

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Church View
<b>Centre ID:</b>	OSV-0002477
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Jude O'Neill
<b>Lead inspector:</b>	Declan Carey
<b>Support inspector(s):</b>	Lorraine Egan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	5

## **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 1 day(s).

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

From: 27 June 2017 09:00 To: 27 June 2017 17:30

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:

The purpose of this inspection was to follow up on the actions from the last inspection, identify the levels of compliance across all 18 outcomes and to inform a decision on registration. The provider (Health Services Executive) was applying to register the centre for five residents.

The previous inspection took place on 11th January 2017 which identified two actions in need of address by the provider.

### Description of the service:

The written statement of purpose describes this centre as providing 24 hour residential care for both male and female adults with moderate level of intellectual disabilities, autism, sensory impairment, behaviours of concern and dual diagnosis. The centre can accommodate five adults. It is staffed with both nursing and care staff. The centre is a bungalow situated just outside a town in Co. Westmeath.

### How we gathered our evidence:

Over the course of the day the inspectors got to meet four residents, two family members and four staff members along with the person in charge. Documentation was reviewed such as audits, minutes of staff meetings, personal plans, risk assessments and compliant records. The inspectors observed practice, engaged with residents and staff and management.

### Overall Judgment of our Findings:

Overall good levels of compliance were found across most outcomes assessed. Of the 18 outcomes assessed 13 were found to be compliant. From the core outcomes, residents' rights were found compliant as were social care needs, safeguarding and medication management. Premises, governance and management, workforce and documentation were found to be substantially compliant.

However issues in relation to risk management were identified during the course of this inspection.

These are further discussed in the main body of this report and in the action plan at the end.

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents' rights, dignity and privacy were promoted in the designated centre.

Inspectors found that residents were consulted in the centre and residents' meetings took place on a weekly basis. For example, issues at these weekly meetings included activities for the week, menu planning, upcoming events and an opportunity to discuss any issues residents wanted to discuss. During the inspection, it was observed that residents were fully included in any decisions about the day. For example, residents had the option to choose an alternative meal from the planned menu.

Residents had their own individual bedrooms, decorated by themselves and their families with their own pictures and some furniture. Residents' wishes were respected regarding starting their day. Residents' personal information was stored securely in locked presses to promote their privacy when not in use.

There was a system in place for the management of complaints. The complaints process was on display in an accessible format with information on how to make a complaint, who to contact and how to appeal the decision if the person was not satisfied. Complaints were recorded and reviewed regularly by the clinical nurse manager and the person in charge. Inspectors reviewed a number of complaints and followed up on recommendations made following their review.

Inspectors were satisfied that there was a system in place to learn from complaints and any recommendations to improve the service had been implemented locally with the

oversight of senior management. Inspectors found that complaints included a record to show the level satisfaction of the complainant and to monitor for trends or patterns.

For example, complaints in relation to food choice and quality were adequately resolved to the satisfaction of the complainants. This issue was recorded and reviewed by the clinical nurse manager and the person in charge. The issue was further discussed at the subsequent staff meeting and staff were made aware of the issue.

From the sample viewed, it was observed that all monies could be accounted for and there were robust systems in place to ensure the safeguarding of residents' finances. For example, some residents were able to purchase some assistive technology and were supported in this process with family members and staff.

There was evidence that an advocate was assigned to residents as required, information pertaining to this advocate was on display in the centre. On the day of inspection, some residents were availing of the services of an external advocate.

Throughout the day of inspection, inspectors spent time with residents and the staff team and observed practice. Inspectors found that interactions were caring, warm and in a dignified manner. Conversations were person-centred and indicated a good knowledge of residents' interests and personal lives.

**Judgment:**

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:**

There was a policy available in the centre on communication with residents and overall inspectors found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

From a sample of files viewed, inspectors observed individual communication preferences, abilities and support requirements for each resident. This information was captured in a communication dictionary kept on each resident's file.

Assessment documents related to personal plans also included systems and interventions available to meet different communication needs of residents. Some

residents used different methods of communication such as hand signals and pictures and staff were aware of these different methods of communication.

The use of assisted technology was in use in the centre and this was being used for communication and recreational purposes. For example, residents used this technology to communicate preferences with regard to menu planning and planning activities as part of their personal care plans.

It was also observed by the inspectors that some of the information held in the centre, was provided in an easy to read version to suit the communication needs of some residents. Residents also had ample access to radios, TV's, computers and local newspapers.

Overall the inspectors were satisfied that systems in place to support the residents communication needs, that were individualised, creative and effective. It was also observed that staff knew the preferred and individual style of communication for each resident.

**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:**

Inspectors spoke with some residents and family members and found that relationships with family and friends was encouraged and supported. It was observed by inspectors residents had personalised their own rooms with photographs of themselves and their family members.

Some residents went home on a regular basis or attended community events with relatives and enjoyed spending time with their families. Residents' family members were invited to attend meetings with members of the multidisciplinary team and meetings with residents in relation to their goals.

Inspectors found evidence that families were kept informed of events and things happening in their relatives' lives.

Families were welcome to visit the centre and there were no restrictions on family visits.

It was observed residents' relatives having a positive impact on residents on the day of inspection. Families were positive about the care their relatives received in this centre and the staff providing that care and support. Families outlined they felt their relatives enjoyed a good quality of life in this centre.

Relatives felt there were adequate arrangements to support the healthcare needs of residents, were kept up-to-date of any incidents and how they were managed by staff.

**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:**

There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and the temporary absence of residents.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre and this was signed by residents.

The contracts of care stated the services to be provided and there was a residential tenancy agreement which stated fees to be incurred by residents for such services.

It was observed that some residents had recently transitioned into the centre and family members spoke highly of the supports provided during that transition and on-going continuing support and care being provided to their relatives.

**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:**

Overall the inspectors found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and supported the residents to have valued social roles in their community.

The inspectors found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives. Plans also included people important to residents including their relatives and friends and important dates to them.

The plans identified social goals that were important to each resident and from the sample viewed by the inspectors, it was observed that goals were being documented and a plan of action in place to support their achievement.

For example, some residents were supported to be involved in a number of social activities in their local community along with their peers. Some residents had goals that included attending music events and staying with relatives on a regular basis. It was observed that these goals were supported by the designated centre with extra resources including transport and staff. Other goals included holidays, day trips away, independent living skills and using assistive technology for leisure purposes.

The inspectors observed these goals had been achieved or where in the process of being achieved at the time of this inspection.

Residents also attended a range of various day services where they had the option to engage in activities such as aromatherapy, swimming, music, walks and beauty

therapies. Residents' relatives told inspectors some of their relatives liked to go to a local shopping centre and this was facilitated by staff.

Staff of the centre also supported residents to frequent local amenities such as pubs, shops, cinema and restaurants.

Transitional plans were in place for some residents who had moved into the designated centre and were in an accessible format. Transition plans involved residents, their relatives, staff and management from the designated centre, along with a multidisciplinary team.

**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:**

Inspectors found that the premises were suitable to meet the collective and individual needs of residents.

The centre was warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection. Bedrooms were personalised to residents' individual taste and there was storage space available to residents in the centre. Additional furnishings and decorations were provided for, at the request of residents. For example, some residents had their own furniture and family photos.

The centre was a large bungalow which offered residents individual bedrooms, adequate bathroom facilities, two communal living areas, a dining area with kitchen and a back garden area which was furnished.

Inspectors observed some residents mobilising around the centre, some residents required no assistance and other residents with sensory issues required the support of staff. There were some alterations to the centre such as a handrail in the corridor of the designated centre to support residents.

The person in charge had identified that the designated centre required painting and

outlined the provider was following this up with the owner of the building. Inspectors also found that painting work was required.

Inspectors found the requirements of Schedule 6 had been met by the provider. For example, adequate space and storage facilities and a sufficient number of bathrooms. It was observed that there were adequate arrangements in place for the disposal of waste.

Family members commented on the premises being clean and a homely environment when they visit the centre regularly.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre. However, there were issues with regard to fire safety in the designated centre identified on the day of inspection.

There was a Health and Safety Statement in place which was specific to the centre.

There was a risk management policy and a risk register for the centre and for each resident. There was a scheduled monthly incident review where the person in charge and an assistant director of nursing would review incidents. For example, issues in relation to supports for residents were identified and staff were advised to follow current guidelines when supporting residents by the person in charge to prevent further incidents. This and other incidents were discussed and reviewed at staff meetings to prevent a reoccurrence and to support residents.

The centre also had a risk register which was made available to the inspectors on the day of inspection. The inspectors were satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it. For example, there were risk assessments in place for health issues, meal times, transport and activities of daily living. Measures were in place to mitigate these risks and found to be in place on the day of this inspection.

As in line with the risk assessment policy, all residents had a falls risk assessment in

place. The inspectors found that any resident who was prone to falling had a comprehensive falls risk assessment in place that was regularly reviewed and updated.

Inspectors found there to be fire safety systems in place in the centre.

The inspectors also found that that a fire register had been compiled for the centre. Fire equipment such as fire blankets and fire extinguishers were installed and had been checked by an independent fire company.

There was also emergency lighting, smoke detectors and fire doors installed in the designated centre.

Documentation read by the inspectors outlined that staff carried out regular checks on escape routes and the fire alarm panel. Regular checks were also carried out by staff on fire equipment, manual call points, smoke detectors, emergency lighting and fire doors.

However, the systems for fire drills were not adequate and did not provide evidence that the designated centre can be safely evacuated at night time. Fire drills recorded did not demonstrate that fire drills were taking place at night time and had not included some residents who had recently moved in.

Inspectors observed an independent fire company had conducted a fire safety risk assessment for the provider and issued a fire report for the designated centre. The report had detailed works to be carried out within a specified timeframe. Some works had been completed by the provider within the specified timeframe, however, there were outstanding works that had not been completed. For example, the installation of cold smoke seals on fire doors and fire proofing of some ceilings in the designated centre was outstanding.

Inspectors found all residents had individual personal emergency evacuation plans in place which were up to date.

There was a fire evacuation plan and emergency plan to guide staff in the management of other emergencies. However, two oxygen cylinders were located in a locked press in the front hallway, next to a resident's bedroom. The storage of the oxygen cylinders had not been risk assessed or control measures put in place in the event of a fire or an evacuation. The person in charge outlined to inspectors this issue would be reviewed, risk assessed and control measures be put in place.

There was also a missing person's policy in place for each resident, detailing relevant information. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from the designated centre.

Of a sample of training needs viewed, all staff had the required training in fire safety and manual handling.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of general and clinical waste.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre.

There was a policy on and procedures in place for safeguarding residents in the designated centre. A sample of files also informed the inspectors that all staff had training in the safeguarding of vulnerable adults.

Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting procedures. They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

Staff spoken with were able to verbalise how best to support the intimate care needs of residents living in the centre. Staff were also knowledgeable on how to support residents while outside of the centre.

There was a policy in place for the provision of positive behavioural support. Staff spoken with by the inspectors, were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to respond in line with policy, standard operating procedures and each resident's positive behavioural support plan.

For example, some residents required support around meal times , journeys outside the centre and financial management and staff were able to provide support in line with the assisted needs of residents. Staff gave extra time to these residents, used social stories and visual aids where necessary. These supports were detailed in proactive strategies, reactive strategies and reactive plans.

All residents that required a restrictive measure to be put in place were regularly assessed by a multidisciplinary team and reviewed also on an annually basis, as part of their care plans. All staff received training in the management of behaviours of concern that included de-escalation and intervention techniques as required. All incidents were reviewed by the person in charge and there was support available to residents from a multidisciplinary team with regard to positive behaviour support.

Some residents were prescribed as required (PRN) medication. It was observed that this was used only if required and there were very strict protocols in place for its administration.

**Judgment:**  
Compliant

### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

No actions were required from the previous inspection.

#### **Findings:**

Inspectors found there was a record maintained of all accidents, incidents, adverse events and near misses in the designated centre.

On review, inspectors found that any incident that required notification to HIQA had been received in line with the timeframes specified in the Regulations.

**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:**

The inspectors found that arrangements were in place to ensure that the welfare, educational and development needs of each resident were promoted. Residents were provided with social inclusion activities and social skills training experiences that were meaningful and based on their interests and assessed needs.

There was a policy on access to education, training and life skills development. The purpose of the policy was to recognise that training and education opportunities could promote empowerment and skills building for residents. Some residents were supported by staff in acquiring independent living skills in the centre.

The inspectors observed that where requested; residents were supported and facilitated to attend day services which were independent of the centre. A range of meaningful activities and community outings were offered to residents in these day services. Some residents had chosen to participate at different days and times to other residents and this was facilitated by staff.

Some residents had recently moved into the designated centre and required extra support from suitability qualified staff to attend day services. An interim arrangement had been put in place to facilitate some residents attending day services and inspectors were assured by the provider there was a plan in place to provide extra resources to support some residents. The plan included extra training for staff in the designated centre to support the assessed needs of some residents.

Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, residents were supported with extra staff to attend community activities at a local farm, day trips to different locations and going on holidays to different parts of the country.

**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:**

Inspectors found that residents' healthcare needs were met and residents were encouraged and supported to have positive health.

Inspectors found that residents had access to a local General Practitioner (GP) along with access to additional allied health care professionals such as occupational therapy, psychiatry, speech and language therapy, dietician services and physiotherapy. Inspectors found there to be preventative health promotion in the centre such as ensuring residents availed of annual flu vaccines and routine health screenings.

Inspectors found that residents were supported to attend appointments with regard to their health care needs. For example, some residents required periodic reviews for specific healthcare needs and there was evidence these took place.

Families told inspectors that they felt included and informed of any health issue or concern, and were satisfied that their relative's health needs were being adequately addressed.

Information and advice from allied healthcare professionals was included and incorporated into residents' care plans. Inspectors reviewed a sample of care plans for specific health issues and found them to be concise, up-to-date and guiding good practice. For example, care plans on epilepsy care needs.

Inspectors found the staff team were monitoring certain aspects of daily living to ensure positive health and highlight any issues in a proactive way. For example, daily recording of food and fluid intake and weight monitoring.

Inspectors reviewed documentation regarding the end of life care plans. Inspectors found a dignified and holistic approach to end of life care, with appropriate input from the wider community team such as palliative care nurses, the GP and the local priest. Residents and families input were included in these care plans.

Inspectors spoke with residents who said that they enjoyed the meals and food available in the centre. On the day of inspection there was a nutritious meal being prepared and residents had the choice of an alternative if they requested one. Staff outlined residents regularly choose an alternative option and this was accommodated by staff. Inspectors found a balanced diet was encouraged in the centre. Meals were on display in the dining area were in photographic format so residents were aware of the menu 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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspectors found that the medicines management policies were satisfactory and that practices described by the staff on duty were suitable and safe.

Residents in this centre required assistance with medicines and medicines were administered by the nursing team. There were policies and procedures in place as required by Schedule 5 of the Regulations to guide safe practice for the prescribing, ordering, administering and disposal of medicine.

Inspectors found there to be a uniform system in place for the documentation regarding residents' medicine, with clear information on each resident, their medicine, the route of administration and times to be administered. Records were seen to be signed off by the prescribing doctor.

The medicines management in place in the centre is subject to regular audits by the person in charge and medication was reviewed by a pharmacist who had no concerns at the time of the review.

Medicines were regularly reviewed by the General Practitioner (GP) or prescribing doctor. Any as required (p.r.n) medicine had clear indicators for when it should be used and how much could be given in a 24 hour period. Medicines were securely stored.

Staff members had good knowledge of the medicines being used, it's desired effect and possible side effects to watch out for.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspectors that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered. However, the provider (or the provider nominee) did not make an unannounced visit to the designated centre at once every six months, as required by Regulations.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. From speaking with the person in charge at length over the course of the inspection it was evident that they had an in-depth knowledge of the individual needs and support requirements of each resident living in the centre

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspectors found that appropriate management systems were in place for the absence of the person in charge as there was a clinical nurse manager working in the centre who was in charge of the day to day operations. The person in charge was supernumerary and worked in the service on a full-time basis.

It was found the person in charge and clinical nurse manager were aware of the needs of each resident living there and engaged in the operational governance and management of the centre on a regular basis.

There was a number of qualified nursing staff and health care staff on duty in the centre and one of these would assume the role of shift leader in the absence of the person in charge or the clinical nurse manager. There was also an on call system in place, where staff could contact a manager 24/7 in case of an emergency.

An annual audit of the safety and care provided in the centre was completed on behalf of the provider by persons participating in management of the centre. The inspectors viewed a sample of this report and found it addressed issues such as risk management and workforce including a review of incidents in the designated centre. The inspectors observed where issues arose these were adequately addressed by the person in charge.

The regional management team made one unannounced visit on behalf of the provider in June 2016 which identified areas of compliance and non compliance, with an appropriate action plan. For example, the service had identified a number of areas that required attention in relation to the requirement of a healthcare review for some residents. The person in charge and clinical nurse manager conducted a number of random internal audits in the areas of financial management, medication management, restrictions and missing person's audits.

However, the provider (or the provider nominee) did not make an unannounced visit to the designated centre at once every six months, as required by Regulations.

A sample of staff supervision records informed the inspectors that the person in charge was providing supervision, support and leadership to their staff team. The person in charge was committed to their continuous professional development, was a qualified nurse and engaged in all required staff training.

Throughout the course of the inspection, inspectors observed that all residents were familiar with the person in charge and other staff members and appeared very comfortable in their presence.

**Judgment:**  
Substantially 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 was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

It was also observed that suitable arrangements were in place for the management of the centre in their absence.

There was a full time clinical nurse manager working in the centre, who was an experienced registered nurse and was knowledgeable in relation to the needs of each resident living in the centre.

There was also on call system in place 24/7 for staff to avail of, if and when required.

**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:**

The inspectors observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs and social care needs.

For example, staff outlined where a resident (or group of residents) had appointments or social outings, staffing arrangements could be adjusted to facilitate this. Relatives outlined residents were facilitated in going to different events and outlined staff members who had accompanied residents and themselves.

The centre also had the use of one accessible van and the use of taxi's when required for social outings and services listed in the statement of purpose. This vehicle was insured appropriately and had an up to date NCT certificate.

Residents were also supported to attend weekly clubs, have days off from their day activation centres and to visit family members.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspectors found that there were sufficient staff numbers with the right skill-mix, qualifications and experience to meet the assessed needs of the residents. However, as outlined in the previous inspection report, inspectors found staff files were not in line with Regulations, as required.

There was a team of registered nurses and health care assistants working in the centre. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body.

Inspectors reviewed a sample of staff files and found that records were not maintained and available in accordance with the Regulations. Information and documents outlined in Schedule 2 of the regulations were missing for a number of staff members and required to be updated. For example, some members of staff did not have a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and some members of staff had one written reference in their personnel files.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action, it was evident that they were competent to deliver the complex care and supports needs required by the residents. Feedback from residents' relatives was positive about the service provided.

The person in charge met with her staff team on a regular basis in order to support them in their roles, as did the clinical nurse manager. A sample of supervision notes were viewed by the inspectors. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

The inspectors spoke with staff and reviewed training records, and found that staff were offered training routinely to ensure they were adequately skilled to carry out their duties. All staff had up to date training in the protection of vulnerable adults, fire safety and manual handling.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors found that the provider had ensured written policies and procedures were in place as required by Schedule 5 of the Regulations. However, a number of policies and procedures were out of date on the day of inspection.

For example, policies and procedures for 'admissions, including transfers, discharge and the temporary absence of residents' and 'the use of restrictive procedures and physical, chemical and environmental restraint', had not been updated for more than 3 years.

However, inspectors found there was no adverse impact on residents, as a result of

policies and procedures not being reviewed. There was a plan in place to update these out of date policies, according to persons participating in management in the designated centre.

There was a maintained directory of residents which had all of the required information.

As part of the information submitted for registration, the inspectors found that the centre was adequately insured.

**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:***

Declan Carey  
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 Health Service Executive
<b>Centre ID:</b>	OSV-0002477
<b>Date of Inspection:</b>	27 June 2017
<b>Date of response:</b>	23 August 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 06: Safe and suitable premises

**Theme:** Effective Services

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

Some areas for upkeep and redecoration of the designated centre were identified.

#### 1. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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



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

A new patio door will be installed at the front of the centre. 28/02/18  
New exit doors will be fitted at the back exit of the centre. 28/02/18  
New floor covering will be fitted throughout the centre. 28/02/18  
Internal and external painting works will be completed in the centre. 28/02/18

**Proposed Timescale:** 28/02/2018

**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:**

An independent fire company had reviewed fire systems in the designated centre and detailed works to be carried out within a specified timeframe in a fire report. Some works had not been completed by the provider within the specified timeframe as outlined in the report.

**2. 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:**

- \* Ceilings within the corridor, kitchen and the utility room will be repaired or replaced to achieve 30 minutes fire resistance. 28/02/18
- \* Safety signage will be installed to the existing fire door between the utility and the hallway - 30/09/17
- \* A threshold saddle will be installed either side of the threshold on the escape route from the kitchen - 28/02/18
- \* A fire rated hatch will be installed at ceiling level to achieve 30 minutes fire resistance. 28/02/18
- \* Emergency lighting will be installed above the final exit from kitchen. Complete - 31/08/17
- \* Emergency lighting will be installed above the final exit from living room 2 . Complete. - 08/08/17
- \* An External contractor will install a fire alarm detector in the main entrance lobby, the toilet and the bathroom in the designated centre. Complete. 08/08/17
- \* Smoke seals and fire door" keep shut" safety signage will be installed to the fire door between the utility and the hallway  
Smoke Seals: 31/08/17 Complete.  
Safety Signage: 30/09/17
- \* Thumb locks will be installed to the escape side of the existing fire doors between bedrooms 1,2,3,4,5, and the living door room, and the kitchen door leading onto the

corridor. Complete. 23/08/17

\* Smoke seals and automatic fire door safety signage will be installed to existing doors in bedrooms 1,2,3,4,5 and on the living room and the kitchen doors leading onto the corridor. Smoke Seals: 31/08/17 Complete.

Fire Door Safety Signage: 30/09/17

\* The extractor fan pipework will be redirected to discharge directly to the external wall. - 28/02/18

\* Advanced staff training will be provided to ensure wheelchair occupants can be assisted down a large ramp at the rear of the premises. 15/09/17

**Proposed Timescale:** 28/02/2018

**Theme:** Effective Services

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

The storage of oxygen in the designated centre required review, in relation to fire safety.

**3. Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Oxygen cylinders will be stored in specifically designed storage holders adjacent to the Centre.

Complete

**Proposed Timescale:** 05/07/2017

**Theme:** Effective Services

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

The systems for fire drills were not adequate and required review.

**4. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A night time fire evacuation will be carried, with all residents living in the centre.

Complete.

Day and night fire evacuation drills will be scheduled in the centre on a monthly basis. This will include the evacuation of oxygen equipment for one individual residing in the centre.

Complete.

**Proposed Timescale:** 28/06/2017

#### **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:**

The provider (or the provider nominee) did not make an unannounced visit to the designated centre at once every six months.

**5. Action Required:**

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

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

The provider nominee will make unannounced visits to the designated centre every six months.

A schedule will be drawn up for unannounced visits.

**Proposed Timescale:** 31/08/2017

#### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Information and documents as required in Schedule 2 of the Regulations, were not present in the personnel files for some members of staff in the designated centre.

**6. 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:**

All staff at the centre will provide information and documents as specified in Schedule

2. - 30/08/17

All Garda vetting disclosures for staff at the centre have will be submitted to the Authority.  
03/08/17. Complete.

**Proposed Timescale:** 30/08/2017

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

**Theme:** Use of Information

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

Some of the policies listed under Schedule 5 were in need of review and updating.

**7. 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:**

A Policy review group has been set up to review all policies and guidelines.

30/05/17

Complete.

A Plan will be developed to review all policies in the centre.

30/05/17

Complete.

All Policy/Guidelines in the centre will be reviewed and updated.

30/06/18

**Proposed Timescale:** 30/06/2018