and a written report on the safety and quality of care and support will be prepared six monthly and be available on site.

Proposed Timescale: 01/08/2016

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not informed the Health Information and Quality Authority of the person in charge's absence within the required timeframes.

4. Action Required:
Under Regulation 32 (2) you are required to: Except in the case of an emergency, ensure that the notice provided of the absence of the person in charge is given no later than one month before the proposed absence commences or within a shorter period as agreed with the Chief Inspector, specifying (a) the length or expected length of the absence and (b) the expected dates of departure and return.

Please state the actions you have taken or are planning to take:
The provider has informed the Health Information and Quality Authority of the person in charge's absence on the 26.06.16 through submission of an NF30 to the Authority.

Proposed Timescale: 26/06/2016