

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Hollow
<b>Centre ID:</b>	OSV-0002478
<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>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	0
<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 un-announced and took place over 2 day(s).

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

From:	To:
12 September 2017 09:30	12 September 2017 16:30
13 September 2017 10:30	13 September 2017 15:00

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 inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This was the second inspection in the centre. The previous inspection was undertaken on 09 March 2016. As part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

The centre was operated by the Health Services Executive in Westmeath. This centre

was inspected as part of a much larger designated centre in 2015. However, the parent organisation undertook a reconfiguration of services in January 2016 and this centre became a standalone designated centre.

Two residents had been living in the centre up to February 2017 when both service users were discharged. No further residents had been admitted since that date. The provider had submitted an application to register the centre to accommodate up to five adults at any one time.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge, assistant director of nursing and the regional director of nursing. There were no residents living in the centre at the time of inspection. The inspector reviewed the premises, policies and procedures, a number of transition plans for service user identified to temporarily move to the centre and other service wide templates which had been presented for use in the centre.

Description of the service:

It was proposed that the centre would be used by other designated centres whilst essential works were carried out in their centres. It was envisaged that works proposed would necessitate identified service users moving from their homes for short periods of time. The essential works included identified building works and upgrading of facilities in order to meet service users needs and regulatory requirements. Transition plans had been put in place for service users in an identified centre.

It was proposed that the clinical nurse manager and staffing arrangements in centres identified to temporarily move to this centre would be unchanged and move with the service users. This meant that residents would have continuity of care from their care givers. A person in charge for the centre had been identified who also held the role of assistant director of nursing. It was proposed that she would be supported by the clinical nurse manager from each centre moving to this centre.

The centre comprised of a large five bed roomed, detached bungalow. It was situated in a rural setting in county Westmeath but in close proximity by car to a small village. The centre was wheelchair accessible and had a nice sized garden to the front and rear of the centre.

Overall Judgment of our findings:

The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The provider had completed some refurbishment work in the centre. However, there remained outstanding works to be completed and a number of pieces of furniture and other facilities had yet to be placed in the centre although there was evidence that they had been secured. This impacted on the centres ability to comply with all regulatory requirements. The person in charge demonstrated knowledge and competence to participate in the

management of the centre.

Of the 18 outcomes inspected on this inspection, 10 outcomes were found to be in full compliance, four outcomes were found to be in substantial compliance with moderate non compliances in two outcomes, as outlined below.

Good practice was identified in areas such as:

- There were systems in place to meet the individual needs and choices of resident's temporarily moving to the centre. (Outcome 5)
- There were systems in place to ensure the safe management and administration of medications.(Outcome 12)
- Staff in centres identified to temporarily move to this centre had been consulted with, and had agreed to move to this centre. This meant that residents would have continuity in care givers for the duration of the temporary move. (Outcome 17)

Areas for improvement were identified in areas such as:

- Some refurbishment works had yet to be completed in the centre. (Outcome 6)
- Infection control arrangements required some improvements. (Outcome 7)
- The reporting structure for the person in charge was not clear. (Outcome 14)

**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:**

There were systems in place to support service user's rights and others were proposed.

There was a residents' guide in place which provided information on rights, including the providers charter of rights and information regarding the National Advocacy service. There was a rights folder in place with accessible information for service users regarding their rights. There were guidelines for staff on advocacy, dated April 2016. It was proposed that in centres proposing to temporarily transition to the centre, that all staff currently working with residents in would move to the centre with the residents. Hence, they would continue to act as advocates for the service users. The person in charge demonstrated a satisfactory knowledge of resident's rights and her responsibility to uphold them.

Transition plans put in place for residents identified to transition to the centre were focused on resident's rights and needs. There was evidence that residents and their families had been consulted with about the move and arrangements proposed. Records showed that each of the residents in a centre identified had made a number of visits to the centre, surrounding area and a local church.

There were appropriate procedures in place for the management of complaints. There was a written and verbal complaints procedure, dated May 2016. The complaints procedure was on display on the centres notice board and included contact details for the complaints officer. The inspector reviewed the complaint log template which was in line with the centres policy and provided a space to detail the outcome of a complaint and if the complainant was satisfied with the outcome. There was also a template to

record full details of complaints and actions taken. It was proposed that the assistant director of nursing assigned to the centre and the person in charge would review all complaints on a monthly basis.

There were arrangements in place to promote residents being treated with dignity and respect. There was an intimate care policy in place and templates for the provision of intimate care. There was sufficient space in the centre for residents to have time on their own, or to have private contact with family and significant others as required. The centre comprised of five bedrooms. It was proposed that any resident would have their own bedroom. There was also three separate sitting rooms and a kitchen come dining area.

There were arrangements in place to keep resident's personal belongings, including monies, safe. The service had a policy on management of monies and private properties. It was proposed that records would be maintained of all items brought to and taken from the centre. There was a secure press in a room adjacent to the staff office which the person in charge reported would be used to store resident's pocket money within individual envelopes. It was proposed that a cash book would be maintained for each resident and that receipts would be maintained for all purchases and transactions. It was also proposed that an audit would be undertaken on a monthly basis of service users finances and the arrangements in place.

Opportunities for residents to participate in activities both inside and outside of the centre had been considered. There was evidence that arrangements had been put in place for the providers outreach service to continue to provide a service to residents identified to temporally transition to the centre. Other activities suitable for residents had been identified within the local community. For example, A local castle, historical house and gardens and forest walk had also been identified in the area. Resident in centre identified to transition to the centre currently accessed a number of activities in a local town, which was a similar distance from this centre. Hence it was proposed that these residents would continue to access the same activities were requested. There was a garden to the front and rear of the house. The person in charge reported that one of the residents identified to transition temporarily to the centre was a wheel chair user. Appropriate pathways to the garden were in place. A church was identified for identified residents to use. It was located a short care drive from the centre. It was proposed that the vehicle used by any centre temporarily transitioning to the centre would continue to be used for the transportation of residents to any medical appointments, day placements and social activities.

**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:**

The service had systems and processes in place to support and assist residents to communicate effectively.

There were templates in place to assess residents communication needs and to put communication passports in place. It was proposed that residents identified to temporarily transition to the centre had up to date communication assessments and passports in place which would be revised as required once they were admitted to the centre. It was proposed that the staffing arrangements would be unchanged for any centre temporarily moving to this centre. This meant that residents would have continuity in care givers who were knowledgeable about their communication needs and support requirements.

There was evidence that residents identified to temporarily transition to the centre would maintain the same multidisciplinary team, which included access to a speech and language therapist where required. There was a television and radio in the centre. It was proposed that newspapers and information regarding local events would be available for residents.

**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:**

There were arrangements in place to support residents to maintain positive relationships with families and friends and to develop and maintain links with the community.

The inspector observed that there was sufficient space within the centre for any resident to meet with their respective families or significant other in private. The service had a guideline for staff supporting service users to receive visitors, dated July 2016. The person in charge told the inspector that there would be no restrictions on visits except



when requested by the resident or deemed to pose a risk.

A number of local amenities had been identified for residents to use. These included a local castle, historical house and gardens, forest walks, church, cinema and bowling centre.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There were arrangements in place to ensure that all service users who temporarily transitioned to the centre had a written contract in place which set out the services to be provided and the fees.

The provider had a referral, admission, transfer and discharge procedure, dated June 2015. However, it was proposed that this centre would only be used on a temporary basis by other centres while essential maintenance work and or building works were undertaken in their centre. Consequently, it was reported that no new admissions would be accepted in the centre during the residents temporary stay in the centre.

Contract templates were in place outlining the level of services to be provided and included a space to detail fees. The person in charge reported that residents identified to move to the centre had written contracts in place which would be reviewed as required on admission to this centre.

At the time of the last inspection, suitable contracts were not in place for the residents living in the centre at that time. Subsequent to that inspection the provider had advised HIQA that appropriate contracts had been put in place for the residents living there at that time. These residents were no longer living in the centre,

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

There were systems in place to meet the individual needs and choices of resident's temporarily moving to the centre.

There was an assessment template in place which it was proposed would guide the care planning process for residents. The person in charge reported that once admitted each resident's key worker would be responsible to review personal plans in place to ensure that they continued to meet residents individual needs and choices. There was a template personal plan in place which contained headings for need and care support requirements. The person in charge outlined that each person centred plan would have a multidisciplinary input and that the resident and their family or representative would be involved in the development and review of plans put in place.

The provider had a referral, admission, transfer and discharge procedure, dated June 2015. The inspector reviewed transition plans for five service users identified to transition to the centre whilst essential maintenance works were undertaken in their centre. There was evidence that the residents identified to live in the centre had been consulted with and had visited the centre and surrounding area on a number of occasions.

**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:**

Overall, the design and layout of the centre was fit for purpose and promoted resident's safety, dignity and independence. However, some further works were required.

There was adequate private and communal accommodation for residents, including adequate dining and private accommodation. It was proposed that each resident temporarily moving to the centre would have their own bedroom. There was adequate communal accommodation with three sitting rooms and a dining come kitchen area. There was suitable lighting and ventilation in place. Ramps and hand railings had been installed to the front and rear of the building to promote accessibility for all. There was a nice sized garden to the rear of the centre.

Some refurbishment work had been undertaken which included the painting of a number of rooms. However, there remained three bedrooms, two sitting rooms, a bathroom and ensuite room which required painting. The exterior of the building was also in need of painting. Two of the bath/shower rooms required the installation of suitable shower doors and a toilet seat. Adequate furnishings were not in place in a number of rooms, but invoices were available which showed that furniture required had been purchased. There were no keys available for the locks on bathroom doors. The person in charge reported that suitable thumb locks were to be installed by the providers maintenance department. There was a redundant car in the back yard which needed to be removed. The kitchen had some cooking facilities, including a cooker, kettle, fridge and dishwasher. However, crockery, cutlery and suitable cooking utensils had yet to be purchased. Some additional pictures and other soft furnishing were required to provide a homely atmosphere.

It was proposed that all specialist equipment required by residents who temporarily moved to the centre would be brought with them from their current home. Servicing arrangements for any such equipment would be maintained during residents temporary stay in this centre.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There were systems in place to promote the health and safety of residents and staff. However, infection control arrangements required some improvements.

The provider had a procedure for the management of risk, dated July 2016. At the time of the last inspection, the risk management policy did not include all the required information. On this inspection, the risk management policy was found to meet the regulatory requirements. There was a safety statement, dated September 2017. Written risk assessments of the environment had been completed which it was proposed would be reviewed at the time of any residents temporarily moving to the centre. There was a template in place for a health and safety check which it was proposed would be completed by the person in charge at regular intervals. Inspectors reviewed templates for risk assessments for individual residents. There were guidelines for completing risk assessment form to guide staff but they were overdue for review.

There were arrangements in place for recording and monitoring incidents and adverse events involving residents. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a template incident report form for incidents and near misses. It was proposed that all incidents would be reviewed by the person in charge and assistant director of nursing on a monthly basis. The person in charge proposed that all incidents would be reviewed at staff team meetings to identify trends and promote learning in the centre. It was reported that trends of all incidents across the service would be reviewed on a monthly basis at the providers quality assurance governance meeting which would promote shared learning across the service. The inspector reviewed minutes of these meetings and noted they were attended by members of the senior management team, including persons in charge and clinical nurse managers across the service.

There were guidelines on infection prevention and control, dated March 2016. However, there had been no residents living in the centre since February 2017. Although tidy, the inspector observed dust in a number of areas. It was identified that the entire centre required a deep clean. There was chipped paint on the walls and woodwork in some areas which impacted on being able to effectively clean these areas (Discussed under outcome 6, Safe and suitable premises). A template for a cleaning schedule had not yet been identified. There was an infection control policy in place. The inspectors observed colour coded cleaning equipment but new mop heads were required. There were appropriate hand hygiene facilities in place. Paper hand towels were in use and hand hygiene posters were observed to be on display. It was noted that staff, identified to temporarily move to this centre with the residents from said centre, had received hand hygiene training.

Suitable precautions were in place against the risk of fire. The inspector found that there were adequate means of escape and that all fire exits were unobstructed. A procedure for the safe evacuation of residents and staff in the event of fire was on display in a prominent position. There was documentary evidence to show that fire equipment, fire alarms and emergency lighting were serviced. A fire safety certificate of compliance was

reviewed by inspectors which had been completed by an appropriate expert. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits and other safety precautions. There were templates for recording fire drills which it was proposed would be undertaken when residents temporarily moved to the centre and regularly thereafter. The fire assemble point was clearly marked with appropriate signage in the front garden. Templates for personal emergency evacuation plans, which referred to the mobility and cognitive understanding of the resident, were in place.

It was reported that each of the centres identified to temporarily move to the centre had a dedicated car for the transportation of residents to day services and social outings. It was proposed that these vehicles would continue to be used by the staff and residents for the duration of the residents temporary stay in the centre.

There was an emergency plan in place, dated August 2017 to guide staff in the event of such emergencies, such as fire, flooding or power cut.

**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:**

There were measures in place to safeguard the residents identified to temporarily live in the centre and to protect them from the risk of abuse. However, guidance in place for staff regarding the management of behaviour that challenges and restrictive practices was overdue for review and some staff identified to temporarily move to the centre with residents was overdue for review.

The service had a procedure for dealing with suspicions and allegations of abuse, dated May 2016. The designated officer responsible for care and protection was listed in the policy. The person in charge was knowledgeable about what constituted abuse and how she would respond to any suspicions of abuse. There was a protected disclosure policy in place, to ensure that there were no barriers for staff or families disclosing abuse. The

inspector reviewed staff training records for a centre identified to temporarily move to this centre and noted in the sample of files reviewed that there were some staff who required safeguarding training.

The centre had guidelines on intimate care, dated September 2017. These guidelines were also available in a separate accessible format for residents. The inspector noted that the template in place for personal care plans included a section on intimate care. The person in charge reported that each of the residents identified to temporarily move to the centre had intimate care plans in place. It was proposed that these would be reviewed on admission to this centre by their keyworkers. The person in charge outlined how she considered it part of the clinical nurse manager and her role to monitor safeguarding practices and to ensure safe and respectful care delivery.

There were some arrangements in place for the appropriate management of restrictive practices and behavioural supports. The service had a strategy for support of individuals who present with behaviours of concern, dated September 2014 and a restrictive practices policy, dated November 2013. However, both of these documents were overdue for review. This meant that they might not provide staff with the most up-to-date best practice guidance for dealing with behaviours that challenge and the use of restrictive practices. The person in charge was familiar with the management of challenging behaviour and with de-escalation techniques. There were templates in place to record restrictive practices. It was reported that a multidisciplinary assessment would be conducted when considering a restrictive practice which would then be reviewed by the multidisciplinary team at regular intervals. The person in charge told the inspector that all alternative measures would be considered before a restrictive procedure would be put in place.

**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):**

No actions were required from the previous inspection.

**Findings:**

A system was in place to record incidents and accidents. The inspector reviewed the template for reporting incidents. There was a policy on reporting significant events which included the requirements in relation to notifications to HIQA in accordance with the regulations.

The person in charge was familiar the regulatory requirements for notifications to HIQA.

**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:**

Arrangements were in place to support residents' opportunities for new experiences, social participation and training.

There was a policy on access to education, training and development opportunities for service users, dated July 2015. A number of the residents identified to temporarily transition to the centre, attended an outreach programme run by the provider and other day services. Arrangements had been put in place for attendance at this programme and day service to continue for the duration of the residents transition and stay in this centre.

It was proposed that staffing arrangements, including key working responsibilities would to be unchanged for any resident temporarily transitioning to the centre. Hence every effort would be made to support residents to maintain links with the communities where they currently lived and where possible for them to be involved in social activities within the local community of where this centre is situated.

**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:**

There were arrangements in place to meet resident's healthcare needs.

There was an assessment template in place which required information relating to the healthcare needs of residents. The person in charge reported that resident's identified to temporarily move to the centre each had their own general practitioner who they would continue to access whilst staying in this centre. It was proposed that resident health needs would be regularly reassessed in consultation with the resident and their families. The personal plan template in place included space for information relating to the resident's health needs and care requirements.

The person in charge reported that each of the residents identified to temporarily move to the centre had low health care requirements. There was evidence that the multidisciplinary team providing care to the residents where they were residing at the time of inspection would continue to provide care to the residents during their time in the centre. These included: speech and language therapy, dietician, occupational therapy, physiotherapy. Each of the centres identified to temporarily move to the centre had a staff nurse on duty at all times to meet residents healthcare needs. As it was proposed that staff from these centres would move with the residents to this centre residents, there would be continuity for residents in caregivers to meet their healthcare needs.

The centre had a kitchen and a dining area which was of an adequate size to make meal times a social occasion. However, a number of cooking utensils required to be purchased. This included, delph, cutlery, cooking utensils and two additional chairs for the kitchen table. The service had a policy on the provision of nutritionally balanced meals. There were guidelines for staff when supporting individuals during mealtimes, dated July 2016. The person in charge proposed that a healthy diet would be promoted in the centre with a menu agreed on a weekly basis.

**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 systems in place to support staff in protecting residents in relation to medication management.

The service had a guideline on the ordering, receipt, transport, safe administration and storage of medicine, dated December 2015. It was proposed that staffing arrangements in centres identified to temporarily move to this centre would be unchanged. These staffing arrangements included a registered staff nurse on duty at all times who was responsible for the administration of medicines. The inspector reviewed a template medication prescription and administration record used in the wider service and in centres identified to temporarily move to this centre. Templates were also in place for PRN or medication as required protocols and medication incident report forms. A large medication cupboard for the secure storage of medications was in place.

It was proposed that the assistant director of nursing would audit safe medication management practices on a monthly basis. It was reported that the pharmacist for the centres identified to temporarily move to this centre would continue to undertake audits of prescription and administration sheets on at least a six monthly basis.

Arrangements for the handling and disposal of unused and out of date drugs were in place. The person in charge reported that all unused and out of date drugs would be returned to the pharmacy for disposal and recorded appropriately. Template records for returned medications and a suitable secure area to hold out of date medications were in place.

**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:**

There was a statement of purpose in place, which overall met the requirements of the regulations but some of the information presented was incorrect.

The statement of purpose outlined that the centre would be used by other designated centres while essential works were being carried out in their centres. For example, building works and upgrading of facilities which required residents to move from their

homes for temporary periods of time. It set out the aims, objectives and ethos of the centre. However, the statement of purpose was not dated. The description of accommodation was incorrect as it referred to six bedrooms and two sitting rooms, whereas there were five bedrooms and three sitting rooms. The governance structure as presented was not clear as it referred that the person in charge would be reporting into three different assistant directors of nursing.

It was reported that during a centres temporary move to this centre that no new admissions would be accepted into the centre. This was not clearly outlined in the statement of purpose.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There were arrangements in place to monitor the quality and safety of care and support once residence temporarily moved into the centre with their staff team and manager from their current centre. However, some improvements were required so as to ensure that the management structure was clear.

No service users had been living in the centre since February 2017. It was proposed that the regional director of nursing would undertake an annual review of the quality and safety of services as per the regulatory requirements. An annual review for 2016 had been undertaken. It was also proposed that the general manager would undertake six monthly unannounced visits in the centre to assess the quality and safety of services. The person in charge proposed that a range of audits would be undertaken on a regular basis so as to ensure that the service provided was safe, appropriate to resident's needs and effectively monitored. Audits proposed included audits of medication, personal care plans, health and safety, hygiene, and incident reporting. Audit templates for these were in use across the service and in the specific centres identified to temporarily move to this centre.

There was a management structure in place that identified lines of authority and accountability within the service. However, the reporting structure for the person in charge was not clear. The person in charge was one of three, assistant directors of nursing in the area. She held responsibility for seven designated centres. She had recently been appointed as person in charge for this centre in addition to her assistant director of nursing role. (The previous person in charge had resigned from her post in February 2017 with the discharge of all residents from the centre). It was proposed that the person in charge would report to an assistant director of nursing, who in turn would report to the regional director of nursing. However, the reporting structure proposed was not clearly documented in the organogram of the management structure on display.

It was proposed that the person in charge would be engaged in the governance and operational management and administration of the centre but not on a full time basis. The manager and staff from each of the centres identified to temporarily move to this centre were to be unchanged and also move to the centre. It was proposed that these managers would retain their management responsibilities and report to the person in charge. The person in charge was a registered nurse and held a degree in healthcare management and a master in business administration. She had more than 17 years of management experience. The person in charge had a good knowledge of the support needs of residents, in centres, identified to temporarily move to this centre. She had a good knowledge regarding the requirements of the regulations, standards and her statutory responsibilities.

**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:**

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

The assistant director of nursing for the area was the identified person to deputise for the person in charge during times of absence. The clinical nurse manager 2 in each of the centres identified to temporarily transition to this centre would transfer to this centre and continue to have management responsibilities in the centre, in particular when the person in charge was not on duty or absent.

<b>Judgment:</b> 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 centre had been resourced for the delivery of care and support to residents. There were a number of items which had yet to be secured but the provider had committed to ensure they would be in place before any resident moved in.

The regional director of nursing outlined that there was sufficient financial resources in place to support residents to achieve their individual plans and to meet their needs. It was proposed that the allocated budget held and managed by the clinical nurse manager 2 for any centre identified to temporarily transition to the centre, would transfer for use in this centre.

There was evidence that a number of items of furniture required for the centre had been purchased and were awaiting delivery. There were a number of items which had not yet been purchased. These included, cutlery, crockery and other cooking utensils for the kitchen, shower doors in two of the bathrooms and additional chairs for the kitchen. There were no games or other craft materials available in the centre. It was proposed that some of these would accompany service users for their temporary transition to the centre. The provider had committed to ensure that all items required would be in place before any resident moved in.

**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.*

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**Theme:**

Responsive Workforce

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

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

**Findings:**

There were recruitment procedures in place, which were managed centrally by the provider. It was proposed that staffing arrangements in centres identified to temporarily move to this centre would be unchanged and move to this centre with the residents.

The full staffing complement required for each of the centres identified to move to this centre were in place at the time of inspection. It was reported that staff in centres identified to temporarily move to this centre had been consulted with and had agreed to move to this centre. This meant that residents would have continuity in care givers for the duration of the temporary move. The staffing roster was to remain unchanged for staff during their temporary move to this centre but the provider had allowed additional travel time for staff.

Staff training was coordinated centrally by the provider. However, a staff training and development policy was not in place. The inspector reviewed a sample of training records for staff identified to work in the centre and found that there were a number of training deficits in areas such as manual handling, safeguarding and behaviour support. The inspector noted that copies of the standards and regulations were available in the centre. It was proposed that staff team meetings would take place once a month.

Formal supervision arrangements were in place for staff across the service. This meant that staff performance would be formally monitored in order to address any deficits that might exist and to improve practice and accountability. There was a supervision policy in place, dated November 2015 which proposed that supervision should take place at least every eight weeks. The person in charge reported that she would undertake supervision with the clinical nurse manager assigned to any centre which temporarily moved to the centre. In turn the clinical nurse manager would continue to be responsible to provide supervision for each of the other staff working in the centre. There were supervision templates in place which were of a good quality and promoted improvements in practice and accountability.

The person in charge told inspectors that there would be no volunteers working in the centre when opened.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013*

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

There were arrangements, including a suite of templates and documents in place, which would facilitate records to be maintained in respect of each resident as required by schedule 3 and 4 of the regulations. However, a small number of policies as required by schedule 5 of the regulations were not available and a number of other policies were overdue for review.

There were arrangements in the centre for records to be maintained in a secure but easily retrievable area. There were a suite of policies and procedures. However, there were two policies, required in schedule 5 of the regulations, that were not available on the day of inspection. These included, the policies on communication with residents and staff training and development. A number of other policies were overdue for review. For example, policies for the provision of behavioural support and use of restrictive practices. The person in charge had a good knowledge of the policies in place and how they were applied in practice.

A copy of the statement of purpose and residents guide was available in the centre.

**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:**

Maureen Burns Rees  
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-0002478
<b>Date of Inspection:</b>	12 & 13 September 2017
<b>Date of response:</b>	29 September 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:**

Three bedrooms, two sitting rooms, a bathroom and ensuite room required painting.

The exterior of the building was also in need of painting.

Two of the bath/ shower rooms required the installation of suitable shower doors and a

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



toilet seat.

Adequate furnishings were not in place in a number of rooms.

There were no keys available for the locks on bathroom doors.

There was a redundant car in the back yard which needed to be removed.

Crockery, cutlery and suitable cooking utensils had yet to be purchased for the kitchen.

Some additional pictures and other soft furnishing were required to provide a homely atmosphere.

**1. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

There is a plan in place to paint 3 bedrooms, 2 sitting rooms, a bathroom and en-suite room subject to funding. 30/06/2018

There is a plan in place to paint the exterior of the building subject to funding. 30/06/2018

There is a plan in place to install suitable shower doors in two of the bath/shower rooms. 31/10/2017

Three new toilet seats will be put in place for all toilets in the house. 13/10/17

New beds have been purchased for the building which will be delivered on 13th October 2017.

A locker has been purchased for one bedroom in the designated centre and will be delivered on 13th October 2017.

New handles with privacy locks have been ordered for the 3 bathrooms in the designated centre and will be fitted on all bathroom doors. 06/10/17

A fixed asset transfer and disposal form has been completed for the removal of the old car from the back yard. 30/11/17

Crockery, cutlery and suitable cooking utensils have been purchased for the house. 27/09/2017

Additional pictures and a suite of furniture have been purchased for the house to ensure it has a homely atmosphere. 27/09/2017

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

## **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:**

Dust was observed in a number of areas.

It was identified that the entire centre required a deep clean.

There was chipped paint on the walls and woodwork in some areas which impacted on being able to effectively clean these areas.

A template for a cleaning schedule had not yet been identified.

Colour coded cleaning equipment was in place but new mop heads were required.

### **2. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Contract cleaners have been sourced and booked to carry out a full deep clean of the house on 11th Oct 2017

There is a plan in place to paint 3 bedrooms, 2 sitting rooms a bathroom and an en-suite in the designated centre subject to funding.

30/06/2018

A template for a cleaning schedule has been devised for the Designated Centre.

29/09/2017

Colour coded mop heads are now in place in the designated centre. 26/09/2017

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

## **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The service's policy for the management of behaviour that challenges and for the use of restrictive practices were overdue for review. Hence might not provide the most up-to-date guidance for staff.

**3. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

There is a plan in place for the review of the service policy's to include the management of behaviour that challenges and for the use of restrictive practices.

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

**Theme:** Safe Services

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

In the sample of staff files reviewed, pertaining to staff identified to temporarily move to this centre, and noted that there were a number of staff who required safeguarding training.

**4. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Six members of staff have now attended safeguarding training. One staff member is planned to attend safeguarding training on 25th October.

**Proposed Timescale:** 25/10/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Delph, cutlery, cooking utensils and additional chairs for the kitchen table had not yet been purchased.

**5. Action Required:**

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

Delph, cutlery, cooking utensils and 2 additional chairs for the kitchen table have been purchased.

**Proposed Timescale:** 28/09/2017

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose was not dated.

The description of accommodation was incorrect as it referred to six bedrooms and two sitting rooms, whereas there were five bedrooms and three sitting rooms.

The governance structure as presented was not clear as it referred that the person in charge would be reporting into three different assistant directors of nursing.

Admission arrangements to the centre were not clearly outlined in the statement of purpose.

**6. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose will be updated to reflect the correct description of accommodation in that there are 5 bedrooms and 3 sitting rooms in the designated centre.

The governance structure has been amended to reflect the correct reporting structure for the PIC in the Designated Centre.

The statement of purpose will be updated to clearly outline the admission arrangements in the Designated Centre

**Proposed Timescale:** 09/10/2017

### **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 reporting structure for the person in charge was not clearly documented in the organogram of the management structure on display.

**7. Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The organogram will be updated to clearly outline the reporting structure for the person in charge and will be on display in the Designated Centre.

**Proposed Timescale:** 09/10/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

There were two policies, required in schedule 5 of the regulations that were not available on the day of inspection. These included the policies on communication with residents and staff training and development.

**8. 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:**

There is a plan in place for the update of all schedule 5 policies. 30/06/2017

The communication policy is now in draft format and will be reviewed in conjunction with the Speech and Language therapist on 2nd October with a view to having it agreed by the policy review committee on 21st Nov 2017.

**Proposed Timescale:** 30/12/2017

**Theme:** Use of Information

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

A number of other policies were overdue for review. For example, policies for the provision of behavioural support and use of restrictive practices. The person in charge had a good knowledge of the policies in place and how they were applied in practice.

**9. 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:**

There is a plan in place for the review the service policy's to include the management of behaviour that challenges and for the use of restrictive practices.

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