<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0003363</td>
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<td><strong>Centre county:</strong></td>
<td>Sligo</td>
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<td><strong>Type of centre:</strong></td>
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<td><strong>Registered provider:</strong></td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Teresa Dykes</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Jackie Warren</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
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<tr>
<td><strong>Type of inspection</strong></td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 01 June 2016 09:30 To: 01 June 2016 18:30
From: 02 June 2016 11:45 To: 02 June 2016 16:30

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

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<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

Background to the inspection
The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Eleven of the 18 outcome were reviewed at this inspection and the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence
As part of the inspection, the inspector met with residents, the person in charge and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety procedures and staff files. During the course of the inspection, the inspector met seven of the residents living in this centre. Residents who spoke with the inspector stated that they enjoyed living there and confirmed that they were treated well by staff and felt safe.
Description of the service
The centre comprised of five houses located in three different towns. Three of the houses were in close proximity to each other, while the other two were in different towns and were approximately an hour drive from the other three houses. Three of the houses had accommodation for three residents while the other two had accommodation for four. All houses were located on the outskirts of rural towns. There were suitable communal spaces and accessible gardens throughout the centre. The service was available to seventeen adult men and women who have intellectual disabilities. Two of the houses were occupied by older persons.

Overall judgment of our findings
Overall, inspector found that that as the houses in the centre were not within the same geographic area, this impacted on the person in charge’s capacity to ensure the proper governance and oversight of the services. The provider had put systems in place to ensure that the regulations were being met, the details of which are described in the report. However, some practices impacted on the quality of service being provided to residents.

Safeguarding (outcome 8) was found to be compliant and substantial compliance was noted in service contracts (outcome 4), health care (outcome 11), medication management (outcome 12) and the statement of purpose (outcome 13), but the following improvements were required:

- service contracts (outcome 4)
- management of modified consistency diets (outcome 11)
- medication storage and management of unused medication (outcome 12)
- the recording of the staff roster (outcome 17).

Although good practice was noted, significant improvement was required to suitability of premises (outcome 6), governance and management of the centre (outcome 14) and staffing levels (outcome 17). The inspector found that improvement was also required to personal planning (outcome 5), risk management (outcome 7) and notification of the absence of the person in charge (outcome 15).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Findings:
The person in charge confirmed that contracts for the provision of services had been agreed with all residents and/or their families.

The inspector reviewed some contracts and found that, while they were generally informative, some had not been suitably signed by both parties participating in the agreement and the fee to be charged was not recorded in all the contracts viewed.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
**Findings:**
The inspector found that there was individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre and in the community. However, staffing levels sometimes impacted on residents' opportunity to socialise as preferred and this is further discussed in outcome 17 and the recording of residents' personal goals required improvement.

Each resident had a personal plan which contained important personal information about the residents’ backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals.

There was an annual meeting for each resident, which was attended by the resident, his/her family and support workers, to discuss and plan around issues relevant to the resident's life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, the inspector found that all the goals identified for the previous 12 months had been achieved. However, progress in achieving personal goals was not consistently being recorded, although staff were progressing the identified goals and were able to discuss this progress with the inspector.

There were a range of activities taking place in a resource service and most residents were supported by staff to attend this service. Some residents were retired from resource services and activities and occupation for these residents took place in the centre.

Staff also supported residents’ access to the facilities in the local community such as shopping, eating out, meeting their families, attending sporting events and leisure outings. There were suitable vehicles available to transport residents to day services or other activities they wished to participate in. Arrangements were also made for residents to take holidays, go for outings, attend concerts and musicals and visit families. However, residents’ opportunity to attend these activities at their preferred times could not always be arranged due to staff availability and this is further discussed in outcome 17.

There was no internet access in the centre and this reduced the level of social and community access available to residents. For example, residents did not have access to social media, search engines or online entertainment and news.

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

Findings:
The centre consisted of five houses, some of which were not sited close to each other. While all the houses were comfortable and well maintained there were issues in some houses relating to access to sanitary facilities.

The five houses in the centre were located over a wide geographical area. However, plans for the reconfiguration of this service were at an advanced stage and were expected to be implemented in the near future.

During the last inspection, inspectors found that some residents were sharing bedrooms and this has now been addressed. Numbers had been reduced and at this inspection all residents occupied single bedrooms. The management team confirmed that in the future all rooms would be for single occupancy. An inspector at the last inspection also found some dampness in one of the houses. On this inspection there was no evidence of dampness noted in any part of the centre.

In one house in the centre, three bedrooms were occupied on a shared care basis. The inspector found that the arrangements for changeover between residents were not adequate to protect the privacy of these residents’ property. In some of these rooms, personal belongings and clothing of some residents were left in rooms throughout both occupancy phases. There were no arrangements for the secure storage of the items left behind which impacted on residents’ ability to maintain control over their personal property.

Access to showers was unsuitable in one of the houses. In this house there was only one shower and this was in the en-suite of a resident’s bedroom. As a result, any other residents in the house who wished to have a shower had to use this resident’s bathroom, which impacted on the privacy of all residents. A bathroom was also available but it did not have a shower.

In another house in the centre, there were no suitable accessible shower and toilet facilities for a resident whose accommodation was on a different floor to the main shower room. This impacted on the resident’s comfort and also presented a safety risk. Staff explained that there were plans to renovate part of the ground floor to address this issue.
Laundry facilities were provided in each house, where residents could participate in their own laundry if they wished to. Residents had access to washing machines, tumble driers and outdoor clothes lines. Some residents told the inspector that they did their own washing and enjoyed doing it.

Residents had good access to the outdoors. There were well maintained gardens adjoining the houses. One house in the centre, which provided accommodation for older persons, had a tastefully landscaped garden, with paved and planted areas, fruit and vegetable sections, raised beds and garden furniture. The furniture had been designed to meet the needs of visually impaired people.

The centre was found to be clean and there was a colour coded cleaning system in place. There were suitable arrangements for the disposal of general waste which was stored externally in covered bins. These were removed by contract with a private company. There was no clinical waste being generated.

**Judgment:**
Non Compliant - Major

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

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

**Theme:**
Effective Services

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

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

**Findings:**
While the inspector found that there were systems in place to protect the health and safety of residents, visitors and staff, improvement was required to fire evacuation drills and some aspects of risk management. Fire drill practices were identified as an area for improvement at the last inspection and on this inspection inspectors found that this had not been suitably addressed.

There was a risk management policy, a safety statement and a risk register which detailed the measures in place to identify and control risks in the centre, such as slips, trips and falls, accidental injuries and food safety. The risk management policy and associated risk register, was informative and included guidance on control of the specific risks mentioned in the regulations. It also contained guidance on management of adverse incidents.

However, the risk register was not reflective of all risks in the centre. For example there was a fire safety risk that had not been recorded. Staff explained that some residents
sometimes preferred their bedroom doors open while in bed at night. This presented a risk to the safety of residents in the event of fire. Although staff, who spoke with the inspector, 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. Interventions to reduce the risk of residents being burnt from hot tap water had also not been identified.

A risk in relation to residents' ability to contact staff sleeping in the centre also required to be assessed and remedial action identified. One staff member slept in the centre each night. Residents' bedrooms were on two floors. This presented a risk that residents who were not sleeping on the same floor as the staff may not be able to contact staff if they needed them at night.

The provider had measures in place to ensure residents, staff and visitors to the centre were safeguarded in the event of a fire. Service records showed that all fire safety equipment had been suitably serviced. The fire alarm system was serviced quarterly and fire extinguishers were serviced annually. In addition, staff also carried out safety checks such as weekly checks of fire alarms and fire doors and monthly checks of fire extinguishers. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

Training records indicated that all staff had received formal fire safety training. Staff who spoke with the inspectors confirmed this and were knowledgeable regarding the procedures to be followed in the event of fire.

Fire evacuation drills from the centre took place frequently at intervals of two to eight weeks in different houses in the centre. Records showed that residents could be evacuated promptly from the houses and residents who spoke with the inspector knew the evacuation procedure. However, recording of the fire drills was not fully effective as it did not record which residents participated and which staff were involved in evacuation drills. In addition, no evacuation drills had been undertaken at night time to simulate when residents were sleeping. Therefore, the staff team did not know how long it might take to evacuate residents at night when residents were asleep and there were less staff on duty.

There was an emergency evacuation plan in place for the centre which included details of emergency accommodation, in addition to guidance on a range of other emergencies. Personal evacuation plans had also been developed for each resident.

There was a system for recording and notification of incidents and there was an effective system for investigating and learning from all incidents and accidents, guidance for which was included in the risk management policy.

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

**Findings:**
Measures were in place to protect residents from being harmed or abused.

There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member attended training in client protection. Training records indicated that all staff had received this training and staff who spoke with the inspector were very aware of the safeguarding of residents. Residents told the inspector that staff treated them well and with respect and that they felt safe living in the centre. Residents also explained who they would speak to if they had any concern and were confident that their concerns would be addressed.

There were no residents in the centre who used bed rails or seat belts as a form of restraint and there were no residents prescribed PRN (as required) medication for behaviour management.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
The inspector found that there were systems in place to ensure that residents’ healthcare needs were well met.
There was access to general practitioners (GPs) and health care professionals. All residents had access to medical services and had annual health care reviews carried out by their GPs. Both staff and residents confirmed that GPs could be accessed at other times as required. Appointments for residents to be routinely reviewed or treated by opticians and chiropodists were also made. Speech and language therapy was available and some residents had been reviewed to assess their capacity to swallow. Outcomes of these consultations were recorded and used to inform plans of care. Residents were also given the option of receiving an annual influenza vaccine.

A hospital profile had been developed for each resident which contained all relevant information pertaining to the resident. In the event of a hospital admission these would be used to communicate a range of important information about residents to hospital staff.

Each resident had a personal plan which outlined the services and supports required to achieve good quality health care. The plans viewed contained detailed information around residents’ health care needs, assessments, medical history and any treatment received and also health care support required from staff. In the sample of personal files viewed by the inspector informative plans of care had been developed to guide care of identified health issues such as epilepsy, diabetes and weight management.

The inspector noted that residents' nutritional needs were well met. Some residents had specific nutritional requirements and these were being supplied. Some residents were at risk of weight gain and effective weight management plans had been developed and implemented in consultation with a dietician. Some residents required modified consistency diets and these were supplied. However, the guidance of the speech and language therapist was not clear in respect of one resident’s needs. This did not provide clear guidance to staff and presented a risk that the resident may not receive meals of the most suitable texture.

The kitchens in the centre were well stocked with healthy foods, drinks and snacks. Residents told the inspector that they were involved in menu planning, shopping for their groceries and meal preparation as they wished. The inspector saw residents eating healthy, balanced meals at mealtimes which they appeared to enjoy. The inspector met with some residents in the centre who stated that the food was very good and that they always enjoyed their meals. Residents were also seen taking walks as a form of light exercise during the inspection.

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

**Findings:**
The inspector found that there were safe medication management practices in place, although there was improvement required to medication storage in one house in the centre and to the process for management of unused medication.

Staff confirmed that they had received safe medication administration training, including training in the administration of emergency medication for epilepsy. There was a comprehensive medication management policy guiding practice.

The inspector reviewed a sample of prescription/administration charts and noted that the information required to guide staff on safe medication administration was recorded. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of PRN (as required) medications was prescribed with clear guidance on administration. There was a process for management of medication and staff who spoke with the inspector was clear about this process.

There was some improvement required to the systems in place for the ordering, storage and return of medications. While the systems were generally safe there was an issue around medication storage in one house. In this house the locking system in the medication store had become defective and therefore medication was not always stored securely.

There was a system for the return of unused and out of date medication to the pharmacist. However, the medications for return were not being recorded as required by the centre’s policy. This increased the risk of medication being misappropriated.

At the time of inspection none of the residents were prescribed medication requiring strict controls.

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

Findings:
The inspector found that the statements of purpose generally described the services provided in the designated centre and met several of the requirements of the regulations. However, some information required by Schedule 1 was not clearly represented and the statement was not available to residents in some parts of the centre.

There was no overall statement of purpose for the service but there were five separate statements of purpose for each house in the centre. The inspector viewed the statement of purpose in one house and found that it did not accurately include all the information required by Schedule 1 of the regulations, such as arrangements for ensuring the privacy and dignity of residents and details of specific therapeutic techniques used in the designated centre.

The statement of purpose was not readily accessible to some residents. At the time of inspection a copy of the statement was not available when requested by the inspector in one of the houses in the centre.

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 at this inspection, but was reviewed in respect of the person in charge.

During the previous inspection, inspectors found that the geographical locations and difference in services at each house were not appropriate for the effective management of the service and could not be sustained in the long term. On this inspection, the inspector found that there was a plan for the immediate configuration of the service. On completion of this reconfiguration the current management structure would be changed.

The person in charge was absent from the centre at the time of inspection but there were deputising arrangements in place. The inspector learned during the inspection that the person in charge was to be seconded in the coming weeks to another role for an identified period. A person had been identified to cover the role of person in charge during this absence. She told the inspector that she and the person in charge would be working together until the changeover date to familiarise her in her role.

The inspector did not examine auditing or the quality and safety report on the centre as these documents were not available for inspection due to the absence of the person in charge.

### Judgment:
Non Compliant - Major

#### Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

#### Theme:
Leadership, Governance and Management

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

#### Findings:
The provider had not notified the Chief Inspector of a planned absence of the person in charge.

During the inspection the inspector learned that the person in charge was being transferred to another role for a twelve week period and this was due to commence within the following two weeks.
The provider had not notified the Chief Inspector of this change within 28 days of the start of the absence, although arrangements were in place for the management of the centre in the absence of the person in charge.

**Judgment:**
Non Compliant - Moderate

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector found that staffing levels were not consistently appropriate to meet the needs of residents and staffing rosters were not accurate.

There was usually one staff member present in each house to support residents, although on certain days there were two present. There was one staff in each house on sleep over duty at night time. One staff member appeared sufficient to support residents while residents were in their houses. However, this staffing level impacted on residents having the choice to avail of activities independent of other residents. For example, if one resident in a house wanted to go to Mass and another one didn’t, it was not possible for the staff member on duty to accommodate each person’s preferences. In this scenario, all residents either went to Mass together or stayed at home together. When there was only one staff member available for support, it was not possible for residents to go individually for shopping or for other appointments. However, each house had a vehicle and staff frequently brought residents out for drives in the local area. Suitable staffing arrangements were also made for residents for outings such as concerts and trips away.

Some residents in the centre received a home-based service and staff delivered a range of in-house activities and supports to them. Separate staff supported the residents who attended resource centres.

The inspector reviewed a sample of staff rosters and found that they did not accurately reflect the planned and actual rosters as required by the regulations. In some cases,
changes to staffing had been made and the roster had not been updated to reflect these.

Records of staff training were maintained. The inspector reviewed a sample of these and found that staff had attended mandatory training in fire safety and protecting vulnerable adults. In addition, there was a range of additional relevant training that staff had attended including medication administration, cardiopulmonary resuscitation, open disclosure and hand hygiene.

Staff recruitment files were not reviewed at this inspection.

**Judgment:**
Non Compliant - Major

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**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
Provider’s response to inspection report

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<tr>
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<td>01 June 2016</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some service contracts had not been suitably signed by both parties participating in the agreement.

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1 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 (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:**
- Outstanding signatures will be requested from families
  Person Responsible: Person in Charge
- Copy of letter to families requesting service contract signature will be kept on file
  Person Responsible: Person in Charge

**Proposed Timescale:** 12/08/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fee to be charged was not recorded in all the contracts.

2. **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:**
- Service contracts will be revised to include details of fee to be charged
  Person Responsible: Person in Charge

**Proposed Timescale:** 12/08/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no internet access in the centre and this reduced the level of social and community access available to residents.

**3. Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.
Please state the actions you have taken or are planning to take:
• Request to purchase computers for all houses approved by Service Manager
  Person Responsible: Person in Charge

• Request sent to IT department seeking installation of computers, printers and internet access for all houses
  Person Responsible: Person in Charge

Proposed Timescale: 31/08/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Progress in achieving personal goals was not consistently being recorded.

4. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
• Progress in achieving goals to be recorded and documented in each residents Care Plan
  Person Responsible: Person in Charge

Proposed Timescale: 30/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some bedrooms were occupied on a shared care basis and the arrangements for changeover between residents were not adequate to protect the privacy and individuality of these residents. Residents’ personal belonging and clothing were left in place in rooms throughout both occupancy phases and there were no arrangements for the secure storage of the items left behind.

5. 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:
- Personalised storage of personal items will be provided with clear, pictorial identification of each residents’ belongings
Person Responsible: Person in Charge

**Proposed Timescale:** 12/08/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Access to suitable showers was unsuitable in two houses in the centre.

6. **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:
- Tendering process for installation of suitable showers activated in August 2016 and work to commence in September 2016
Person Responsible: Person in Charge

**Proposed Timescale:** 31/12/2016

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**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/policy was not reflective of all current risks.

7. **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:
- Risk Register /Policy will be reviewed to include hazard identification and assessment of risks throughout the designated centre.
Person Responsible: Person in Charge

**Proposed Timescale:** 26/09/2016
**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Recording of the fire drills was not fully effective as they did not record details of the residents or staff who participated.

No evacuation drills had been undertaken at night time or to simulate when residents were sleeping.

**8. 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:**
- Night time Fire Drills have been completed in all houses since June 5th 2016  
  Person Responsible: Person in Charge
- Recording of fire drills will include details of staff and residents who participate  
  Person Responsible: Person in Charge

**Proposed Timescale:** 26/09/2016

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**Outcome 11. Healthcare Needs**

**Theme: Health and Development**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Guidance from the speech and language therapist was not clear in respect of one resident’s needs. This did not provide clear guidance to staff and presented a risk that the resident may not receive meals of the most suitable texture.

**9. Action Required:**
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident’s individual dietary needs and preferences.

**Please state the actions you have taken or are planning to take:**
- Clarification on guidance in respect of resident’s needs obtained from Speech and Language Therapist and recorded in resident’s Care Plan  
  Person Responsible: Person in Charge

**Proposed Timescale:** 14/06/2016
## 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:**
Medication was not always securely stored in one house in the centre.

**10. 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:**
- Medication is now securely stored in the house identified in Inspection as per regulatory requirement since Inspectors visit (June 2016)

**Person Responsible:** Person in Charge

**Proposed Timescale:** 29/07/2016

### Theme: Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Unused and out of date medication medications for return to the pharmacist were not being recorded as required by the centre’s policy.

**11. Action Required:**
Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

**Please state the actions you have taken or are planning to take:**
- Appropriate template will be developed to record to ensure that storage and disposal of out of date, or unused drugs will be developed

**Person Responsible:** Person in Charge

**Proposed Timescale:** 30/08/2016
### 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 centre's statement of purpose did not meet the requirements of schedule 1 of the regulations.

#### 12. 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:
- An overall Statement of Purpose for the designated centre will be devised and will incorporate 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
- Person Responsible: Person in Charge

**Proposed Timescale:** 30/09/2016

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### Theme: Leadership, Governance and Management

The **Registered Provider** is failing to comply with a regulatory requirement in the following respect:
The statement of purpose was not available to residents or their representatives in some parts of the centre.

#### 13. Action Required:
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

Please state the actions you have taken or are planning to take:
- The statement of purpose will be made available in accessible format
- Person Responsible: Person in Charge
- The statement of purpose will be made available to all residents and their representatives
- Person Responsible: Person in Charge

**Proposed Timescale:** 30/09/2016
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:
The geographical locations of the houses comprising the designated centre were not appropriate for the effective management of the service.

14. 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:
• A newly appointed Person in Charge for 2 houses is to take up post on 1st September 2016 and will be based on site
Person Responsible: Provider, Person in Charge

Proposed Timescale: 01/09/2016

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not notified the Chief Inspector of a planned absence of the person in charge within 28 days of the start of this absence.

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

Please state the actions you have taken or are planning to take:
• Notification not required as the Person in Charge has not transferred to another role.
Person Responsible: Provider, Person in Charge

Proposed Timescale: 02/08/2016
Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing levels were not consistently appropriate to meet the needs of residents.

16. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
• A Business Case for Social Support hours for houses to be submitted to the Service Provider
Person Responsible: Provider, Person in Charge

Proposed Timescale: 18/07/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff rosters did not accurately reflect the actual rosters as required by the regulations.

17. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
• Staff rota has been revised to reflect staff on duty at any time during the day or night
Person Responsible: Person in Charge

Proposed Timescale: 29/07/2016