

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Dunmanway Residential
<b>Centre ID:</b>	OSV-0002110
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	CoAction West Cork CLG
<b>Provider Nominee:</b>	Hazel Trudgill
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
09 February 2017 13:55	09 February 2017 18:30
10 February 2017 09:00	10 February 2017 18:30

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

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

**Summary of findings from this inspection**

Background to the inspection:

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

How we gathered our evidence:

As part of the inspection, the inspectors met with the children attending this centre, their families, staff, the person in charge and the director of services. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspectors also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) and this feedback is included in the report.

Interviews were carried out with staff, the deputy person in charge, the person in charge and the person authorised to act on behalf of the provider.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The inspectors found that the service was being provided as it was described in the statement of purpose.

Residents and their families confirmed that the service provided met their needs and was a service which they were happy with. Some comments from families included 'I know X is safe', 'Staff are great to help Y and make choices that they think he would like' and 'I am very happy with the care my son is getting in XXX , staff are great with him'.

The centre is a modern purpose built single storey house. Each resident has a single occupancy bedroom. Staff overnight facilities are available. There is a variety of communal space in the building for the residents. The service is available to both male and female residents.

Overall judgment of our findings:

Overall inspectors were satisfied the provider had put systems in place to ensure that regulations were being met which resulted in positive experiences for residents.

Areas for improvement were also identified. These included some improvements to the manner in which documentation was maintained. For example, under Outcome 1, the complaints policy lacked clarity as to who monitored the maintenance of complaints records. Under Outcome 4, Admissions and Contracts for the Provision of Services, there was a lack of detail as to the services provided. Under Outcome 8, Safeguarding and Safety, out of date records were in active files. Under Outcome 6, Premises, it was noted hoists had not always serviced at required intervals.

The details of these findings are explained under each outcome in the report.

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents' rights and dignity were respected and residents and their families were consulted about how the house was run. Feedback was sought and informed practice. For example, what food was to be on the menu, what activities to be engaged in and how residents' needs could be best met.

Residents and their families had access to advocacy services and information about their rights. For example, advocates attended meetings with family members in which the resident's care was being discussed. Families told the inspectors about the support they received from staff in accessing services. Advocacy support extended into the resident's education and into planning for their adult social care needs.

There were policies and procedures for the management of complaints. Residents' families were aware of the complaints process and were confident that complaints would be listened to and addressed. This was confirmed in their response to questionnaires. The complaints process was displayed and families also received information in the post regarding the complaints procedures. However, the policy was unclear as to who was nominated to monitor the complaints recording systems.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Families commented on the respectful nature of the care provided. For example, one mother wrote, "X is treated with respect and dignity and absolutely loves going to XXX". Residents were encouraged to maintain their own privacy and dignity by being facilitated to have their own bedroom.

Residents' personal communications were respected. For example, resident gestures were interpreted to good effect and staff knew when a resident wanted attention and what type of attention. Many residents were non verbal. Their families commented on how staff took care to interpret their relative's non verbal communication.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents indicated to staff what time they got up and went to bed, what food they preferred and what activities they engaged in.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, watching particular television shows, going to the cinema, going for drives in the car.

**Judgment:**

Substantially Compliant

**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:**

Residents were supported to communicate by staff members who were aware of the individual communication needs of residents.

A communications policy dated February 2017 was in place which promoted total communication within the designated centre. From observing residents and staff's interactions with residents during the inspection it was evident that residents were facilitated to communicate while all forms of communication were equally valued.

Residents who experienced communication difficulties had communication passports in place which set out their communication needs and ways of communicating. While it was noted that some of these communication passports were undated, they were found to include recommendations as made during the most recent speech and language therapist reviews of the residents.

Residents were also supported to communicate with appropriate aids such as assistive technology, activities boards and objects where necessary.

Families expressed satisfaction with the way their child was communicated with. For example one parent wrote, "X's speech is very limited but staff communicate to X by using sign language".

**Judgment:**

Compliant

**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:**

Families, friends and the wider community were intrinsically linked to the operation of this centre. The children and young adults using the service had access to a variety of other supports such as educational supports, home supports and therapeutic supports.

The inspectors reviewed a number of care plans and noted that family contacts were laid out. Much effort was taken to ensure family members were invited to participate in the personal care plan meetings. Families in their written response to questionnaires confirmed this and made comments such as, "The care plan made out for X suited X. I was involved in it"

Visitors were welcome to the centre. The children and young adults regularly went on outings such as shopping trips, the cinema, or drives in the car.

Cognisance was given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents, used distraction techniques if necessary. The person in charge worked at grouping persons with similar care needs to ensure their placement met their needs. The suitability of placements was continually reviewed with front line staff, families and funding agencies.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

A clear admissions process was in place but the contracts for the provision of services did not include all of the required information.

The representative of the provider had developed a specific policy in relation to the admission criteria and procedure to be followed. Staff members spoken to were aware of the admissions process and outlined how they were made aware of the needs of any new incoming residents. Prospective residents and their families were facilitated to visit the centre before admission.

Inspectors also reviewed a sample of the contracts for the provision of services used in the centre. While it was noted that residents had contracts in place, on reviewing the content it was observed that they did not include details of the support, care and welfare of residents in the designated centre as required by the regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Residents and their representatives were actively involved in an assessment to identify individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented and regularly reviewed.

Residents were provided with a social model of care. They were involved in a varied activities programme which included visiting local amenities, the cinema and nature walks.

Residents and their representatives (supported by multidisciplinary input) were actively involved in an assessment to identify residents' individual needs and choices. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident was supported to gain skills which enabled him to be involved in household chores. This improved his level of independence.

Assessments of educational need were also in place and progress on these needs was reported by the school to staff in the centre. A copy of this educational progress report was kept in the child's or young adult's file.

Each child's file contained a copy of their support plan which was written in the first person on behalf of the child or young person. Each file also contained a section called "a meaningful day" which focussed on the child's normal routines and what they liked to do at different times of the day. The files contained risk assessments, consent forms, personal emergency evacuation plans and health-related records. Daily notes written by staff documented the staff's interaction with children and their monitoring of the children's health, general wellbeing and their day-to-day activities

Comments made by families about the social care provided included; "X seems to do plenty of activities when he goes to the house" and "Y has come on in leaps and bounds".

There was evidence that there was ongoing development of the service. For example, a relaxation room had recently been developed and plans were in place to provide a swing for a regular resident. There was also evidence of planning for residents' future needs. Two to three years prior to leaving school, staff were involved in preparing the young adult and their family for the next support services required to meet their adult needs.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The premises were suitable to meet the needs of residents but hoists were not being serviced at the required intervals.

The designated centre was purpose built to provide a service for children and young adults. The premises comprised seven bedrooms (two of which were for staff), a kitchen, living room, conservatory, recently redecorated relaxation room, staff office and utility room. The centre was made homely by the presence of photographs, posters and pictures on the brightly painted walls. Sufficient toilet and showering facilities were provided for.

The bedrooms provided for residents were of a sufficient size to meet the needs of residents and appropriate storage was also provided. The designated centre had access to a small area at the rear of the property where residents could sit out. An enclosed playground with soft surface was also available to residents while ample car parking was provided to the front of the premises. The premises was presented in a clean manner on the day of inspection and was in a good state of repair.

The designated centre was capable of achieving and promoting accessibility. However, it was noted that hoists within the centre were not being serviced at the required intervals. For example three hoists had been serviced in February 2016 and were due another service within 6 months but were not serviced until December 2016.

**Judgment:**

Substantially 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):**

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

**Findings:**

The health and safety of residents was provided for in the designated centre but some improvements were needed in relation to fire safety.

A fire alarm system and emergency lighting was in place, both of which had recently been serviced in January 2017. However, while reviewing the maintenance records it was noted that the alarm system and emergency lighting had only been serviced on two occasions during 2016 and not quarterly as required. A similar failing was also found during the previous inspection of this centre.

Fire extinguishers were present in the designated centre and had been subject to annual maintenance checks as required. The fire evacuation procedure was on display throughout the designated centre while fire exits were seen to be unobstructed on the day of inspection. Internal staff checks on fire exits were also carried out on a daily basis when the centre was operational.

Each resident had their own personal evacuation plan in place which had been recently reviewed. Fire drills were being carried out at regular intervals at varying times of the day. However, the records of these fire drills did not provide sufficient detail as the process and outcome of the drill carried out. For example the names of staff members who took part in drills were not always recorded while in one drill record the evacuation time was not documented.

As a result it was possible to state which members of staff had taken part in a drill in the centre. Training records relating to fire safety were reviewed by inspectors. While most staff had undergone training in this area it was noted that some members of staff had not undergone such training in over 12 months.

Since the previous inspection the risk management policy had been updated to meet the requirements of the regulations. A safety statement was also in place along with an emergency plan that outlined the steps to be taken in the event that a number of emergencies such as fire or a power cut took place

A risk register was maintained both in hard and digital format. The use of a digital system to record the risk register enabled the person responsible for individual risks to receive an automated email alert when a risk assessment was due for review. All risk assessments within the risk register were found to have been recently reviewed at the time of inspection.

The risk register was comprised of general risks such as slips, trips and falls along with resident specific risks. However it was noted that the use of break glass units for keys to unlock a rear gate in the event of an evacuation were not included in the register. In addition inspectors noted a complaint from January 2017 relating to the water in toilets being hot. Although the complaint form stated that controls were in place for this it was found that the water in one of the toilets in the centre was very hot during day two of the inspection.

A system for recording accidents and incidents was in place in the centre. Records were seen which showed that vehicles used by the centre were roadworthy and insured. Personal protective equipment, such as gloves and aprons, and hand gels were also available in the designated centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

There was a range of measures in place to safeguard the children and protect them from abuse. Behaviour support plans were up to date, staff had received training on understanding behaviour that challenges and the use of restrictive practices was closely monitored.

Within the organisation there was a designated liaison person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance. Staff were trained in safeguarding and training records confirmed this. Records indicated staff received updated training in this area in 2015.

Staff members interviewed by inspectors were knowledgeable regarding the signs and symptoms of abuse and were clear about how to report any safeguarding concerns they may have and who the designated liaison person was and their role. The person in charge outlined the steps she would take in the event of an allegation of abuse of a child by a staff member.

Staff felt confident that they could express any issues of concern that they may have about the safety of the service. An Garda Síochána vetting was in place for staff. Children were well supervised and inspectors saw that there was a secure garden for outdoor play.

There was evidence of efforts made to identify, understand and alleviate the underlying causes of behaviour that was challenging for each child. A policy was in place to guide staff.

Some restrictive practices were used in the centre. These included harness use, bed rails, and the use of a specific sleep system for one child. Inspectors viewed consent forms signed by family members and restrictive practices were governed by a policy. There were logs maintained for when a restrictive practice was used.

The restrictive practices in use were subject to monitoring by a review committee. However, in one instance an out of date restraint assessment had not been filed away and was kept in the active file. This meant there was conflicting information in relation to the use of this restraint.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

Inspectors reviewed a log of all incidents and accidents within the designated centre and found all notifiable events had been submitted to HIQA within the necessary timeframe.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Educational achievement of children was valued and proactively supported by practices in the centre. There was a robust assessment process to establish each child's educational goals. Children and adults were engaged in social activities internal and external to the centre.

Arrangements were in place for children to attend a local school. Transport facilities were provided to and from school and other activities. There was continuity of education for children between the home and the service. The educational outcomes for children were similar to their peers. There was good communication and engagement between the centre and relevant school. In the sample of children files examined, all contained an individual education plan (IEP).

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

**Findings:**  
Residents' health care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' health needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health care services, primarily through the primary health care system, which reflected their diverse care needs.

The care delivered encouraged and enabled children and young adults to make healthy living choices. Food was nutritious, appetising and varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink in a sensitive and appropriate manner.

The advice of dieticians and other specialists was implemented in accordance with each resident's personal plan.

**Judgment:**  
Compliant

### **Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. These had been updated in 2017. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment. A system was in place for reviewing and monitoring safe medication management practices. Parents expressed satisfaction in the manner in which their children's medication was managed. One stated, "X receives his medication at the times that is prescribed for him".

**Judgment:**

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:**

During the day one of the inspection the statement of purpose was reviewed by inspectors and found to be lacking some of information required by the regulations such as the number, age range and gender of the intended residents.

However, such omissions were addressed by the representative of the provider and inspectors were provided with an amended statement of purpose on day two of inspection.

**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):**

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

**Findings:**

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

There was a clearly defined management structure which identified the lines of Authority and accountability in the centre.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the person in charge.

**Judgment:**

Compliant

**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 person in charge had not been absent from the centre for more than 28 days at any one time. The provider was aware of the need to notify HIQA one month in advance if such an absence was expected. The provider knew to notify HIQA within three days of any emergency absence.

If the person in charge was absent there are suitable arrangements made for her absence.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

There were sufficient resources to support residents achieving their individual personal plans. There was transparency in the planning and deployment of resources in the centre. For example, staffing levels were adjusted as needs dictated, equipment was provided, the premises were well maintained and the vehicles in use were in good working order.

The facilities and services in the centre reflected the statement of purpose.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

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

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

**Findings:**

There were suitable numbers of staff available to meet the needs of residents but some improvement was required in relation to the maintenance of staff files and the provision of refresher training.

Staffing levels within the designated centre varied depending on the residents needs. Inspectors reviewed the planned and actual rosters and were satisfied that there were appropriate levels of staff to meet the needs of the various residents. A core staff team was in place which ensured a continuity of support for residents. During the inspection warm and caring interactions were observed between residents and staff.

A sample of staff files were reviewed. Although it was noted that most of the required information such as Garda vetting and relevant current registration status were maintained in the files, required documents such as proof of identification and evidence of qualifications were missing in some. In addition, in one file it was found that it did not contain a reference from the staff member's most recent employment. Gaps in staff files had also been found during the previous inspection of this centre.

Staff meetings were held at regular intervals and while reviewing staff files inspectors found evidence of performance development involving the person in charge. Training records were also reviewed and it noted that staff were provided with mandatory training but also training in other areas such as hand hygiene and first aid. However, the provision of refresher training for some staff required improvement. For example three members of staff were overdue manual handling training. The person in charge informed inspectors of the training plan that was in place for 2017 which would address these.

It was reported to inspectors that no volunteers were involved in the centre at the time of inspection.

**Judgment:**

Substantially 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*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed the policies and procedures as required by the regulations. It was noted that inspectors were not provided with a policy on the provision of information to residents. The representative of the provider confirmed that a policy or procedure in this area was not in place. In addition four of the required policies had not been reviewed in over 3 years.

Surveillance cameras placed on the exterior of the building were in use for security reasons. A policy was not in place on the use of this monitoring system. Such a policy is part of the Schedule 5 policies and procedures required.

A residents' guide was in place which contained all of the information as required by the regulations. An easy to read version of this guide was also available for residents with both versions clearly displayed in the designated centre. A directory of residents was available in the designated centre but it did not include all of the required information such as name of resident's GP and admission date. This information was contained elsewhere in documentation.

All other documents requested by inspectors were made available to review.

**Judgment:**

Substantially Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by CoAction West Cork CLG
<b>Centre ID:</b>	OSV-0002110
<b>Date of Inspection:</b>	09 February 2017
<b>Date of response:</b>	06 March 2017

### Requirements

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

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

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

**Theme:** Individualised Supports and Care

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

It was unclear who was nominated to monitor the complaints recording systems.

#### 1. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all

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

complaints are appropriately responded to and a record of all complaints are maintained.

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

The complaints received by the Complaints Officer are audited and collated once every 6 months by the office of the CEO. The complaints policy will be changed to reflect this process.

**Proposed Timescale:** 28/04/2017

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

**Theme:** Effective Services

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

Contracts in place did not include details of the support, care and welfare of residents in the designated centre.

**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:**

A section will be added to the contract for the residents to include details of the support, care and welfare of residents in the designated centre. Details about the fees to be charged will be stated clearly in the contract.

**Proposed Timescale:** 28/04/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Hoists had not been serviced at the required intervals.

**3. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Whilst it is the current practice to service hoists once every six months, due to a change in service contractor in 2016, there was a gap of two months in the service schedule. Six monthly servicing of the hoists to ensure they are in good working order will take place once every six months going forwards. The next scheduled service is due in May 2017

**Proposed Timescale:** 31/05/2017

## **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:**

All risks were not contained in the risk register while the water in one of the toilets on day two of inspection was found to be very hot despite it being previously stated that controls were in place in relation to this.

#### **4. 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:**

A risk form was completed on 27.02.2017 with regard to the use of the Break Glass Units for the keys to unlock the rear gate in the event of an evacuation. Additional controls have been put in place since 10.02.2017 to manage the risk of the water being too hot in the sinks in the WC's. The temperature of the hot water is being monitored twice per day in all the sinks. A plumber has been engaged to check the hot water system.

**Proposed Timescale:** 27/02/2017

**Theme:** Effective Services

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

The fire alarm and emergency lighting were not being serviced at quarterly intervals as required.

#### **5. Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The fire alarm and emergency lighting will be serviced at quarterly intervals going

forwards. The next scheduled service is due on 06.04.2017

**Proposed Timescale:** 06/04/2017

**Theme:** Effective Services

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

Some staff had not undergone fire safety training in over 12 months.

**6. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

There were 3 staff who required fire safety training. These staff alongside other staff members will receive fire safety training in March 2017.

**Proposed Timescale:** 08/03/2017

**Theme:** Effective Services

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

It was not possible to determine from the fire drill records maintained what staff members had taken part in fire drills within the designated centre.

**7. 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:**

All staff will be instructed in March, 2017 to complete the fire drill log to include the time, and the names of all staff present. This will be monitored by the Provider Nominee every six months.

**Proposed Timescale:** 31/03/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

In one instance where a restrictive procedure was used, an out of date assessment was on file. This meant there was conflicting information in relation to the use of this restraint.

**8. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The out of date assessment for the restrictive procedure has been removed from the file. Files will be checked regularly to ensure that only current assessments are in place.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Not all of the required information was contained in the staff files reviewed.

**9. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The information that was missing from staff files will be put in place by April 2017

**Proposed Timescale:** 28/04/2017

**Theme:** Responsive Workforce

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

Some staff were overdue refresher training.

**10. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A training plan is in place to ensure that all staff complete refresher training by May

2017. For example, four staff need to attend complaints training, this will be carried out in April 2017. Some staff are on maternity leave, these staff will receive training on their return to work.

**Proposed Timescale:** 31/05/2017

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Policies and procedure relating to the provision of information to residents and surveillance cameras were not in place.

**11. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The policy for the "Provision of information to Residents" will be finalised by May 2017 and the CCTV policy by June 2017

**Proposed Timescale:** 30/06/2017

**Theme:** Use of Information

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

Not all policies in place had been reviewed at 3 yearly intervals.

**12. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

In relation to the four policies that had not been reviewed within 3 years, these will be reviewed by July 2017.

**Proposed Timescale:** 31/07/2017

**Theme:** Use of Information

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

Not all of the required information was contained in the directory of residents.

**13. Action Required:**

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

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

The additional information required will be added to the Directory of Residents.

**Proposed Timescale:** 31/03/2017