Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Holly Services</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004694</td>
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<tr>
<td>Centre county:</td>
<td>Roscommon</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Glacken</td>
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<tr>
<td>Lead inspector:</td>
<td>Ivan Cormican</td>
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<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 05 August 2016 09:00
To: 05 August 2016 17:00

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

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Summary of findings from this inspection
Background to the inspection
This inspection was carried out 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. The previous inspection of this centre took place on 27 November 2014. As part of this inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection. Of the 23 actions required, 21 had been addressed in line with the provider's response and two had not been satisfactorily addressed and remained non-compliant on this inspection.

How we gathered our evidence
As part of the inspection, the inspector met with three residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents’ bedrooms were individually decorated with personal photographs of family and friends, achievements such as sporting medals and music posters. The inspector also spoke with three staff members, including the person in charge. The inspector
observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed. In each outcome the inspector focused the actions that the provider had taken since the previous monitoring inspection to improve the quality of care for residents.

Description of the service:
The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was being provided as described in that document. The centre was comprised of two houses that accommodated five residents who have intellectual disabilities, with some residents also having behavioural support needs. One house was home to two residents while the other house supported three residents. Each resident had their own bedroom which was decorated to reflect their interests. Each house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There was also adequate communal rooms available for residents to have visitors such as family and friends. One of the houses was located within a walking distance of a large town, while the other house was part of a small village. Both houses were in close proximity to each other. Suitable transport was available to residents in order to access facilities within the local community.

Overall judgment of our findings
The inspector found that residents received a good quality of service in the centre, although there some areas for improvement identified.

The inspector found examples of compliance with the regulations in the following areas:
• Advocacy was available to residents and complaints were addressed by the person in charge (outcome1)
• Personal plans reflected the assessed needs of residents (outcome 5)
• The premises were well maintained both internally and externally (outcome 6)
• Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenge (outcome 8)
• The centre was adequately resourced to support residents to live in a community setting (outcome 16)

The inspector found improvement was required in the following areas:
• The provider failed to provide adequate means of containing fire and of alerting residents and staff in the event of a fire occurring (outcome 7)
• The control measures in place for identified risks failed to ensure that all safety issues were addressed (outcome 7)
• The provider failed to ensure that there were plans of care in place to guide staff in relation to residents' healthcare needs (outcome 11)
• The provider failed to ensure that six monthly audits were carried out within the designated centre (outcome 14)

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

Theme: Individualised Supports and Care

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

Findings:
On the day of inspection, the inspector found that residents were consulted about how the centre was planned and run. All complaints received were addressed and advocacy was promoted within the centre. The actions from the previous inspection had been addressed with volunteers now assisting staff to support the social needs of residents.

A user friendly complaints procedure was available to both residents and their families on the inspection day. Two staff were interviewed on the day of inspection. Both staff had a good understanding of the complaints procedure and could identify the person in charge as the nominated person to deal with complaints. Staff also stated that complaints, where possible, were resolved at a local level. These complaints were reviewed by the person in charge on a monthly basis. There were no unresolved complaints on the day of inspection and all complaints reviewed by the inspector had been addressed in a timely manner. The inspector spoke with a resident who stated that they were happy in the centre and could go to staff to complain if they wished.

Advocacy for residents was also promoted within the centre. The inspector reviewed documentation which stated that residents had engaged the use of an external advocate to progress a complaint in regards to not being able to go on holiday. The advocate was used to good effect with that holiday and subsequent holidays facilitated by the provider. The residents also attend advocacy conferences.

The inspector observed that the privacy and dignity of each resident was respected and staff spoke with residents in a caring and respectful manner. An intimate personal care plan had been developed for each resident which promoted their independence. The intimate care plans also indicated when a resident may need assistance with personal
care. All residents had ample sized bedrooms which were well furnished and had suitable storage space. These rooms were decorated with photographs of family and friends, art and personal effects. Residents also had access to suitable number of bathrooms and toilets.

Residents were actively involved in the running of the centre. Residents had regular meetings in which they decided on issues such as meal choices, activities, celebrations such as birthday parties and other social events. Residents also had access to laundry facilities. One resident chose to maintain the grounds of one house and was supported by staff to cut the grass and maintain pathways.

Residents were also supported to manage their money. Residents had bank accounts and personal bank cards which some residents kept in their possession. Personal plans indicated the supports that residents may need to manage their money. Staff interviewed on the inspection day were very knowledgeable of the supports that were offered to individual residents in managing their finances. The inspector also reviewed a sample of residents’ finances within the centre. The inspector found that there were localized procedures in place to protect residents from financial abuse. All transactions for each resident were individually logged, with receipts and reference numbers available.

Judgment:
Compliant

### Outcome 04: Admissions and Contract for the Provision of Services

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

**Theme:**
Effective Services

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

**Findings:**
The necessary amendments required as per the previous inspection were implemented with a clear admissions procedure document now added to the organizational policy on admissions. The inspector reviewed the contracts for the provision of services, all of which had been signed. There had been no recent long term admissions to the centre and there were no immediate plans to admit any new residents.

Judgment:
Compliant
Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
On the day of inspection, the inspector found that the well being and welfare of residents was maintained to a good standard within the centre. The actions from the previous monitoring inspection were addressed with extra staffing in the form of volunteers now available within the centre to facilitate residents to take part in meaningful activities.

All residents in the designated centre had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans, each of which reflected the assessed needs of the residents and were reviewed on an annual basis. Each plan contained details such as personal goals, family and friends, social interests, intimate care plans, personal development, healthcare needs and risk assessments plans. Residents had good family contact with all plans viewed containing family pictures and a log of family contact which was well maintained. Residents were also supported by staff, where necessary, to attend family events.

The residents were also supported to have personal goals, social roles and meaningful activities within the local community. The centre actively encouraged residents to have goals through the use of personal outcome measures. Residents, families and staff were involved in supporting residents to achieve their chosen goals. Residents within the centre had goals identified such as attending concerts, going on holidays and visiting family. Residents also had social roles within the local community. Residents were actively involved in tidy towns, attended residents’ meetings for a local housing estate, delivered newspapers to neighbours and were registered to vote. Employment was also encouraged within the centre, with one resident working in a local shop and organic farm. Residents were also supported by a volunteer to use a polytunnel to grow their own vegetables and fruit.

Residents were supported to take part in community events. Residents attended the local church for mass, went to dances, helped out at local bicycle races and attended field days in a local housing estate. Residents accessed the community on a daily basis to use facilities such as public houses, restaurants, cinema and shops.
### Judgement:
**Compliant**

### Outcome 06: Safe and Suitable Premises
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
*Effective Services*

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

**Findings:**
On the day of inspection, the inspector found that the premises was in a good state of repair and met the assessed needs of residents. The actions from the previous report were addressed with repairs and maintenance carried out appropriately. The necessary changes required for a designated smoking area were also addressed with adequate ventilation now available.

The designated centre consisted of two midsized bungalows. One was located in a residential neighbourhood of a large town and was within walking distance of shops and services such as taxis and public buses. The other house was located in a small village and had access to a shop, public house, church and taxis. Each resident had a spacious bedroom which had adequate amounts of storage space available in the form of wardrobes and lockers. Reception rooms were also available in both houses which were comfortably furnished to suit the needs of residents.

On the day of inspection, both houses were warm, clean, bright and well ventilated. Laundry facilities were also made available to residents. There was a staff room in both houses which was also used as an office.

**Judgement:**
**Compliant**

### Outcome 07: Health and Safety and Risk Management
*The health and safety of residents, visitors and staff is promoted and protected.*

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

Findings:
The inspector found that there were measures in place to address risks and incidents within the centre. However, the inspector found that improvement was required in respect of fire precautions and risk assessments.

The risk register for the centre was reviewed by the inspector. It contained detailed risk assessments in regards to various identified risks such as burns and scalds, self injurious behaviour, absconding, residents remaining at home without staff present and trips, slips and falls. Each resident also had individual risk assessments in place. The risks identified for residents included independently taking medication, fear of dogs, road safety, self injurious behaviour, staying at home without staff present, residents staying in the car by themselves and using the lawnmower. Each risk assessment had detailed control measures in place. However, the inspector found that the control measures for the identified risks such as, residents staying behind without the presence of staff, road safety and residents staying in the car by themselves failed to address all safety issues in terms of that risk. The control measures for residents staying in the centre without the presence of staff failed to address if residents were able to evacuate the centre independently if staff were not present. The provider had not carried out a fire drill to access if residents were able to evacuate the building independently, without being prompted by staff. The control measures for the risk of road safety failed to offer residents road safety equipment such as high visibility jackets. The control measures for residents staying in the car by themselves failed to guide staff as to how long a resident could stay in the car by themselves.

The inspector found that there were some good practices for the detection and prevention of fire. Day time fire drills and simulated night time fire drills were taking place. Service records indicated that the emergency lighting, fire fighting equipment and fire alarm system were serviced at regular intervals. Staff in one house carried out weekly checks of the fire alarm, emergency lighting and fire escapes. Staff in the other house were also carrying out checks of fire equipment such as fire escapes, smoke alarms and emergency lighting. However, the inspector found that this house had no fire alarm in place to alert residents and staff in the event of a fire. The provider also failed to ensure that fire could be appropriately contained in this house as there were no fire doors fitted on the day of inspection.

There was an emergency evacuation plan in place for each house within the designated centre. There was also emergency accommodation listed in the event of the centre being closed due to loss of power or flooding. The centre also had measures in place to record, monitor and respond to incidents and accidents. All incidents and accidents were reported to the person in charge.

The actions from the previous inspection were satisfactorily addressed. The health and safety policy had been amended to identify the registered provider as having responsibility for health and safety within the centre. Identified risks in the designated centre now had a risk management plan in place. All identified risks such as uneven surfaces and trip hazards had been addressed by the provider. The fire alarm panel in
one house had been removed from a resident's bedroom and had been relocated to a hallway.

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

**Findings:**
On the day of inspection, the inspector found that the designated centre had adequate measures in place for the prevention, detection and response to alleged abuse. The safeguarding policy had been amended since the previous monitoring inspection to include information on how to protect residents and evidence in the event of alleged abuse.

There were measures in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse. The inspector reviewed a sample of training records which indicated that staff had attended training on safeguarding. Staff who spoke with the inspector were very clear on what actions they would take in the event of suspected or alleged abuse with all staff stating that they would make the person safe and contact the designated person who deals with any allegations of alleged abuse. There was clear information on display for both residents and staff in relation to who to contact in regards to any alleged abuse. The inspector observed staff interacting with residents in a respectful and friendly manner.

There were two restrictive practices in use in the designated centre on the day of inspection, including the late night use of mobile phones and a resident's access to coins. Both restrictive practices were in accordance with the organization's use of restrictive practices policy. The human rights committee had reviewed and upheld all restrictive practices within the designated centre. Each restrictive practice used within the centre was risk assessed and risk rated with appropriate control measures in place to address the named risk.
The inspector reviewed a sample of behavioural support plans. Each plan had been devised and regularly reviewed by the multi-disciplinary team. Each plan detailed the functions of the behaviour and the methods used by staff to support residents with behaviours that challenge. Staff who were interviewed on the day of inspection had a clear understanding of the residents' behavioural plans and stated that importance of chat time, rewards, exercise and family contact in relation to supporting residents. One resident who had anxiety in relation to new staff was also supported to meet potential staff outside of the designated centre as part of the induction process.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

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

**Findings:**

On the day of inspection, the inspector found that overall, residents were receiving a good quality of care in terms of healthcare needs. However, the inspector found that some improvement was required.

Each resident had access to allied health professionals, general practitioner (GP) and specialists such as psychiatry. The sample of files reviewed by the inspector indicated that residents were reviewed at least annually by their GP. Residents were also facilitated to visit their GP in times of illness, with all medical interventions required at that time documented. Residents with medical issues such as epilepsy and angina had procedures in place for the administration of medication specific to the management of those conditions. However, the inspector found that a resident diagnosed with multiple cardiac conditions had no plan of care in place to guide staff in the care of these conditions, such as the high risk of bruising and haemorrhage for residents on blood thinning products.

Residents were also assisted to attend mental health clinics and were reviewed in line with the recommendations from those clinics. Residents were also supported by staff if they wished not to attend their arranged appointments with health care professionals. Residents were actively encouraged to attend appointments, but their decisions not to attend appointments were also respected.

Residents also had access to allied health professionals such as opticians, dentists, chiropody and physiotherapy. Residents visited these health professionals on a regular
basis and as their healthcare needs changed. The residents' body mass index was monitored on a monthly basis. Residents with a high body mass index were referred to the dietician. Some residents declined to be reviewed by the dietician. However, staff received advice from the dietician in relation to healthy diet choices for residents. Following on from this advice, residents were actively encouraged to assist with making meals and encouraged to consider healthy meal choices in future. The inspector observed that some residents' body mass index had decreased following this intervention by staff.

**Judgment:**
Non Compliant - Moderate

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**Outcome 12. Medication Management**

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**
Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed documentation and work practices in regards to medication management within the designated centre. An organizational policy was in place which accounted for the appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. However, the inspector found that the designated centre was not following the organizational policy on supporting residents to manage their own medications.

One of the residents was supported by staff to manage their own medication. The resident held their own medication in an appropriate locked press in their bedroom which the resident had the key for. There was a risk assessment in place to support the resident to manage their own medications. However, the inspector found that the organizational policy on supporting residents to manage their own medication included the need for the organization to carry out a risk assessment in relation to the capacity of the resident to manage their own medication. The person in charge stated that this capacity risk assessment had not been carried out.

All relevant staff had been trained in the safe administration of medication, including the administration of buccal midazolam. Staff interviewed by the inspector had a good knowledge of best practice in regards to the safe administration of medication. Medications were stored appropriately in a locked press, with the keys to the press being held by the senior staff on duty.

Three residents' medication administration recording sheets were reviewed by the inspector, all of which were in accordance with the prescribed medications. Three
prescription sheets including as required medication prescriptions were also reviewed by the inspector, these were also found to be in line with best practice.

**Judgment:**
Substantially Compliant

### Outcome 13: Statement of Purpose

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
In the areas inspected, the inspector found that the statement of purpose accurately reflected the service which was provided to residents.

The actions from the previous inspection were implemented with the statement of purpose now clearly stating the criteria for admissions to the designated centre.

**Judgment:**
Compliant

### Outcome 14: Governance and Management

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
On the day of inspection, the inspector found that the person in charge was supported by the organization to carry out their role. The organization had clear management structures in place. The person in charge had detailed knowledge of personal plans, the needs of residents and had a good understanding of the regulations. The person in charge was now in a full time role in response to the action plan generated from the previous monitoring inspection. However, the inspector found that some of the actions as detailed in the previous monitoring inspection had not been addressed.

The person in charge stated that she was supported by the area manager to carry out her role and received regular supervision. The staff team received regular supervision, with team meetings taking place on a scheduled basis. The person in charge was carrying out monthly audits of residents' finances. The person in charge was also conducting an audit of medications.

The annual review had taken place which focused on the action plan from the previous monitoring inspection to improve the quality of care and support provided to residents in the designated centre. However, the inspector found that the six monthly unannounced audits had not taken place in the designated centre as stated in the regulations and as detailed in the previous monitoring inspection.

The inspector also found that the on-call system implemented since the previous monitoring inspection failed to guide staff in relation to who to contact in the event of an emergency between Friday evening and Monday morning.

Judgment:
Non Compliant - Moderate

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
On the day of inspection, the inspector found that the centre was adequately resourced to support residents living in a community setting. The actions from the previous inspection were implemented with volunteers now supporting residents to take part in meaningful activities. The provider also implemented clear management structures within the centre and had addressed the suitability of the premises for residents.
**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

**Findings:**
On the day of inspection, the inspector found that the staff employed in the designated centre were supported by the organization to carry out their roles. However, the inspector found that the staff rota required improvement.

The actions from the previous inspection were addressed. The inspector reviewed training records within the centre which stated that staff had received training in medication management, risk assessment, first aid and food safety. The centre was also adequately resourced in terms of staffing needs with volunteers now supporting residents to engage in meaningful activities. No volunteers were interviewed on the day of inspection, however the person in charge stated that all volunteers were supervised and had clear roles and responsibilities.

**Judgment:**
Compliant

**Outcome 18: Records and documentation**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

**Findings:**
On the day of inspection, the inspector found that overall the records and documentation were maintained to a good standard.

The sample of documents reviewed by the inspector were well organized. Training records were readily available for all staff employed in the designated centre and were clearly detailed.

The policies in relation to risk management, residents finances, admissions, managing complaints and safeguarding had been reviewed since the previous monitoring inspection. The directory of residents was also revised to include details such as the residents next of kin.

**Judgment:**
Compliant

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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:**

Ivan Cormican  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<thead>
<tr>
<th>Centre name:</th>
<th>Holly Services</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004694</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>05 August 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06 September 2016</td>
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Requirements

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

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

Outcome 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 provider failed to ensure that risks identified within the centre had appropriate control measures in place.

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 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
All risk assessments are being reviewed, control measures have been improved and additional fire drills are being carried out.

**Proposed Timescale:** 15/09/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that all houses in the designated centre had an appropriate means of warning residents and staff in the event of a fire.

2. **Action Required:**
Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

**Please state the actions you have taken or are planning to take:**
1. An application will be made to the landlord to install fire alarm panel the house that is rented in this designated centre. 30/09/2016
2. If the landlord agrees to install the alarm panel, we will request that this is done immediately. 30/11/2016
3. If the landlord does not agree to install the alarm panel, we will apply to our external funding body for the additional capital funding required. 30/09/2016
4. On receipt of the additional capital funding, we will immediately carry out the work. 31/01/2017

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that all houses in the designated centre had fire doors in place for the containment of fire.

3. **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:
1. An application will be made to the landlord to install fire doors throughout the house that is rented in this designated centre. 30/09/2016
2. If the landlord agrees to install to install the fire doors, we will request that this is done immediately. 30/11/2016
3. If the landlord does not agree to install the fire doors, we will apply to our external funding body for the additional capital funding required. 30/09/2016
4. On receipt of the additional capital funding, we will immediately carry out the work. 31/01/2017

Proposed Timescale: 31/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that plans were in place to guide staff in relation to the healthcare needs of residents.

4. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
An information sheet will be made available to guide staff on supporting the person.

Proposed Timescale: 30/09/2016

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 provider failed to ensure that residents were adequately supported to manage their own medications as there were no assessments of capacity carried out within the centre.

5. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.
Please state the actions you have taken or are planning to take:
The risk assessment will be reviewed and an assessment of capacity will be completed with the person supported to enable the person to self-medicate.

**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 provider failed to ensure that six monthly audits as stated in the regulations and as detailed in the previous monitoring inspection had been carried out by the registered provider.

**6. Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
Unannounced visits are planned.

**Proposed Timescale:** 31/10/2016

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that a formal on call system was in place in the designated centre which covered all out of hours emergencies.

**7. 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:
The on call system is being reviewed and will now cover all out of hours emergencies on a 7 day basis.

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