<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mulcahy House (Respite)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001854</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St Aidan's Day Care Centre Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Maura Kelly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<tr>
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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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

<table>
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<tr>
<th>From</th>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection:

This inspection was announced and was to inform a decision to register following an application by the provider St. Aidan's Centre located in Wexford. This was the second inspection of the centre, having been inspected in March 2016. The previous inspection found the centre offered a good-quality service, with 10 actions in need of address to ensure compliance.

Description of the service:
This centre provides respite breaks to adult and children with intellectual disabilities. The centre can cater for six people on a planned stay with one bed allocated for emergency admissions. The centre caters for adults three weeks of the month and children for one week each month.

How we gathered our evidence:

The inspector met with five residents who were availing of respite, the person in charge, the provider nominee, the Clinical Nurse Manager, two staff members and the human resources Manager. The inspector also received two family questionnaires and four resident questionnaires. Documents were reviewed such as policies and procedures, the complaints log, adverse event records, personal plans, staff rosters and training records.

Overall judgment:

The inspector determined that the respite service was providing a good-quality and safe service to residents. While areas in need of improvement were identified, the inspector found that overall the provider had ensured compliance with the regulations and standards and had brought about improvements since the previous inspection. Residents spoke positively about their stay in the centre and the staff team. The building was homely and accessible and well located to promote community involvement. Residents availing of respite viewed their time as a holiday away from their usual routine, and spoke to the inspector about the fun activities that they chose to take part in over their stay.

The inspector found that nine of the 10 actions raised at the previous inspection had been adequately addressed. With one action still in progress. Overall, this inspection found 16 outcomes were compliant with the regulations. The two outcomes for improvement were outcome 8 Safeguarding and Safety in relation to the provision of training to staff in relevant government guidance for the protection and welfare of children, and outcome 14 governance and management with respect to the requirement for an annual review of the centre.

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

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector determined that while availing of respite break residents' rights, dignity and privacy were promoted.

Each resident was offered their own private bedroom for the length of their stay and all personal information was securely kept in the staff office. Personal plans had information on how to support residents with personal care and there was an intimate care policy in the designated centre.

Residents attended a meeting at the start of the week on admissions day. At this meeting residents discussed issues such as rights and the procedure to follow in the event of a fire. Residents were also consulted with regarding the plan for meals and activities over the course of the week. Residents informed the inspector of their chosen weekly plan and showed the inspector the minutes of their meeting.

There was information available and on display in relation to availing of external advocacy should a resident require this. The inspector also found that staff and management acted as advocates for residents in respect of their respite needs. For example, communicating with the Health Service Executive (HSE) on residents' needs in relation to respite and maintaining their allocations.

Residents' finances and belongings were safeguarded while availing of a respite stay. Each resident was supported to safely store their money with a ledger and receipt system in place for any money spent. Residents' parents ensured their was an inventory list of belongings on admission to ensure these could be returned when going home.
The inspector found there to be a complaint policy and process in place, with the provider nominee the named complaints officer for the centre. The inspector reviewed the documentation in relation to this and found them to be well maintained. The inspector determined that complaints were followed up on, discussed with the complainant and agreements and satisfaction sought. Any learning from complaints was noted with the aim of bringing about improvements.

**Judgment:**
Compliant

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**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector found that there was a policy on communication as required by schedule 5 of the regulations and residents' preferred method of communication was known to staff and recorded in their personal plans.

The centre used photographs and picture signage to assist residents availing of respite. For example, presses had photographs of what was contained inside them, photographic menus were available and a photographic chart of the staff were on duty was available. The inspector found easy to read signage was on display including a pictorial guide on what to do in the event of the fire alarm sounding.

**Judgment:**
Compliant

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

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The aim of the respite stay was to give family members and residents a break away from their home environment. This being said, the inspector found that staff encouraged communication with family members leading up to a respite stay and during it if necessary. Records were maintained of contact between the respite staff and family members. For example, letters sent out to families with information or phone calls made.

Staff were mindful of residents' friendships and tried to support this by offering the same dates for residents as their friends.

While availing of respite residents were encouraged to take part in community based activities and spoke with the inspector about the activities and amenities they had decided to avail of for the week of their stay.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
This designated centre offered respite services to over 120 residents. The inspector found there to be a clear admissions and discharge procedure which was transparent and fair. There was a policy in place which outlined this procedure for availing of respite as part of the wider service policy on admissions, discharge and transfers. This was also reflected in the written statement of purpose.

The inspector was told that there were quarterly meetings with the Health Service Executive (HSE) to review any new referrals and to plan respite stays in line with residents’ allocated hours and individual needs.

The inspector found that prior to each new respite stay, families were sent written agreements outlining the details of the break and any costings associated with it.
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):
No actions were required from the previous inspection.

Findings:
The inspector spoke with residents during the inspection and reviewed a sample of residents' personal plans. Overall the inspector determined that while availing of their break, residents were supported and encouraged to be social. Information was sought from families and residents on their likes and dislikes, their interests and their individual support needs. Personal plans included details of these needs along with plans to address any risk or need while availing of respite.

The inspector found that information was obtained and kept on file of any assessment that had been carried out for a resident through other services and these were included in residents' plans and informed supports during their time in the centre. For example, assessments by the speech and language therapist in relation to swallow care.

The inspector found that if the staffing team in the centre felt a resident required additional support or assessment, they would discuss this with the resident's family and support them to access the appropriate allied health-care professional.

The inspector found that the assessments and plans in the centre were proportionate to the length of stay and the statement of purpose. The information on residents ensured staff could continue to support any needs while residents were availing of respite.

Judgment: Compliant

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

**Theme:**
Effective Services

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

**Findings:**
The designated centre was located in a housing estate on the outskirts of a busy town in Wexford. The inspector found the centre to be clean and well-maintained, with comfortable communal space and private accommodation for residents. There was an accessible outside garden area with toys in storage for children to use when the centre was catering for children.

Each resident had their own bedroom while staying in the centre, and there was an adequate number of shared bathrooms. Rooms were decorated nicely, and residents could bring their own personal belongings and artifacts to decorate the space while they were there.

The centre had adequate equipment in place to cater for the varying needs of residents. For example, hoists, shower trolleys and children's car seats.

The inspector found that the requirements of schedule 6 were met.

**Judgment:**
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 the health and safety of residents, staff and visitors was promoted in the designated centre. The inspector reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, health and safety policies, guidance on infection control, a risk management policy and emergency and evacuation plans.
There was a risk register in place which outlined all known risks, and individual risk assessments were routinely reviewed prior to any new respite stay. For example, the risk of using a seat on the bus. There was an established "Quality and Safety Board committee" which met routinely and reviewed all risks identified on the register. For example, the risk of cross infection and the risks associated with manual and patient handling. Residents had information sheets on their file in the event of a resident going missing.

The inspector found there to be a recording and reporting system in place for any accident, incident or adverse event, such as falls or minor incidents. These were reviewed by the person in charge and action taken if necessary. The person in charge monitored any trends or patterns on a monthly basis and collated the data to review at the end of the year. In general, the inspector found there to be low incidents in the centre.

The inspector found there to be an evidenced system of checking and servicing of the fire detection and alarm system along with the emergency lighting. Fire extinguishers were in place in the centre, and evidenced as serviced routinely by a relevant professional. Fire exits were unobstructed and well sign posted. Staff confirmed that they had attended fire training and that routine fire drills were carried out to practice escape routes. Records were maintained in respect of these and indicated drill were carried out at various times of the day and night with sufficient evacuation times. Residents all had personal evacuation plans which highlighted their individual support needs. The centre was staffed with two waking night staff member each evening.

**Judgment:**
Compliant

### 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:**
The inspector found that there were measures in place to protect residents from harm or abuse. However, some training needs were identified in relation to the national guidance for the protection and welfare of children.
There were policies and procedures in place to promote residents' safety in relation to the protection of vulnerable adults and children, the provision of intimate care, the provision of behavioural support and the use of restrictive interventions. There was also a system of ensuring staff had been Garda Vetted prior to being employed in the designated centre and references sought from previous employers.

Staff working in the centre were clear on their role in relation to preventing, detecting and reporting any allegations or suspicions of abuse. As the centre provided respite and residents lived at home with their families, staff and management had access to a HSE Liaison Nurse and social workers to support the centre in communicating with and supporting residents and their families should there be any issues or concerns.

The inspector spoke with staff and reviewed some of the residents' records and found that good practice was evident in relation to completing body charts on admissions, and recording of any incidents during the course of their stay. There was evidence communication between families and the staff team in relation to residents care and support.

Information on Children First guidance and legislation required updating in the centre as the most up to date version was not available to staff. While some staff had received training on Children First national guidance, not all staff had been provided this training. The provider had not identified this as a mandatory training for staff working with children. This was in need of address.

The inspector found that where restrictive interventions had been required, these were reviewed regularly and consented by the resident or their representative. The inspector found that the actions from the previous inspection had been adequately addressed. Overall the use of restrictions was low in the centre, and the staff team were promoting a restraint free environment.

**Judgment:**
Non Compliant - Moderate

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
The inspector reviewed the record log of all accidents, incidents and near misses and
found that any notifiable event had been recorded and submitted to HIQA within the required timeframe.

Judgment:
Compliant

### Outcome 10. General Welfare and Development

*Residents' opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

No actions were required from the previous inspection.

**Findings:**
The inspector found that children availing of respite breaks were supported to continue their education and attend schooling as normal. The evenings and weekends were for activities and outings of their choice.

When adults were availing of respite, the focus of the break was to offer a holiday. The inspector spoke with residents and staff and determined that when availing of respite the adult residents had a break from their normal routine. They took time off from their day activation and enjoyed relaxing and taking part in activities and outings.

During the respite stay, the inspector found that residents were supported to make decisions about how they wanted to spend their time, what activities they wished to avail of and the plan for the week. For example, on the day of inspection residents had chosen to spend the afternoon having lunch out.

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 residents' healthcare needs were met while staying in the designated centre. As the centre provided respite care, residents' families were their primary caregivers. While availing of respite the staffing team ensured that any identified health-care need or risk was supported and care continued during their stay. For example, any health-care risk had been assessed and care plans were in place outlining any support needs.

Residents' families were responsible for access to allied health-care professionals as needed. However, the inspector found that the nursing manager and staff nurses ensured referrals were encouraged if deemed necessary and families supported to avail of some in-house assessments such as speech and language therapy. The inspector found that the staff team supported families in areas of health promotion and information.

Documentation in respect of residents' health-care needs were well maintained, with monitoring charts in place for areas such as food and fluid intake, behavior monitoring, medical notes and daily reports. Care and support plans had been drawn up to assist staff in caring for residents' particular health-care needs during the course of their stay. For example, weight plans and epilepsy personal plans.

The inspector spoke with residents and reviewed menu plans and found that healthy eating was encouraged, but balanced with the choice of eating out while availing of a respite holiday break. Staff were aware of any difficulties for residents regarding food or diet and appropriate supports were in place for this. For example, modified consistencies of food. Information and guidance from the Speech and language assessments were included in residents' plans. This was an improvement since the previous inspection.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that the management of medicine was guided by policy and there were safe practices in relation to the storage, administration and return of medicine in
the designated centre.

Due to the nature of the centre, staff did not need to order or dispose of medicine as residents arrived with any medicine for the duration of their stay and brought home any that remained. Staff showed the inspector the procedure for counting in and out all medicine. The inspector found there to be clear records maintained and an effective monitoring system in place.

Medicine was stored safely and securely in the designated centre and administered by the staff nurse on duty. Documentation in relation to medicines prescribed and administered were easy to follow and all medicine was prescribed by a medical professional and outlined the route. For example, if medicine needed to be crushed or split.

Emergency medicine for the treatment of epilepsy was stored in a separate secure area and individual care plans had been written up with clear guidance on when to administer. Likewise any p.r.n (as needed) medicine had clear guidance on when to administer and included the maximum dosage in a 24 hour period.

Judgment:
Compliant

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector found that there was a written statement of purpose that clearly outlined the facilities and services on offer in the designated centre. The inspector request one amendment to the statement of purpose in relation to the numbers of staffing, and this was done and submitted prior to report writing.

Judgment:
Compliant

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**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:**
The inspector found that there were effective management structures and systems in place in the designated centre.

There were clear lines of responsibility and accountability which were known to staff and residents. The person in charge met the requirements of the regulations and was suitably skilled, experienced and qualified. The person in charge was supported by a clinical nurse manager who worked as a nurse in the centre and who had additional administrative hours. The person in charge reported to the provider nominee. There was a system of formal meetings in place for the staff team in the centre along with quarterly quality meetings for the management team. The provider nominee reported directly to the board, presenting at the monthly board meetings on the operations of the centre and any issues in need of discussion.

The inspector found that unannounced visits had taken place on behalf of the provider, this was an improvement since the previous inspection. Various audits had also been carried out in areas such as health and safety and personal plans. The inspector found that there was oversight and monitoring of the quality and safety of care for residents. However, information gathered through the schedule of audits and unannounced visits had not been compiled into an overall annual review of the service as required by the regulations. The provider was aware of this failing as it had been raised at the previous inspection. The provider had plans to compile an annual review at the end of 2016 to include the opinions and feedback of stakeholders.

**Judgment:**
Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector found that there were adequate arrangements in place to manage the centre in the absence of the person in charge. The provider was aware of the requirement to notify HIQA for any absence of 28 days or more.

**Judgment:**
Compliant

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

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that the centre was effectively resourced to deliver a service in line with the statement of purpose. There was a vehicle available to the designated centre in order to ensure residents' had access to amenities or facilities outside of the locality. The centre was managed and resourced based on the allocations of respite funding from the HSE for individual residents. The inspector found there to be adequate supplies and finances for weekly expenses and the premises were well-maintained.

**Judgment:**
Compliant

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

Findings:
The inspector found the centre to have an adequate number and skill mix of staff to meet the care and support needs of residents. The staff team consisted of nursing and care staff, with a clinical nurse manager working in the centre to provide supervision and manage the daily operation of the centre.

The inspector reviewed weekly rosters and spoke with the Clinical Nurse Manager and found that the centre's admissions was finely managed to ensure adequate staffing cover was in place for the various needs of residents. For example, if residents with higher dependencies were availing of respite, the centre would not be at full capacity. Likewise on the week that children were staying, numbers at admission were managed to ensure support needs could be met.

The inspector found that a selection of mandatory training was available to staff working in the centre. On review of staff records the inspector found that staff had received training in fire safety, protection of vulnerable adults, manual handling and the management of actual and potential aggression. Training needs were identified previously under outcome 8 regarding the provision of children first training. Staff told the inspector of course of interest that they would be supported to attend.

On review of the staff personnel files the inspector found that records were maintained as required by Schedule 2 of the regulations. For example, proof of qualifications and proof of identity were sought. The action from the previous inspection had been addressed with gaps in employment histories now explained and accounted for. The inspector found that recruitment of staff was in line with safe recruitment practices. For example, staff needed to provide Garda Vetting and written references prior to employment.

Judgment:
Compliant

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

Theme:
Use of Information

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

**Findings:**
The inspector determined that the documentation maintained in the centre was guiding the care and support of residents, and was proportionate in quantity to the length of stay and purpose of the centre. Documentation was easy to retrieve, clear and up-to-date.

The inspector found that the records as outlined in Schedule 3 and 4 of the regulations were in place.

Written operational policies were in place and implemented as required by Schedule 5 of the regulations. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed.

**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:**

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

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<td>OSV-0001854</td>
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<tr>
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<td>27 October 2016</td>
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</table>

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 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not received training in Children First guidance and legislation.

1. Action Required:
Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of

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

Please state the actions you have taken or are planning to take:
The CNM1 of Respite Services has completed training in Children’s First. All staff working in Respite Service will complete the HSE online Children’s First e-learning.

Proposed Timescale: End of March 2017

Proposed Timescale: 31/03/2017

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:
There had been no annual review of the service.

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

Please state the actions you have taken or are planning to take:
The annual review will be completed following 2 unannounced visits which have taken place in 2016.

Proposed Timescale: End of January 2017

Proposed Timescale: 31/01/2017