

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dungloe Services
Centre ID:	OSV-0003331
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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:
21 September 2016 09:15	21 September 2016 18:00
22 September 2016 09:20	22 September 2016 14:05

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 11. Healthcare Needs
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

Background to the inspection:

This was an 18-outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. The inspector met with all the residents, and four staff members and the person in charge. Residents told the inspector that they liked

living in the centre and felt safe there. They also said that staff looked after them well, that they enjoyed their leisure time and that they chose and received foods that they liked.

Description of the service:

The centre was made up of two of detached houses, close to a rural town. The centre provided a residential and respite service for nine male and female adults with intellectual disabilities and or autism.

Overall judgment of findings:

The inspector found a good level of compliance with the regulations, with eight of the outcomes found compliant and three substantially compliant. Six outcomes were moderately non-compliant and there was one major non-compliance.

Overall, residents received a good level of health and social care, and stated that they were happy living in the centre. Residents had interesting things to do during the day, and were also supported by staff to integrate in the local community. They also had good opportunity to keep in touch with family and friends. Residents' healthcare needs were well met, and there were generally safe medication management practices in place to safeguard residents.

There were other measures to safeguard residents, such as staff were suitably trained and were aware of safeguarding risks and how to address them should any arise. While there were health and safety measures in place, some improvement to fire safety and risk management was required.

The centre was suitably resourced in terms of staff to meet the needs of residents. However, further improvement was required to the systems to support residents to communicate. In addition, the governance and management of the centre required improvement in providing service agreements with residents. Minor improvement was also required to the statement of purpose and the management of residents' property.

Findings from the inspection and actions required are outlined in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that residents were consulted in how the centre was planned and run, and had access to a complaints procedure. However, improvement to privacy for residents and to the complaints process was required.

Weekly meetings were held in each house in the centre where residents could make plans and discuss issues of importance to them. Staff recorded minutes of the meetings. Minutes of recent meetings showed that residents had discussed personal events, such as planning activities and outings. Meals plans for the week and grocery shopping had also been discussed.

Residents told the inspector that they were very happy living in the centre, had the opportunities to do the things they wanted to do, including social activities and that they could get up and go to bed when they wanted to. Residents carried out household activities such as shopping, laundry, food preparation and outdoor planting.

While the inspector observed that the privacy and dignity of residents was respected, there were some aspects of the premises that reduced the privacy and comfort of some residents. Most residents had their own bedrooms, although some residents shared rooms and aspects of these arrangements impacted on the privacy of these residents. There was no privacy screening in a shared bedroom to preserve the privacy of the residents using this room. In another shared room there was limited space for a resident

to store personal clothes and belongings. In addition, the dignity of residents could be compromised due to the lack of continence assessments to establish the most appropriate intimate hygiene options.

All bedrooms were decorated with photographs, pictures and personal belongings and residents had the option of locking their bedroom doors if they chose to do so.

Residents' civil and religious rights were respected. All residents were registered to vote and staff accompanied residents to vote if they wished to go. Residents were supported to practice their religion in their preferred ways. Residents attended weekly Mass at times of their preference, and also regularly attended prayer meetings in the local church.

The complaints procedure was written in a legible format, and was designed to be clear and accessible to residents. Residents, who spoke with the inspector, understood the complaints process, and stated that they would talk to staff if they had any complaints or worries. They felt confident that any concerns they had would be addressed. However, while the complaints procedure was available to residents, it was not clearly displayed to inform relatives or other visitors to the centre. There was a photograph of the complaints officer displayed, but contact details were not provided.

There was also a complaints policy which provided guidance on the management of complaints, and included an appeals process. However, the appeals process as outlined in the policy was not consistent with the appeals advice in the complaints procedure. In addition, a person, separate to the complaints officer, had not been identified, to review complaints to ensure that they had been suitably addressed, recorded and finalised. There were no active complaints under investigation at the time of inspection, although there was a suitable system for recording complaints if required. The inspector viewed the complaints register in one house in the centre, and found that there had been no complaints.

There was an advocacy service available to residents and details of how to access this service were displayed.

Residents required support from staff in managing their money and valuables. The inspector viewed the arrangements for the management of money of a resident who required support and found that it was managed in a clear and transparent manner. Transactions were clearly recorded and signed and receipts were maintained for all purchases. However, receipts for rent paid to the landlord were not retained, and there was no guidance available on the procedure for retention of receipts. This is further discussed in outcome 18.

Throughout the inspection, staff spoke with residents in a caring and respectful manner and residents confirmed that staff treated them very well.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were some measures in place, such as communication plans, cues and pictures to support communication with residents. However, it was found that some improvement was required to assessments for the use of technology to support communication.

The inspector found that internet access was not available to residents. This impacted on residents' ability to use beneficial communication techniques through computerised systems. One resident had a personal internet access system and the staff in the centre had recently sourced some appropriate computer applications for this resident's use.

Communication plans had been developed for residents. However, the quality of information in the plans was inconsistent, as some of the plans provided detailed information, while others did not include sufficient information to guide staff.

There was information for residents displayed in an accessible format in the centre, including information on the complaints and advocacy procedures and fire evacuation plans. All residents had access to televisions, radio, DVDs and reading material.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

Residents who lived in the centre were supported to maintain relationships with their families, and were encouraged and supported to interact in the local community.

Residents' family and friends could visit at any time. Some residents also visited and stayed with family members.

Families were invited to attend and participate in residents' annual planning meetings and reviews of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues. Some residents visited a day service each weekday where they had the opportunity to meet and socialise with friends. Residents told the inspector that in addition to family visits they also had visits in the centre from friends.

Residents said that they were supported to go on outings, shopping, attend sporting and entertainment events and dine out in local restaurants.

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):

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

Contracts for the provision of services had not been agreed with most residents.

A new service contract document had been developed. The inspector read a copy of the new service contract and found that it was informative and included the required information. The person in charge stated that this had been agreed with a small number of residents and would be supplied to other residents or their representatives for agreement in the near future.

There was a policy to guide the admission process, and the person in charge was aware of the importance of suitable assessment prior to admission. A resident who had recently come to live in the centre had been assessed prior to admission and plans of

care had been developed soon after admission.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

While residents' social wellbeing was generally maintained by a good standard of care and support, improvement was required to personal planning for developmental goals and some care assessments.

All residents had a personal plan which contained important personal information about their backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual health and social care needs. However, some improvement was required to assessment of needs, as the inspector found that intimate care plans did not explore the most appropriate intimate care options for all residents.

There was an annual meeting for each resident attended by the resident, family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing.

The inspector read some of the goal planning that had been completed in residents' personal plans and found that improvement was required. Some of the goals identified did not represent new experiences, and arrangements as to how they would be implemented in practice had not been recorded in some instances. For example, the same goals were repeated annually for some residents and some were not reviewed during the year to ensure that they could be adapted to suit seasonal needs. In addition, some goals had not been progressed while others had not been suitably reviewed or

evaluated to ensure that progress was being maintained.

Some residents' goals, such as visiting family members and graves of loved ones, and attending concerts had been achieved.

There were a range of activities taking place in day services and residents' involvement was supported by staff. Some residents attended day services each day, some attended when they chose to, while for some, who were retired, activities were held in the centre. Activities such as arts and crafts, baking, gardening, watching DVDs and jigsaw making, took place in the centre.

Staff also supported residents' access to the amenities in the local community such as shopping, eating out, meeting their families, and attending sporting events, Mass and leisure outings. There were vehicles available to transport residents to day services or other activities they wished to participate in. Residents told the inspector of attending concerts, parties and outings, and of participating in sports, which they said they enjoyed. Residents also showed the inspector photographs of these events and trophies that they had won.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The design and layout of the centre generally suited the needs of residents. Improvement was required in one of the dwellings to improve the privacy of residents as discussed in outcome 1. Measures to improve the health and safety of the building were also required and these are discussed further in outcome 7.

There were two houses in the centre. The inspector visited both houses in the centre and found that all the accommodation was well maintained both internally and externally, was clean, suitably furnished and comfortable.

Most residents had their own bedrooms. The bedrooms were bright, well furnished and suitably decorated. Overall residents had adequate personal storage space and wardrobes. All bedroom doors were lockable and there were keys available for residents who wished to lock their doors. In one of the houses, none of the residents had en-suite bathroom facilities. In this house there was one bedroom with en-suite facilities, but this room had been reserved for staff use. In the second house, there were two bedrooms with en-suite facilities; one of these rooms was occupied by a resident, while the other was reserved for staff. The benefit of allocating bedrooms with en-suite facilities to residents had not been explored. There were additional well-equipped bathrooms and showers. Overhead hoists were provided.

The inspector found kitchens to be well equipped and clean. There were laundry facilities in each house, where residents could do their own laundry with the required support from staff. There was combined office and bedroom accommodation provided for staff in each house.

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

There were well maintained gardens adjoining the houses. Some residents had planted flowers and plants in raised displays and planned to paint the timber raised beds in the future. However, the driveway and parking areas at the front of one of the houses required improvement. The surface in this area was poor. The inspector observed that rainwater formed puddles at the front of the house and some parts of the car park became muddy during wet weather. This decreased residents' ability to walk comfortably between transport and the house and presented a possible trip hazard.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that there were systems in place to protect the health and safety of residents, visitors and staff. However, improvement was required to fire evacuation drills, some fire safety procedures and risk assessment.

There was a health and safety statement, a risk management policy and risk register which identified measures in place to control identified risks. Personal risks specific to each resident were identified and control measures were documented in residents' personal plans. However, although the risk management policy was generally comprehensive and informative, guidance to manage the risk of self-harm was not available during the inspection. In addition, assessment and control measures to reduce the risk of scalding from very hot tap water had not been introduced.

The inspector reviewed fire safety policies and procedures. There were up-to-date servicing records for all fire fighting equipment, fire alarms and emergency lighting. There was a range of internal safety checks being carried out. For example, weekly checking of emergency lighting and monthly checks of fire fighting equipment were being undertaken, and these checks were being recorded. The provider had some measures in place to control the spread of fire, although these were not adequate throughout the centre. In one of the houses, all internal doors were fire doors, but there were only two fire doors in the other house. None of the bedroom doors were fire doors in this house and this had not been assessed to establish the level of risk this generated. The provider had identified a need for automatic closing mechanisms on internal doors and at the time of inspection this work had been arranged and was about to start.

Staff had received fire safety training. Staff who spoke with the inspector knew the evacuation procedure. Personal emergency evacuation plans had been developed for each resident. Residents who spoke with the inspector knew what to do in the event of hearing the fire alarm. The procedures to be followed in the event of fire were displayed.

However, fire evacuation procedures and drills required improvement. Fire evacuation drills were being carried out approximately quarterly and three had already taken place in 2016. Records of all fire drills were maintained and these included the time taken and comments recorded for learning. Records indicated that fire evacuations were mostly completed in a timely manner and that any issues encountered were discussed and resolved for future drills. However, no fire drills had been undertaken during night-time hours, or to simulate night-time circumstances. Therefore, the person in charge and staff did not know of problems that might occur, or how residents might react, during an emergency at night.

The fire evacuation plans advised that staff in another designated centre could be contacted for support in the event of an emergency requiring evacuation. This presented a risk that the staffing level in the other centre would be reduced and that there may not be enough staff left to meet the needs of residents in the other centre.

The building was maintained in a clean and hygienic condition. Hand sanitizers were available for use by residents, staff and visitors.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

There were measures in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults from abuse and all staff had received training in either safeguarding or elder abuse, and some had received both. There was a schedule for all staff to complete safeguarding training in the near future. The person in charge confirmed that she had received training in relation to adult protection. She was knowledgeable regarding her responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation. Any allegations or suspicions of abuse that had occurred in the centre had been taken seriously and were suitably managed.

There was also a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. There was a very low level of behaviour management issues occurring in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner.

There were no residents using bed rails or any other form of physical restraint.

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.

Theme:

Safe Services

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. All required incidents and quarterly returns had been notified to HIQA.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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.

Theme:

Health and Development

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that residents had opportunities to develop further skills. Residents were supported to participate in education and training to assist them to achieve their potential. They were involved in basic household chores, such as baking, vacuuming, recycling and laundry. During the inspection, the inspector saw residents assisting in mealtime preparation and one resident had baked a cake for the tea.

There were a range of developmental and social opportunities available to residents in both the day service and the local area. For example, some residents were very involved in sport and had recently taken part in a charity walk. Others attended a drama group and showed the inspector photographs of a production that they had taken part in. One resident was involved in rug making and showed the inspector a rug that they had made

for their room and stated that they had also made some as gifts for friends. Other activities, which residents were involved in, included computer classes, yoga, swimming, furniture restoration and social outings. Several residents also participated in sports, including involvement in the Special Olympics.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that residents' healthcare needs were well met and they had access to general practitioner (GP) and other health care services as required.

All residents had access to GP services. The inspector found evidence that residents went for consultation with GPs as necessary. Referrals to other medical consultants were also made, when required, for residents.

Residents had access to health professionals including physiotherapy and occupational therapy, and referrals were made as necessary. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice. In addition, other external health care services were arranged, such as visits with the optician, chiropodist and dentist.

Individualised support plans were in place for all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff. Staff regularly reviewed residents' healthcare needs and undertook assessments, for example, falls risk, nutritional risk and tissue viability. Care plans had been developed for issues such as diabetes management, epilepsy care and eating and drinking.

Residents' nutritional needs and weights were kept under review and any identified issues were addressed. For example, referral to the dietician for weight management guidance was made for residents where required and the dietician's recommendations were recorded and were being successfully implemented. Residents were supported and encouraged to eat healthy balanced diets and partake in exercise. Some residents also

told inspectors of being involved in active sports and recreation such as bocce, yoga, walking and swimming.

Residents had access to the kitchen to prepare drinks and snacks at any time. Residents told the inspector that they chose what they wanted to eat, were involved in food shopping and meal preparation and that they always enjoyed the meals in the centre. At the time of inspection there were no residents who had been assessed as having any significant nutritional issues.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that residents were protected by safe medicines management policies and practices. However, improvement to the management of unused and out-of-date medication was required.

There was generally good practice around medicines management. There were colour photographs of each resident to verify identity, if required, and there was an up-to-date signature sheet available. Staff signed medication administration sheets to confirm that medication had been given.

Individual medicines management protocols had been developed for each resident. Medication was securely stored and there was monitored refrigerated storage for medication requiring temperature control.

There was a medication policy available to guide staff. Staff who administered medication to residents had been trained in the safe administration of medication. Only a small number of staff had not received this training, and these staff were scheduled to complete this training in the coming week. In the interim, these staff did not administer medication.

The person in charge explained that medication auditing was due to commence in

October 2016 and that this would be carried out by a nurse from another designated centre in the organisation who had received training in auditing. In addition, the pharmacist came to the centre quarterly to meet with staff and carry out a medication review.

The person in charge explained the system for managing medication errors, but to date there had been no medication errors in the centre.

The centre did not have suitable practice in relation to the disposal of unused and out-of-date medication. There was a system for the recording of any medication that was found to be out of date or no longer in use. However, this system was not sufficiently secure as returned medications were not being signed by the pharmacist to confirm receipt of their return.

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):

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

There was a statement of purpose that described the services provided in the designated centre and met several of the requirements of the regulations. However, some required information was not included, while other information was unclear. For example, procedure for emergency admissions (if any), the number and age range of residents for whom it is intended to provide accommodation and services and facilities provided by the registered provider to meet the care needs of residents, were not clearly presented.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

While the provider had established a management structure to ensure delivery of suitable care and support to residents, the inspector found that improvement was required to staff supervision and governance.

The provider nominee had recently been to the centre to carry out an unannounced six monthly review of the service as required by the regulations. She had written a report on the visit which highlighted areas where improvement was required and measures that would be taken to achieve compliance. A copy of the report had been supplied to the person in charge for her attention. An annual report on the quality and safety of care in the designated centre had not yet been prepared.

There was some additional auditing being undertaken in the centre by the person in charge. Monthly reviews of incidents were being undertaken by the person in charge and all incidents in the centre were escalated to the organisation's risk management department for further review. The number of incidents occurring in the centre was low, but had been suitably recorded. The number of complaints received in the centre was also low, and therefore there was not enough information to audit or identify trends.

The provider did not ensure that the service was consistently managed to ensure compliance with the regulations. Although, at the time of inspection, the person in charge was identified as the manager of this centre only, she did not spend much management time in the centre and was based in another designated centre. She explained that absence of a computer system in this centre impacted on her ability to carry out some governance duties here. Staff stated that the absence of a computer system in the centre also impacted on their ability to source and exchange information, and increased the time spend on documentation and recording.

Staff had not received suitable supervision. The inspector found that a planned supervision process was not being implemented for staff working in the centre. The person in charge stated that further training was required before this would be implemented.

<p>Judgment: Non Compliant - Moderate</p>

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):
This was the centre’s first inspection by the Authority.

Findings:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The provider and person in charge were aware of the requirement to notify HIQA of the absence of the person in charge.

Arrangements were in place to cover the absence of the person in charge.

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):
This was the centre’s first inspection by the Authority.

Findings:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

There was evidence of adequate resources to ensure effective delivery of care and support, although absence of a computer system impacted negatively on the person in

charge and other staff.

The centre was adequately furnished, maintained and equipped, and there were resources, including transport, to facilitate residents' occupational and social requirements. However, there were no computer facilities in these houses for use by staff. Staff confirmed that this impacted on their capacity to carry out their duties in a timely manner and to access information when required. In addition, this necessitated the person in charge to carry out a significant portion of her work in another designated centre to use the computer system there. This is further discussed in Outcome 14.

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):

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that there were appropriate staff numbers and skill-mix to meet the assessed needs of residents at the time of inspection. Staff had received a range of training appropriate to their roles.

Staffing levels were based on the needs of residents and were determined by reviews of residents' care needs by the person in charge and the multidisciplinary healthcare team. There was a planned roster which the inspector found to be accurate. Staff were present in the centre to support residents, and an additional staff member was on duty at weekends to offer residents more choices of things to do. Staff also accompanied residents for outings, such as concerts and trips away and when they wanted to do things in the local community, such as going shopping or for coffee, visiting the hairdresser, or to attend social events.

Some residents received a home-based service or sometimes chose not to attend day services, and staff were available to support these residents. There were separate staff to support residents who attended day services.

The inspector did not fully review the staff recruitment process on this inspection. The main recruitment records were not available for review as they were kept centrally in another location that was not close to this centre.

The person in charge confirmed, and training records indicated, that staff had received training in fire safety, adult protection and manual handling. In addition, staff had received other training relevant to their roles, such as training in medication management, diabetes awareness, hand hygiene and first aid.

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):

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that records required by the regulations were maintained in the centre.

During the course of the inspection, a range of documents, such as the directory of residents, medical records, staff training records, health and safety records and healthcare documentation were viewed and were generally found to be satisfactory. All records requested during the inspection were made available to the inspector.

Policies required by Schedule 5 of the regulations were available to guide staff. However, the inspector viewed the arrangements for the management residents' financial arrangements and found that while managed in a clear and transparent manner, guidance on receipting of transactions was not clear. There was no guidance available to guide staff on procedure for retention of receipts.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003331
Date of Inspection:	21 September 2016
Date of response:	25 November 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The dignity of residents could be compromised due to the lack of continence assessments to establish the most appropriate intimate hygiene options.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- Continence assessment have been completed and discussed in accordance with resident wishes

Proposed Timescale: 28/10/2016

Theme: Individualised Supports and Care

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

Some residents shared rooms and aspects of these arrangements reduced the privacy of these residents.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- 3 companies contacted to source privacy screens (such as telescopic poles) to provide privacy & dignity for those in shared rooms. The quotations have been sent to the HSE for approval. The screens will be fitted within 4 to 6 weeks.

Proposed Timescale: 31/01/2017

Theme: Individualised Supports and Care

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

There was limited wardrobe space for some residents to store personal clothes and belongings.

3. Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

- New wardrobe ordered awaiting delivery of same.

Proposed Timescale: 07/12/2016

Theme: Individualised Supports and Care

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

The complaints procedure was not displayed in a prominent position in the centre. Contact details for the complaints officer were not displayed.

4. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

- A complaints procedure was developed and is displayed in a prominent position together with contact details i.e. Telephone number and email address of the complaints officer.

Proposed Timescale: 01/11/2016

Theme: Individualised Supports and Care

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

A nominated person, other than the complaints officer, who would ensure that all complaints had been suitably addressed and recorded, had not been identified.

5. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

- The person in charge has been identified as the nominated person to ensure all complaints are dealt with and recorded in accordance with the complaints procedure.

Proposed Timescale: 01/11/2016

Theme: Individualised Supports and Care

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

The appeals process was not clear.

6. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an

appeals procedure.

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

- An updated version of the complaints policy is now in place which clearly outlines the appeal process

Proposed Timescale: 23/11/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The quality of information in communication plans was inconsistent, as some of the plans provided detailed information, while others other did not include sufficient information to guide staff.

7. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

- Communication tools are being reviewed and updated to ensure that sufficient information is included in each resident's care plan to guide staff on the supports each individual requires.
- The person in charge will carry out a review to ensure that all residents have a comprehensive communication plan in place.

Proposed Timescale: 07/12/2016

Theme: Individualised Supports and Care

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

Internet access was not available to residents.

8. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

- Approval has been granted to install internet access for the residents.
- A company has been contacted & will carry out works to arrange access for all residents.

Proposed Timescale: 31/01/2017

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:

Agreements for the provision of services had not been agreed with all residents.

9. Action Required:

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

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

- Contracts of care have now been agreed, completed and signed with service users and or their representative where the resident is not capable of giving consent.

Proposed Timescale: 24/10/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some personal planning goals for residents did not represent new experiences, and arrangements as to how they would be implemented in practice had not been recorded in some instances.

Some goals had not been progressed while others had not been suitably reviewed or evaluated to ensure that progress was being maintained.

10. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- Personal planning goals have been reviewed in conjunction with the resident where appropriate .New goals agreed have been implemented and include specific guidance on how they will be met; this includes timeframes and the person responsible.
- The person in charge has met with staff to provide guidance on person centred goal planning and the need for goals to be clearly documented and reviewed to ensure progress is maintained.
- The person in charge will ensure quarterly audit of care plans and person centred

plans.

Proposed Timescale: 17/11/2016

Theme: Effective Services

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

Improvement was required to assessment of needs, as some intimate care plans did not explore the most appropriate intimate care options for residents.

11. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

- Intimate care plans have been reviewed and updated to appropriately meet the specific needs of each resident.

Proposed Timescale: 31/10/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The driveway and parking area surface at one house was poor and this surface became ponded and muddy during wet weather.

12. Action Required:

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

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

- A meeting was held with the landlord on the 13th Oct 2016 to discuss the improvements required to the driveway and parking area as outlined above.
- The Landlord was contacted again on 15th November to secure a date for the works to commence; the Landlord stated that it would be approx the end of January 2017 before work will commence.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

The benefit of allocating bedrooms with en-suite facilities to residents had not been explored.

13. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- Whilst the provider acknowledges the recommendation in relation to the en-suite facilities above, it also has to take cognisance of its responsibilities as an employer. As there is a requirement for staff to sleep over in the centre the HSE has to provide changing and washing facilities for staff. From a safeguarding perspective to protect both residents and staff these facilities cannot be shared hence the need to maintain the en-suite for staff.

Proposed Timescale: 22/11/2016

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:

Guidance to manage the risk of self harm was not provided in the risk management policy.

14. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

- A risk assessment has been completed for self harm and placed in the risk register.
- A resource folder has been put in place containing information on self harm, including easy read materials and the Policy & Procedure on Integrated Risk Management in Intellectual Disability & Autism Services Donegal

Proposed Timescale: 21/10/2016

Theme: Effective Services

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

Assessment and control measures to reduce the risk of scalding from very hot tap water had not been introduced.

15. 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:

- Temperature regulators have now being installed.
- Maintenance reports are completed weekly.

Proposed Timescale: 14/10/2016**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

In one of the houses none of the bedroom doors were fire doors and there was no evidence that this was sufficient.

16. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- This action was raised with HSE Fire Officer and an engineer has carried out an assessment on doors.
- A Fire safety report has been completed by the engineer who will work in collaboration with the fire Officer.
- The level of risk was identified as priority which comes under medium risk. This work is currently being addressed.

Proposed Timescale: 28/02/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

No fire drills had been undertaken during night-time hours, or to simulate night time circumstances. There was no plan to ensure that all staff had the opportunity to partake in fire drills.

17. 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 night time evacuation drill has taken place in both houses.
- A Plan is in place to ensure all staff have the opportunity to partake in fire drills.
- A plan was also developed to ensure that all staff working in the unit carries out a simulated night time fire drill.
- Fire evacuations procedures are a standing agenda item to be discussed at staff meetings.

Proposed Timescale: 01/11/2016

Theme: Effective Services

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

The fire evacuation plan guided that staff in another designated centre could be contacted for support in the event of an emergency requiring. This presented a risk that there may not be enough staff remaining to meet the needs of residents in the other centre.

18. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- From carrying out the fire drills it was identified that the existing staffing levels can evacuate in a timely manner and that staff are now not required to come from another centre.

Proposed Timescale: 01/11/2016

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 centre did not have suitable practice in relation to the disposal of unused and out-of-date medication.

19. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

- Practice around medication has been reviewed the recording sheet was amended to include the signature and stamp of the pharmacist and this was discussed at a staff meeting to ensure the appropriate and suitable practice relating to returning medication to the pharmacist is carried out.
- The person in charge will carry out spot checks to ensure the practice is adhered to.

Proposed Timescale: 14/10/2016

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 include all the information required by schedule 1 of the regulations.

20. 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 and function has been reviewed and amended by the person in charge to ensure all information required in Schedule 1 is included.

Proposed Timescale: 11/11/2016

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:

An annual report on the quality and safety of care in the designated centre had not yet been prepared.

21. 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 Provider Nominee has a schedule in place to carry out an annual review on the quality and safety of care and support provided by the designated centre

Proposed Timescale: 28/02/2017

Theme: Leadership, Governance and Management

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

The provider did not ensure that the service was consistently managed to ensure compliance with the regulations. There was no computer system in this centre which impacted on some aspects of management and effective working in the centre.

22. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- An internet line has being installed and awaiting set up and delivery of a computer.

Proposed Timescale: 30/11/2016

Theme: Leadership, Governance and Management

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

Staff had not received supervision. A planned supervision process was not being implemented for staff working in the centre.

23. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- The person in charge has put a schedule in place to carry out staff supervision and performance development with one staff member per week. This will be reviewed annually.

Proposed Timescale: 09/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Clear guidance on an aspect of management of residents' property was not available.

24. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

- Guidance documentation is in place in relation to the retention of receipts
- Patient private Property guidelines have been put in place in relation to resident's private property.
- These guidelines have been discussed with staff at the staff meeting.

Proposed Timescale: 25/10/2016