

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002604
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Teresa Dykes
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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**

From:	To:
12 April 2016 12:30	12 April 2016 19:00
13 April 2016 10:00	13 April 2016 12:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

The purpose of this inspection was to inform a registration decision. As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as personal plans, fire safety records and risk management documentation. The inspector also reviewed pre-inspection questionnaires completed by residents and relatives, which indicated a high level of satisfaction with the service provided. There was an issue raised in one questionnaire relating to staffing and transport arrangements and this was reviewed during the inspection.

The centre comprised of a house which provided residential accommodation for five male and female adults with intellectual disabilities. Overall, the centre was comfortable, appropriately furnished and well maintained.

Good practice was found throughout the inspection and the inspector found a high level of compliance with the regulations. On this inspection communication, family links and healthcare were not reviewed as these had been examined at a recent inspection of the centre and were found to be compliant. Seven of the fifteen outcomes reviewed were assessed as compliant and five as substantially compliant.

Areas of substantial compliance where some improvement was required included, the statement of purpose, service contracts, notifications, the directory of residents and the medication management policy.

Although the provider and person in charge had developed measures to promote the safety of residents, some improvement to fire safety was required and this was judged as a moderate non-compliance. Governance and some aspects of the premises were also judged as moderate.

Evidence of good practice was found throughout the service, including social care, training and development opportunities, staffing, use of resources and safeguarding residents from harm. Residents' rights supported and there were deputizing arrangements in place to cover the absence of the person in charge.

Staff and residents knew each other well, residents were observed to be relaxed and happy in the company of staff.

Findings from the inspection and actions required are outlined in the body of the report.

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

This outcome was not reviewed at the last inspection.

The inspector found that residents were consulted on how the centre was planned and run. There were weekly residents' meetings held at which residents could make plans and discuss issues of importance to them. Staff recorded minutes of the meetings. Those viewed by the inspector showed that residents had discussed personal events, planned outings, activities and goals in addition to planning the menu and shopping lists for the coming week. Residents were involved in household activities such as shopping, laundry and food preparation in accordance with their wishes.

There was a system for recording and reviewing complaints although there had been no complaints made in the centre. The complaints procedure was written in a legible format. It was clear and accessible to both residents and their families and was clearly displayed. There was a complaints policy which provided guidance on the management of complaints. Residents had good access to advocacy services. A six-week advocacy course took place in the centre each year. The advocacy service was also available to residents at all other times and contact details were displayed.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms and could lock their bedroom doors if they wished to. Residents who lived permanently in the centre had their rooms decorated with photographs, pictures, trophies and personal belongings. Residents also had ample wardrobe space.

Residents' civil and religious rights were respected. All residents were registered to vote and could attend the local polling station if they chose to do so. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. There was a church nearby which residents could visit as they wished.

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was not reviewed at the last inspection.

There was a policy to guide the admission process although there had been no recent admissions to the centre. The person in charge explained the admission process and she was aware of the importance of suitable assessment prior to admission.

Contracts for the provision of services had been agreed with all residents.

The inspector reviewed some contracts and found that they were informative and reflected the service provided. However, the contracts did not clearly indicate which services may incur additional costs to residents. The person in charge stated that she would attach an appendix to the contract to include this information. She planned to explain and discuss this with residents prior to seeking their signed agreement.

**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:**  
This outcome was not reviewed in full on this inspection as it was examined at a recent inspection and was found to be in substantial compliance.

During the last inspection the inspector found that recording of some aspects of residents' developmental goals required improvement and on this inspection it was found that this had been addressed. The inspector viewed a sample of personal plans and found that residents' developmental goals and aspirations were clearly identified. Commencement dates had been recorded and staff regularly updated files by recording any steps that had been taken to progress the goals.

The goals identified were beneficial and meaningful to residents. For example, one resident wished to get a bicycle and use it regularly and this had been achieved. Another resident wanted to have a party for a significant birthday and aspects of this such as choosing and booking a venue, buying and sending invitations and purchasing an outfit were in progress.

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

**Findings:**  
This outcome was not reviewed in full on this inspection as it was examined at a recent inspection.

During the last inspection the inspector found that the centre was homely, clean, comfortable and well furnished. However, the inspector had found that the accessibility of the house required upgrading, to ensure a safe and suitable dwelling for residents whose mobility was deteriorating. On this inspection the inspector found that these issues had been partially addressed.

There were some structural improvements required at the last inspection which had not yet been addressed. There was a set of steps at the entrance to the house. There was no ramp or any other form of disabled access provided to ensure that residents could continue to maintain their independence and to safely access and exit the house. There were no hand rails to aid and assist residents at exits. In her response, the provider indicated that this was being addressed and identified a completion date for this work. The completion of this work is still within the agreed timeframe.

The identified issues in relation to redecoration and general maintenance had been partially addressed. For example, a defective carpet and damaged lampshade had been replaced. There was no condensation dampness evident in the building throughout this inspection. Bedrooms and communal areas were well furnished and comfortable and there was ample communal space for residents. Since the last inspection one bedroom, which had become vacant, had been converted to an additional small sitting room.

Although the house was generally comfortable, some internal and external areas required repainting and one resident had identified repainting the bedroom as a short term goal. However, the maintenance of the property was carried out by the organisation's maintenance team and the person in charge did not have the authority to organise for this work to be carried out as required. This arrangement impacted on the ability to carry out painting in a timely manner and also impacted on one resident's identified goal being achieved. In her response to the previous inspection report, the provider indicated that this was being addressed and identified a completion date for this work. The completion of this work is still within the agreed timeframe.

There was a well equipped utility room with laundry facilities where residents could participate in their own laundry.

There were suitable arrangements for the disposal of general waste. Residents and staff segregated waste in the house before removal to the main bins which were stored externally. These were removed by contract with a private company. There was no clinical waste being generated.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services



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

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

**Findings:**

This outcome was not reviewed in full on this inspection as it was examined at a recent inspection.

During the last inspection the inspector found that while there were measures in place to protect the safety of residents, improvement was required to the identification and review of risk. These issues were reviewed at this inspection it was found that they had been partially addressed. An issue relating to a possible fire safety non-compliance was also identified on this inspection.

On this inspection the inspector found that the person in charge had carried out a review of environmental risks in the centre and had entered these in the risk register along with measure to control or reduce these risks to residents. However, the risk register was not reflective of all risks in the centre. For example there was a significant fire safety risk that had not been recorded. Staff explained that residents sometimes kept their bedroom doors wedged open to improve their accessibility throughout the building. This presented a risk to the safety of residents in the event of fire. Although staff who were present were aware of this risk and explained the measures they would take in this event, this risk was not included in the risk register and solutions had not been explored in relation to the installation of more appropriate hold open devices.

Systems were in place for the prevention and management of fire. There were up to date servicing records for all fire safety equipment. Service records showed that the fire alarm system and emergency lighting were serviced quarterly and fire extinguishers were serviced annually. Fire exits were noted to be unobstructed. Personal evacuation plans had been developed for each resident which detailed actions to be taken should evacuation be necessary.

All staff had completed fire safety and evacuation training and staff spoken with were able to tell the inspector what they would do if a fire occurred and how they would evacuate residents. The procedures to be followed in the event of fire were displayed.

Monthly fire evacuation drills took place in the centre. However, recording of the fire drills was not fully effective as it recorded the time taken to evacuate each resident, but did not record the overall evacuation time taken to evacuate all residents or the staff involved. Residents told the inspector about the fire evacuation drills and they were clear about what they would do if they heard the fire alarm. They confirmed that the alarm would wake them if they were asleep.

As part of the registration application process the provider had submitted a self-declaration of fire safety compliance. The provider had also engaged a consultant to undertake a detailed reviewed of fire safety in the centre and the inspector read the results of this review. The report indicated that there were several areas which were not in line with best fire safety practice, some of which required immediate action. The

person in charge confirmed that there is an action plan being developed to address these issues.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

This outcome was not reviewed in full on this inspection as it was examined at a recent inspection. During the last inspection the inspector found that recording of some aspects of residents' behaviour support plans required improvement and on this inspection it was found that this had been addressed.

Some residents in the centre had behaviours that challenge. The inspector found that these residents had good access to specialist staff and that behaviour support plans had been developed in conjunction with the behavioural therapist. Behaviour recording charts had been introduced for these residents in accordance with the recommendations of the behavioural therapist.

Staff were clear about the issues which could contribute to behaviour that challenges and knew the interventions which could calm these situations. Review of incident records showed that the instances of behaviours that challenged had decreased significantly.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The notification of incidents to the Chief Inspector was not reviewed at the last inspection.</p> <p>The person in charge and her deputies were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. A review of incident records indicated that incidents that required immediate notification had been suitably submitted.</p> <p>There was no evidence that any issues that required quarterly notification to the Chief Inspector had occurred in the centre. However, no reports had been made to the Chief Inspector, as required by the regulations, to indicate that there was nothing to notify.</p>
<p><b>Judgment:</b> Non Compliant - Moderate</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>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.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> This outcome was not reviewed at the last inspection.</p> <p>Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.</p> <p>Residents were involved in light household chores, such as assisting with cooking, laundry, housekeeping and grocery shopping at levels suited to their abilities.</p> <p>There were a range of developmental opportunities available to residents which took place during the day at the resource centres that residents attended. For example, residents had participated in training in art/crafts, personal development, cookery, road</p>

safety awareness, sport and swimming. Twice weekly residents had the option to attend a club where they could meet and socialise with friends and partake in activities such as discos and bingo. Other activities, independent of the centre, also took place. Residents went frequently to local shops, coffee shops, hairdressers, barbers and the pharmacy.

As the houses were centrally located residents could also walk to some shops, local amenities and churches if they wished to. Residents regularly attended the cinema, theatre, parties and outings, including a trip by train to Dublin Zoo.

**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):**

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

### **Findings:**

This outcome was not reviewed in full on this inspection as it was examined at a recent inspection and was found to be in substantial compliance.

During the last inspection the inspector found that there were safe medication management practices in place but that improvement was required to the medication management policy. The medication management policy was not centre specific and did not detail local procedures for the administration of medication or arrangements for storing or obtaining medication for residents. On this inspection it was found that this issue was not been addressed but was in progress.

The person in charge explained that the provider had developed a new local medication policy in consultation with the person in charge. This policy was at final draft stage and was expected to be implemented in the coming weeks.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the statement of purpose described the services provided in the centre, was informative and met the majority of the requirements of the regulations. However, some information was unclear and required updating. For example, the organisational chart did not clearly describe the current management structure and the numbers of residents to be accommodated was not accurate.

The person in charge reviewed the statement of purpose annually.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

This outcome was not reviewed in full on this inspection as it was examined at a recent inspection. During that inspection the inspector found that suitable reviewing of the quality and safety of care was not being undertaken and on this inspection it was found that this had been partially addressed.

During the last inspection the inspector found that there was a clearly defined management structure and that the centre was suitably managed and this continued to be evident on this inspection.

However, an annual review of the quality and safety of care and support had not yet been undertaken by the provider, although the person in charge informed the inspector that this was planned and would take place in the near future. Since the last inspection the provider had delegated responsibility to the person in charge to undertake two unannounced audits of the centre each year to review the quality and safety of the service. One of these audits had recently taken place and the inspector reviewed the findings. A template had been devised for these audits and it had been completed by the person in charge. It included levels of compliance with several aspects of care and action plans had been developed for any areas where deficits were identified.

There was a system for monthly review of any accidents or incidents occurring in the centre by the person in charge and forwarded to the quality and safety team in the organisation for further review.

Some of the documentation required to support the application to register the service had not been supplied. Plans of the designated centre had not been provided as required for the application process. The person in charge explained that there is no copy of the plans available at present but that she is in the process of sourcing this documentation.

**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:**

This outcome had not been reviewed at the previous inspection.

The person in charge and her deputies were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

There were suitable arrangements in place to cover the absence of the person.

**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:**

Use of resources was not reviewed at the last inspection.

The inspector found that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements.

The inspector found that the centre was suitably staffed and overall feedback from residents and relatives stated that there were sufficient staff available to care for residents. However, feedback from one relative indicated that there was insufficient staff and transport both of which impacted on residents' social activities and community involvement. This was brought to the attention of the person in charge who stated that, as a matter of priority, she would carry out additional assessments and a review of all residents' social needs to ensure that they were being consistently met.

There was transport available to residents. Although the centre did not have its own transport, a vehicle from the organisation brought residents to their resource services daily. In addition, this centre shared a vehicle with a nearby centre at other times. As this centre was centrally located and in very close proximity to the facilities of a large town some of the residents walked when they wanted to go out, for example, to Mass, shopping or for coffee and meals. They also had access to public transport nearby. The person in charge confirmed that this would also be included in the assessment of residents' social needs.

**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:**

This outcome was not reviewed in full on this inspection as it was examined at a recent inspection and was found to be substantially compliant with the regulations. During that inspection the inspector found that some inexperienced staff had not been suitably supported by experienced staff and on this inspection it was found that this had been addressed.

The inspector found that the numbers and skill mix of staff were appropriate to the assessed needs of the residents.

There was a rota available which detailed staff on duty. All staff working in the centre had been working in the centre for a long time and knew the residents well. There was no evidence to suggest that inexperienced staff were rostered for duty without the support of more experienced staff. Staff who spoke with the inspector were very familiar with the care needs of residents. Residents confirmed that they were well cared for and supported by staff.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the records required by the regulations were being maintained, although an improvement was required to the directory of residents.

During the course of the inspection a range of documents, such as the residents guide, operational policies, fire safety records, personal plans and health and safety documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were neat, clear and orderly.

However, some improvement was required to the directory of residents. While most of the required information was recorded, the dates of admission of each resident to the centre were not included.

All policies required by Schedule 5 of the Regulations were available in the centre.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002604
<b>Date of Inspection:</b>	12 April 2016
<b>Date of response:</b>	30 May 2016

### Requirements

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

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

### Outcome 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:**

Service contracts did not clearly indicate which services may incur additional costs to residents.

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

**1. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

An easy read booklet outlining costs incurred by the Service Users is attached to the Service User agreement. The booklet also outlines those services provided by the Provider.

**Proposed Timescale:** 01/06/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Suitable disabled access had not been provided at external exits.

**2. Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Occupational therapist has been requested to do an assessment of the exits for location of ramps.

Estates dept' have also been contacted to do their assessment in order to look at the layout of the building for an alternate exit which will make ramping possible.

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

Some areas, both internally and externally, required repainting

**3. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Maintenance have been contacted to complete the painting schedule to both the exterior and interior of the building.

**Proposed Timescale:** 30/11/2016

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

**Theme:** Effective Services

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

The risk register was not reflective of all risks in the centre. There was a significant fire safety risk that had not been identified as a risk in the risk register.

**4. Action Required:**

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

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

The risk register has been updated and the risks identified have been addressed in the risk register. The risk of door stoppers has been identified and where possible this practice has stopped but where it is not possible control measures have been put in place.

**Proposed Timescale:** 10/06/2016

**Theme:** Effective Services

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

Recording of the fire evacuation drills was not fully effective as it did not record the overall evacuation time taken to evacuate all residents or the staff involved.

**5. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A new template has been devised and is now in use. The fire drill template now encompasses the overall time for total evacuation of the building.

**Proposed Timescale:** 01/06/2016

**Theme:** Effective Services

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

A fire safety report indicated that there were several areas which were not in line with best fire safety practice.

**6. Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

A review of the initial fire inspection is taking place at the present time and on the recommendations of this new assessment the estates dept' will be contacted to give a time frame for completion of works to the building to bring it in line with best fire safety practice.

**Proposed Timescale:** 28/02/2017

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

No quarterly returns had been submitted to the Chief Inspector.

**7. Action Required:**

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

Quarterly returns have been submitted.

**Proposed Timescale:** 03/06/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

The medication management policy was not centre specific and did not detail local procedures in place for storing or obtaining medication for residents.

**8. Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The new medication policy has recently been circulated and has now re-placed the old policy in the policy folder.

**Proposed Timescale:** 03/06/2016

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not meet some of the requirements of Schedule 1 of the regulations.

**9. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of purpose has been updated except for the floor dimensions of the communal areas. These will be added to the Statement on their receipt.

**Proposed Timescale:** 10/06/2016

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Some of the documentation required to support the application to register the service had not been supplied.

**10. Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities)

Regulations 2013.

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

The measurements of the communal rooms will be undertaken and added to the Statement of Purpose. The statement will then be forwarded to the HIQA registration office.

**Proposed Timescale:** 10/06/2016

**Theme:** Leadership, Governance and Management

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

An annual review of the quality and safety of care and support had not been undertaken by the provider,

**11. Action Required:**

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

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

The annual review of the quality and safety of care and support template is under review. There is a meeting on the 31/05/2016 to review and implement the changes necessary. This template will then allow a more centre specific report and will be completed in the Community Group Home.

**Proposed Timescale:** 10/06/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The dates of admission of each resident to the centre were not included in the directory of residents.

**12. Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Service Users directory will be updated with dates of admission for each Service User.

**Proposed Timescale:** 01/06/2016