<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sruthan House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002565</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Louth</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Jackie Barron</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Raymond Lynch</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>26 September 2016 09:30</td>
<td>26 September 2016 18:30</td>
</tr>
<tr>
<td>27 September 2016 10:30</td>
<td>27 September 2016 16:00</td>
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</table>

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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<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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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 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<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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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

Background to inspection:
This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by the Health Services Executive (HSE) Meath/Louth (the provider).

The centre was a service providing holiday breaks for people with physical and/or sensory support needs and had the capacity to support three individuals. The centre, which was managed by the HSE had a service agreement in place with the Irish Wheelchair Association (IWA) where the IWA recruited and provided the centre with...
a core staff team of skilled and trained care assistants. Those care assistants in turn, were directly responsible to the person in charge, who was a full-time qualified professional, employed by the HSE. Further details of this service agreement are discussed under Outcome 14: Governance and Management.

The centre had a monitoring inspection in 2014, where 11 outcomes were assessed. Of those outcomes, a number of moderate non-compliances were found in residents' rights, contracts for the provision of services, premises and workforce while minor issues were found with safeguarding and documentation.

This registration inspection found that the centre had addressed all areas of non-compliances and demonstrated significant levels of compliance across all 18 outcomes assessed.

It was found that staff were specifically trained and skilled in carrying out their duties, there were effective systems of governance and management in place, the centre was adapted to suit the individual and collective needs of the residents, residents were supported and empowered to make their own choices and decisions and a feedback from residents and family members about the centre was extremely positive and complimentary.

How we gathered evidence:
The inspector spoke and had tea with all three residents at regular intervals over the two day inspection process. All residents were very positive about the service saying they loved their holidays in the house and enjoyed the break away.

One family member was also spoken with as was a family representative. Both reported that they felt the service was excellent and that residents were very well supported. Feedback from relatives also informed the inspector that staff were very supportive and approachable and went out of their way to make each holiday break very special for their family members.

The centre also received (on a continual basis) a significant amount of written feedback (via questionnaires and thank you cards) from both residents and family members of which a sample was viewed by the inspector.

Comments included 'I love my holidays in this house', 'this is the most fabulous house in the world', 'every time I come on holidays here I love it even more', and 'this is a fantastic service, the management and staff are wonderful and it's like a home from home'.

Two care assistants and a staff member on a work placement scheme were also spoken with over the course of the inspection. The inspector observed that residents appeared very much at ease with all staff members and interacted with them in a relaxed and friendly manner.

It was also observed that residents chose what social activities to engage in during their holiday break and staff were seen to consult and converse with all residents in a warm, respectful and dignified manner.
The inspector also spoke with the person in charge at length throughout the process. Policies and documents were also viewed as part of the process including a sample of healthcare plans, complaints policy, contracts of care and minutes of residents meetings.

Description of the service:
The centre was a service providing short holiday breaks for people with physical and/or sensory support needs. It comprised of a well maintained terraced bungalow which had the capacity to support three residents both male and female.

It was located in County Louth in close proximity to the busy town of Dundalk, which provided access to a range of amenities such as shops, shopping centres, restaurants, churches, pubs, cinema and hotels.

The town also provided a regular public bus service however, there was adequate transport provided by the centre for trips and outings further afield if and when requested by residents.

Overall judgment of our findings:
This inspection found significant levels of compliance across all 18 outcomes assessed. Resident's rights, dignity and consultation was found to be compliant, as were healthcare needs, communication needs, general welfare and development, family and personal relationships, premises and use of resources.

Feedback from residents, family members and family representatives was extremely positive. Feedback from residents informed the inspector that they chose for themselves to avail of the holiday breaks in this centre as they love it so much.
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 found that arrangements were in place to ensure the rights, privacy and dignity of residents were respected and promoted and residents’ choice was supported and encouraged in the running of the centre.

Issues with regard to the complaints procedures were identified in the last inspection however, they had been adequately addressed by the time of this inspection.

Policies and procedures were in place to promote and ensure residents were consulted with, and participated in, decisions about their holiday break in the centre.

For example, on arrival each resident was supported to inform the staff team what they would like to do over the course of their break.

The inspector viewed a sample of the notes from these meetings and found that residents made their own decisions on what social activities to engage in over the course of their holiday.

For example, some residents chose to go to the cinema, some chose to go shopping, some chose to avail of beauty treatments, some chose to meet friends and others chose to go to the local pubs and or/restaurants.

Residents were also invited to attend a residents' meeting/forum on the evening of their arrival to discuss and plan menus for the week and to organise communal social activities if requested.
The inspector observed that residents were on friendly terms with each other and seemed to enjoy each other's company. Important issues such as the role of advocacy and the familiarisation of fire evacuation procedures were also discussed at these meetings.

Feedback directly from residents informed the inspector that they made independent choices for themselves regarding daily activities and their individual likes and preferences were supported and respected.

For example, on the day of inspection some residents had decided that they would like their nails done, some wanted to go to the shopping centre and one wanted to go to the garden centre. All these activities were facilitated, or in the process of being facilitated over the course of the two day inspection.

Feedback from family members also confirmed that individual residents' likes and preferences were facilitated and supported. Comments included 'my relative loves their holidays in this house, 'nothing is too much for the staff', they get to go on outings and trips of their choice' and 'it's like a home away from home'.

Feedback via letters, questionnaires and thank you cards was also viewed by the inspector and all were found to be extremely complimentary and positive of the service.

Residents were also supported and encouraged to be involved and participate in all aspects of their person centred plans. From a sample of plans viewed, the inspector saw the focus of the person centred plans were to ensure the residents had an enjoyable and safe break during their holiday in the centre.

The plans were also informative of what social activities the residents wished to engage in.

Access to advocacy services and information about resident rights formed a routine part of the support services made available to each resident. The centre had a policy on advocacy called 'Your service - Your say'.

The policy was to ensure that all residents had a right to appoint an advocate if requested and that advocacy services could be made available if required. The inspector observed that information on how to contact an advocate was on public display in the centre and information on advocacy was also readily available in a format to suit the residents' communication requirements.

There were guidelines in place and on every residents file on how to promote best practice when supporting intimate care. The guidelines stated that every staff member had a duty of care to ensure that each resident would be treated with dignity and respect and have personal privacy for their intimate care needs in a safe environment.

The inspector observed that arrangements were in place to promote and respect resident’s privacy and each staff member treated residents with warmth, dignity and respect at all times over the course of the inspection process.
Of a small sample of intimate care plans reviewed, they were found to be informative of how best to support the residents while maintaining their independence, dignity and respect. Family members also emphasised that they felt their relatives were always treated with dignity and respect in the centre.

A complaints policy was in place in the centre which had been reviewed in 2015. The policy informed that the service was committed to having a policy in relation to the making, handling and investigating of complaints and that all residents and family members should be aware of this.

Feedback from both staff and family members informed the inspector that they were aware of the complaints procedures in the centre and who to speak with if they had a complaint. However, family members spoken with reported that they had no cause to ever complain about any aspect of the service.

A dedicated complaints log was kept in the centre and the inspector observed that complaints (which were few) were being logged and managed accordingly in line with policy and procedures.

For example, one resident through the complaints process has identified that more communal activities and games could be utilised in the house. Another resident had commented that access to the internet would be welcome. Both issues had been satisfactorily dealt with by the time of this inspection.

The complaints procedures were also publically displayed in the house and an easy to read version was also available to every resident living in the centre.

There were guidelines in place to protect each resident’s personal possessions, property and finances. Each resident had been supported to complete a capacity assessment regarding managing their own finances.

Once these assessments were completed, where required residents' were supported to manage their finances by staff. Residents' monies were kept safe by robust accounting procedures, which were checked regularly by two staff members and by person in charge (who regularly audited residents' finances).

All purchases were required to have a receipt and every time a resident spent money their balance was checked by two staff members to ensure that all monies could be accurately accounted for. Residents monies were also checked on arrival to the centre and on their departure (with the resident and/or their representative).

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

Findings:
There was a policy in place on communication with residents and the inspector found that staff members supported, respected and understood the individual communication needs of each resident on holiday in the centre.

A protocol on communicating with residents was in place in the centre. The aim of the policy was to facilitate a centre that supports residents with their individual communication preferences so as they can participate in any decision making process that affects them.

The inspector observed that this policy was put into everyday practice by the staff working in the centre. For example, where required information was made available to residents in a format suited to their individual communication needs.

Residents’ communication needs were also identified in their communication assessments. From a sample viewed, the inspectors found that the assessments captured the individual communication requirements of each resident.

They were also very informative of how best to communicate with each resident.

For example, one resident with very specific communication requirements had a communication passport in place that was informative of their preferred style of communication, how best to get to know them, important people in their life, things they like to do, places they like to go, special moments in their life and things that cheer them up.

The inspector observed that the resident, their family and staff had all contributed to the development of this communication passport. Staff also told the inspector that it was a good point of reference when communicating with the resident as it was informative of their likes, hobbies and interests.

The centre had ample communal TV's, individual TV's, DVD players, and music systems for residents to avail of as and when required.

At all times over the course of the two day inspection process the inspector observed staff communicating effectively and respectfully with the residents.
From speaking with staff they were also able to verbalise and speak knowledgeably about each resident’s communication assessment and needs.

**Judgment:**
Compliant

<table>
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<tr>
<th>Outcome 03: Family and personal relationships and links with the community</th>
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<tbody>
<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th>Theme:</th>
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<tbody>
<tr>
<td>Individualised Supports and Care</td>
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<table>
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<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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<table>
<thead>
<tr>
<th>Findings:</th>
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<tbody>
<tr>
<td>The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged. There was also a policy in place which outlined that visitors were welcome in the centre at any time.</td>
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The centre had a visitor's policy in place. The aim of the policy was to ensure that residents would be facilitated to develop and maintain personal relationships in accordance with their wishes and that family and friends were made welcome to visit the centre.

Feedback from family members was extremely complimentary of the service and they informed the inspector that they always felt very welcome to the centre at any time.

The centre was 20 years old in July 2016 and to celebrate this landmark occasions an open day was held. All residents who availed of holidays in the centre were invited along with family members and friends.

Over 100 people turned up on the day and the inspector observed that hundreds of thank you cards and numerous gifts were presented to the management and staff on this special day.

There was a special visitor's book bought for the occasion and all comments from residents, family members and friends were extremely complimentary of the house, management and staff members. Photographs of this special occasion were also on display throughout the centre.

Residents were also supported at their request to frequent the nearby town where they used the local shops, shopping centres, restaurants, pubs and hotel. Where requested residents were also supported to visit friends while on holiday on the centre.
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 was satisfied that there were robust systems in place regarding admission to the centre. There were also policies and procedures in place to guide the admissions transfer and discharge processed.

There was a policy on admissions, transfer and discharge to the centre which had been agreed and signed off in June 2016.

The policy informed that the centre was committed to ensuring that the highest standards for admissions, discharges and transfers were applied and maintained at all times across the service.

Written signed agreements were also in place outlining the support, care and welfare of the residents, details of the services to be provided and where appropriate, the fees (if any) to be charged.

The inspector went through the admission and discharge processes in detail with the person in charge and was satisfied that they were safe and adequate in meeting the requirements of regulations.

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

Findings:
Issues with regard to meeting the social care needs of the residents were identified in the last inspection however, they had been satisfactorily addressed and this outcome was found to be compliant.

The centre was a respite centre supporting up to three individuals on short-term holiday breaks.

Overall the wellbeing and welfare provided to the residents was to a very good standard and from a sample of files viewed the inspector was assured that short term person centred plans were being managed and facilitated in order to sustain and enhance the enjoyment of each resident's holiday experience.

A policy on person centred planning (PCP) was developed in 2016 and available in the centre.

The purpose of the policy was to outline the service approach to PCP and to ensure that all staff working in the centre upheld the rights of the residents to be consulted with and to participate in the development of a person centred plans.

The inspector viewed a sample of PCP's and found that the stated policy above was put into practice by the staff working in the centre. For example, as part of their PCP and on arrival to the centre, residents identified an itinerary of what social and community based activities they wished to engage in over the course of their holidays.

This was done with each resident's key worker and from viewing a small sample of the itineraries, the inspector observed that residents chose to go to the local shopping centre, pub, cinema, meet with friends, have beauty treatments, go to garden centres and have meals out.

There was also a policy in place to ensure that residents and those that supported them could access a meaningful day through the process of activation and/or training.

However, as the residents were on short holiday breaks in this centre many chose not to attend their various day services and/or training centres. The inspector observed that these decisions were respected by all staff members.

The inspector observed that there was good camaraderie between all residents and staff members and where requested by residents, group outings such as day trips and meals out were also facilitated.

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 issues identified in the previous inspection regarding adequate storage had been adequately addressed and overall the inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner.

The centre consisted of a terraced three bedroom bungalow within easy access to Dundalk in County Louth. A vehicle was also provided so as residents could access local shops, restaurants, pubs, churches and cafes if and when requested.

There was a spacious hallway on entering the centre and communal facilities included a spacious dining room off the hall.

The inspector observed that there were adequate fixtures and fittings in the dining room to meet the needs of the residents. For example, the dining room table could be adjusted in height to suit the individual needs of the residents.

There was a well-equipped kitchen area and again it was observed that there were specially adapted worktops in place so as residents (if they so wished) could participate in cooking and baking activities.

There was a very well maintained sitting room that had also been adapted to suit the needs of the residents. It was a very welcoming room, very well decorated and had a TV for residents to avail of as and when required.

All residents had their own individual bedrooms which were very well decorated. The rooms were clean, spacious, bright and had TV's, radios and music systems for all residents to avail of.

Even though this was a holiday home, the inspector observed that it was homely and in a very good state of repair. There were also pictures of residents and family members on display throughout the centre.

There was a large communal bathroom available which had been specially adapted to suit the needs of the residents. It was very clean, well ventilated and spacious.
There was also a staff sleepover room, which had an en-suite facility and an office space for the storage of files.

The fixtures and fittings were modern and the centre was well ventilated, warm and spacious. It was well maintained and clean throughout. There was also ample storage room available.

There were well maintained front and back gardens in the centre. The front garden provided for ample parking space while the back garden was more spacious with garden furniture, raised flower beds and a large gazebo like building.

The back garden was very private and beautifully maintained and some residents loved to spend time in it relaxing. The inspector observed two of the residents relaxing in the back garden on several occasions over the course of the inspection.

**Judgment:**
Compliant

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

**Findings:**
The previous inspection found this outcome to be compliant and the inspector was satisfied that the health and safety of residents, family, visitors and staff continued to be actively promoted in the centre.

There was a Corporate Health and Safety Statement for the organisation which was available in the centre was updated in 2014. It stated that all health and safety matters were applicable to all employees and was to ensure that all safety management programmes were fully integrated throughout the service.

The centre itself had a localised Safety Statement and the aim of the statement was to promote standards of safety in the centre with regard to the health and welfare of all residents and staff.

The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

It also made reference to the fact the centre should engage in environmental and biological risk assessments where and when appropriate.
The inspector observed that the main risk related to the welfare and safety of residents was the risk of falling. However, all residents had a falls risk assessment in place which were updated as and when required. For example, one resident recently had a fall in the centre (sustaining no injury).

However, the person in charge met with the resident and updated their falls risk assessment immediately.

This included a checking system to ensure that the resident was wearing appropriate footwear, the resident was to be supported on a one-to-one basis on outings and their room was to be kept free of any obstructions that may cause a fall.

The person in charge also made contact with the physiotherapist so as the resident could be further assessed for additional intervention supports if required.

Any resident who had any difficulty with swallowing also had a risk assessment in place. Prior to coming to the centre they would have been assessed by a speech and language therapist and a specialised diet was in place for them.

From speaking with staff members, the inspector was satisfied that they were aware of these residents’ dietary requirements and they were implemented when these residents were on holiday in the centre. Staff also had training in safe swallowing which enabled them to support residents in a safe manner.

Overall the risk management policy in the centre was comprehensive and met the requirements of the Regulations. The inspector was satisfied that where a risk was being identified it was being adequately addressed and actions put in place to mitigate it.

It was also noted that the level of adverse incidents occurring in this centre was relatively low, with seven recorded incidents and/or near misses recorded for 2016.

The inspector found that the fire register was up to date having last been checked and signed off by an external fire consultancy company in April 2016. Fire equipment such as fire blankets, fire extinguishers and emergency lighting had also been checked in 2016. The centre also had fire doors in place.

Documentation read by the inspector informed that staff did weekly checks on the alarm panel and checked that escape routes were clear.

Weekly checks were also carried out on the fire alarm, fire extinguishers, emergency lighting, electrical appliances and carbon monoxide alarms. Monthly checks were carried out on upholstery items and furniture.

Fire drills were carried out regularly and from viewing the relevant documentation the inspector observed that no issues were identified in the fire drills carried out in August 2016 and September 2016.
All residents had a personal evacuation emergency plan on file and the inspector observed that at the start of each resident's holiday in the centre staff went through the fire emergency plans with them.

There were multiple policies and standard operating procedures in place for the management of infection control, all reviewed and updated between 2011 and 2016. The aim of the policies were to provide recommendations for the prevention and control of infection in a community based setting.

There were also guidelines available in the centre on how to promote good hand hygiene and what to do in the event of an outbreak of an infectious disease.

The inspector observed that the centre was clean and there was adequate warm water and hand sanitizing gels and soaps available.

Many staff also had undergone training in hand hygiene and food hygiene. There were also adequate arrangements in place for the disposal of clinical waste.

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

**Findings:**
Overall the inspector found that there were adequate systems in place to protect residents from all forms of abuse in the centre.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear and explicit guidance to staff on how to manage any incident of concern arising in the centre.

The policy, which was updated in 2015 provided staff with the knowledge on how to recognise abuse and their responsibility in reporting it.
Standard operating procedures relating to safeguarding (which were revised in March 2016) were also available to staff working in the centre.

They were to provide front line staff with the guidance on how to recognise abuse, how to prevent it and what course of action to follow if they had any safeguarding concerns.

The inspector spoke with three staff members over the course of this inspection and all were able to verbalise how to manage, record and report a safeguarding issue making reference to the designated person, policy and procedures in place in the centre.

From a sample of files viewed, all staff also had up-to-date training in safeguarding of vulnerable adults.

There was also a designated person to deal with any allegations of abuse and details of who this person was and how to contact them were openly displayed in the centre.

Feedback from residents and family members informed the inspector that residents felt safe and secure in their home.

There was a policy in place for the provision of intimate personal care which was revised in April 2016. The aim of the policy was to establish protective measures for the residents and staff members and to provide staff with clear guidelines regarding the provision of personal care.

It was observed that comprehensive personal and intimate care plans were in place for each resident and provided guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident.

There was also a policy in place for the use of restrictive practices in the centre which was revised in 2015. The policy outlined the exceptional and limited circumstances in which restrictive practices could be used as part of a residents care plan.

However the aim of the centre was to promote a restraint free environment and only use a restriction as a last resort.

The inspector observed that where a restrictive practice was in place it was used only for safety issues and was very closely monitored and reviewed.

For example, some residents required a lap strap when travelling in the bus for safety reasons and others (at their request and that of their family) used bedrails at night time.

As with the centres own standing operating procedures a database was kept of the dates and times any restriction was used in the centre.

The inspector viewed the records relating to the use of the bed rails and found that all the dates and times of their use were recorded and kept on file in the centre.

The person in charge also reported their use to HIQA on a quarterly basis as required by the regulations.
P.r.n. medicines were only in use in the centre for the management of pain and the inspector observed that there were strict protocols in place for their administration.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 09: Notification of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
</tr>
</tbody>
</table>

**Theme:**
Safe Services

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
</tr>
</tbody>
</table>

**Findings:**

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The inspector found that the issues identified in the previous inspection regarding notifications had been adequately addressed.

There was a standard operating procedure available in the centre on the reporting of notifiable events to HIQA which had been reviewed in 2014.

The purpose of the procedures was to provide a clear framework, including timeframes for the management team to follow in the event of a notifiable event occurring in the centre.

The person in charge clearly demonstrated her knowledge of her legal responsibilities to notify the Chief Inspector as and when required during the course of this inspection.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 10. General Welfare and Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</td>
</tr>
</tbody>
</table>

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

**Findings:**
The inspector found that residents were supported to engage in a variety of social and educational activities as and when requested and of their choosing during their holiday in the centre.

There was a policy in place to support residents' access external day activation programmes which was developed in June 2016. The policy was to provide guidance to all staff on how to support residents' access and experience meaningful day activities.

As this was a holiday for the residents some chose not to attend their day services and courses whilst in the centre. However, where a resident did choose to attend a college placement and/or day activation centre this was facilitated as a matter of routine by the staff.

Residents chose their daily routine while in the centre and were supported (at their request) to use the local amenities such as pubs, hotels and shopping centres on a regular basis over the course of their holiday.

Some residents had a particular interest in the garden and loved to spend time in it. Where requested they were supported to plant flowers (the flower beds were raised for ease of access) and go on trips to local garden centres to buy flowers and plants for the garden.

Some residents also liked to bake and this skill was supported and facilitated routinely by staff members. The kitchen had been specially adapted with a specific shelf so as residents could use it to cook and make cakes with staff.

On the day of inspection it was observed that one resident was supported to make apple tarts to share with everyone in the house.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.
Findings:
As this was a holiday home, residents' and their family members managed their own healthcare needs. However, the inspector found that the person in charge and staff members had arrangements in place to ensure that residents' healthcare needs were met whilst in the centre, with appropriate input from allied health care professionals as and when required.

The person in charge informed the inspector that arrangements were in place so as residents had an annual review by their general practitioner (GP) which formed part of the conditions of using the centre. The centre also had access to a doctor on call system if and when required by any resident.

The residents also had access to a range of other allied health care services as and when required. For example, any resident with swallowing issues had a comprehensive assessment in place by a speech and language therapist.

These assessments were reviewed and updated as and when required and kept on residents' files in the centre. It was also observed that all core staff members had training in safe swallowing.

Residents also had access to physiotherapy, occupational therapy and chiropodist. The inspector observed that where a resident presented with any issue that could impact on their overall health and wellbeing, the person in charge followed through on it to ensure that it was addressed.

For example, one resident recently had an issue with the cushion on their wheelchair. The person in charge was concerned that the resident may develop a pressure sore because of this.

They immediately contacted an occupational therapist (OT), a replacement cushion was secured and an appointment had been made for a follow up with the OT when the person went home. Staff also had specific training in the prevention and management of pressure sores.

The inspector also observed that at the request of some of the residents, appointments had been made with a chiropodist which was facilitated by staff working in centre.

From a small sample of files viewed the inspector observed that healthcare plans were informative of how each resident were supported to experience best possible health regarding personal hygiene, dental care, mobility, eye care and positive mental health.

The inspector found that arrangements were in place to ensure residents’ nutritional needs were met to a very good standard while on their holidays in the centre.

There was also a wide variety of options to choose from at meal times and mealtimes were observed to be very relaxed, inclusive and person centred experience, taken at the residents pace.
Staff were also observed enjoying the company of the residents while preparing meals in the kitchen.

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

**Findings:**
The inspector found that the medicines management policies were satisfactory and that practices described by the person in charge were robust, suitable and safe.

There was a medicines management policy in place in the centre which was issued by the IWA. The main aim of the policy was to promote safe medication management practices in the centre.

The inspector viewed the policy and found that staff practice related to the management of medication was guide by it.

For example, two staff members were required to check in all medicines to the centre and two staff members were also required to sign the administration sheets once medicines were administered.

The inspector observed staff adhering to these requirements on the first day of inspection.

The HSE also had their own medicine management policy which the inspector found complimented the IWA policy. The aim of that policy was also to ensure safe and effective administration of medication in line with best practice.

All residents had an assessment completed (signed off by their GP) which determined the level of staff support they required for managing their medication.

Where support was required, it was provided by staff members who had undergone specific training in the safe administration of medication.

Every resident had locked safe in their room where there medication was stored. Medication prescription sheets were available that included sufficient detail to ensure
safe prescription, administration and recording standards.

Where required, controlled medicines were kept securely locked in the office and a designated staff member held the key while on duty.

There were also appropriate procedures in place for the handling, storage and return of unused medicines.

The inspector observed that if a medicines error were to occur it was reported accordingly to the person in charge and where appropriate a HSE manager on-call.

A specialist IWA staff member could also be contacted for any advice and/or query regarding the management of medication in the centre.

There was a system in place to record any drug errors. They were kept on record in the centre and in order to support learning from an error the person in charge would discuss the issue it with the staff member in question and later at a staff team meeting.

A recent 'near miss' had been recorded in the centre. A bottle had been labelled incorrectly however, prior to the administration of the medicine, the staff members noticed the error.

They set about ensuring that the label was rectified and also informed the resident and their family members so as they were aware and alerted to the situation.

Staff members also caught an error which was made by the pharmacist. On checking in one resident's medication to the centre, they noticed that there was a discrepancy regarding the dosage of medication and the prescription sheet.

Again the staff members in question addressed the issue immediately with the resident, their family representatives and the pharmacist.

P.r.n. medicines were only used for issues such as pain relief and there were protocols in place for their administration.

**Judgment:**
Compliant

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**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:
Overall the inspector was satisfied that the statement of purpose met the requirements of the Regulations and the actions identified in the previous inspection had been adequately addressed.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

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):
No actions were required from the previous inspection.

Findings:
Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered.

This was a HSE managed centre however, there was a service agreement in place with the IWA and all care staff working in the centre were employees of the IWA.

The inspector spoke with the National Director of Community Support from the IWA and he confirmed that while all care staff were employed by the IWA, they were employed for the sole purpose of working in this HSE managed centre.
The centre was managed by a suitably qualified, skilled and experienced person in charge. From speaking with the person in charge in length over the course of the inspection it was evident that she had an in-depth knowledge of the individual needs and support requirements of each resident.

She was supported in her role by a Director of Nursing (DON) and an Assistant Director of Nursing (ADON). The inspector met with the DON and ADON on day two of the inspection process and observed that both was very familiar with the centre and residents holidaying there.

The person in charge was also aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

She was also dedicated to her own continuous professional development having undertaken courses regarding the role of person in charge and she was about to embark on a management course to further support her in her role.

The inspector found that appropriate management systems were in place for the absence of the person in charge.

There were highly trained and skilled care assistants working in the centre, with significant experience of working with people with physical and/or sensory support needs. Some of the care assistants also held relevant third level qualifications in health and/or social care.

There was an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance. It was also observed that the IWA provided on call support for any issue related to the management of medicines.

The provider nominee (or someone nominated on her behalf) made announced visits and unannounced visits to the centre. She also ensured that an annual audit of the safety and care provided in the centre was completed.

The inspector viewed a sample of this report and found it to be thorough and informative of where the centre was meeting their statutory obligations and what actions were required to address areas of non compliance.

For example, the annual review highlighted that some risk assessments and personal evacuation emergency plans required updating. The inspector observed that these areas of non-compliance had been completed by the time of this inspection.

The person in charge also carried out random internal audits in the centre. Again these audits were in-depth and also identified areas of non compliance.

For example a recent internal audit informed that some care plans required review. The inspector observed that both issues had been addressed promptly.
A sample of staff supervision records informed the inspector that the person in charge provided good supervision, support and leadership to her staff team.

The person in charge worked on a full-time basis and was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Throughout the course of the inspection the inspector observed that all the residents knew the person in charge very well and were very comfortable with approaching and speaking with her at any time.

| Judgment: | Compliant |

| **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 person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge. |
| | The person in charge of the centre had never been absent for any notifiable period of time to date |
| | It was observed that suitable arrangements were in place for the management of the centre in his absence. There was also on call system in place 24/7 for all staff working in the centre. |

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

Findings:
The inspector observed that there were adequate and sufficient resources available to meet the residents' needs during their stay in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs, activity requirements and occupancy levels.

For example, on the evening of the residents' arrival to the centre an additional staff member was placed on duty to support them settle in. Additional staff could also be utilised to ensure that each resident's choice regarding social activities were facilitated.

The inspector observed that staff were flexible and worked with the person in charge in ensuring that each residents stay was based on their choices and preferences.

Feedback from both family and residents also reflected that staff were very flexible and nothing was too much for them.

The inspector also observed that there was adequate equipment and appliances in the centre, such as overhead hoists, free standing hoist and adaptable furniture to suit the mobility needs of the residents. All appliances were in a good state of repair and serviced on a regular basis.

The centre also had the use of a vehicle for social outings. The vehicle was maintained and insured appropriately.

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

**Findings:**
The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents and that the issues identified in the previous inspection had been addressed adequately.

The person in charge informed the inspector that all staff could avail of a suite of training form both the HSE and IWA. The inspector observed that all staff members and the staff on the work placement scheme had completed mandatory and relevant training in line with regulation.

From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support. Many staff members also had additional training in food hygiene, nutrition, person centred planning, infection control and occupational first aid.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the care and support required by the residents.

Family members also spoke very highly of the entire staff team and feedback from questionnaires was also very complimentary.

The person in charge met with her staff team on a regular basis in order to support them in their roles.

A sample of supervision notes were viewed by the inspector. It was found that the supervision process was of a good quality and supported staff in improving practice across the centre and identified future training initiatives that staff could avail of.

**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 systems were in place to maintain complete and accurate records in the centre and the actions from the previous inspection had been adequately addressed.

The systems of filing and storing of policies and records in the centre were extremely well managed and facilitated the inspector to access information with ease of access to all documentation.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5 of the Regulations.

A resident’s guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspector found that records that related to residents and staff were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

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:

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