Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Millmount
Centre ID:	OSV-0002480
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

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:
22 August 2017 12:00	22 August 2017 18:00
23 August 2017 09:30	23 August 2017 17:00

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

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 third inspection in the centre. The previous inspection was undertaken on 23 March 2017. 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.

How we gathered our evidence:
As part of the inspection, the inspector met and spoke with five of the six service users living in the centre. Overall, these service users outlined how they enjoyed living in the centre and of the many activities which they were involved in. The inspector observed warm interactions between service users with the staff caring for them.

The inspector interviewed the person in charge, two staff nurses and the regional director of nursing. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:
The service provided was described in the providers statement of purpose. The centre was a two-storey semi-detached house located in a town in West Meath. It was located within walking distance of a town centre and the property was owned by the provider. Each of the residents living in the centre had been living together for an extended period. The centre provided full time residential care for six service users with intellectual disabilities over the age of 18 years.

There was a secure garden and recreational facilities to the rear of the centre. At the time of inspection, two bedrooms in the centre were each occupied with two service users. The remaining two service users each had their own bedrooms. Service users sharing bedrooms had been doing so for an extended number of years. Plans were in place to renovate the staff sleep over-room for one of the service user and for another service user to transition to another centre.

Overall Judgement of our findings:
Overall, the inspector found that service users were well cared for and that the provider had arrangements in place to promote their rights and safety. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre. However, at the time of inspection it was reported that a new person in charge was being appointed to the position and that notifications regarding same would be submitted to HIQA within the required timeframes.

Good practice was identified in areas such as:

- Resident's communication needs were met. (Outcome 2)
- Resident's healthcare needs were met in line with their personal plans and assessments. (Outcome 11)
- There were systems in place to ensure the safe management and administration of medications. (Outcome 12)

Areas for improvement were identified in areas such as:

- Some improvements were required in relation to arrangements for service users

transitioning to new centres. (Outcome 5)
- Improvements were required so as to ensure that the fire alarm system was adequately serviced. (Outcome 7)
- Some improvements were required in relation to arrangements to manage challenging behaviour in the centre. (Outcome 8)
- Effective formal supervision for the person in charge had not been provided. (Outcome 14)
- Some improvements were required in relation to staff supervision arrangements to comply with the providers supervision policy. (Outcome 17)

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

Theme:
Individualised Supports and Care

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

Findings:
Residents' communication needs were met.

There was a policy on communication. Individual communication requirements were highlighted in residents' personal plans and reflected in practice. Communication passports were on file for residents who required same. One of the service users was non verbal. There were picture exchange and object of interest to assist this resident to choose diet, activities, daily routines and journey destinations.

Each of the residents engaged in a good range of activities in the local community. There was access to a number of televisions, radios and local papers in the centre.

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:
Residents are supported to develop and maintain personal relationships and links with

the community.

Positive relationships between residents and their family members were supported. There was adequate communal space to allow residents to receive visitors in private. There was evidence that families were kept informed of their relatives well being. Residents families were invited and where possible attended personal planning meetings and reviews in accordance with the residents wishes. There was a visitors policy in place and record maintained of all visitors to the centre. There were no restrictions on visits.

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 appropriate arrangements in place for the admission and discharge of service users.

There were policies and procedures in place for admitting residents, including transfers, discharges and temporary absence of service users. There had been no new admissions to the centre for a prolonged number of year. The residents living in the centre were in line with admissions proposed in the centres statement of purpose.

Each resident had a written agreement in place which outlined the services to be provided and all fees.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the

maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The well being and welfare of those living in the centre was maintained by a good standard of evidence-based care and support. However, some improvements were required in relation to arrangements for service users transitioning to new centres.

Each service user's health, personal and social care needs were fully assessed. There was documentary evidence to show that service user's family representatives were involved in assessments to identify individual needs and choices. In addition, there was a multidisciplinary input into assessments. There was evidence that assessments were regularly reviewed at care review meetings.

The arrangements to meet each service user's assessed needs were set out in a personal plan that reflected his or her needs, interests and capacities. New person centred planning templates had been introduced across the service since the last inspection. Personal goals were set for service users and their implementation was monitored. These included goals for community participation and there was evidence that service users engaged in a good range of community based activities. Examples include, cinema, bowling, swimming, music concert, garden festival, hotel breaks, visits to local shops and restaurants and day trips to larger towns such as Dublin. Multidisciplinary input was incorporated into each service users personal plan by the service user's key worker following all review meetings and on receipt of updated multidisciplinary reports. Records were maintained of activities undertaken and key working sessions undertaken with service users in meeting goals set out in their personal plans.

There were processes in place to formally review service user's personal support plans on a yearly basis. There was documentary evidence to show that the service user's family and or representative and multidisciplinary team were involved in the revision of personal plans as per the requirements of the regulations. The inspector found that reviews focused on improving the lives of the service users.

Plans were in place for one of the service users, who was sharing a room at the time of inspection to transition to another centre nearby. This service user had been living in the centre for more that 20 years and was non verbal and had a hearing impairment. There was evidence that there had been some consultation with the service user and their family regarding the proposed move. The service user had completed a number of visits to her proposed new home and had been assisted to purchase new bed linen and other items to personalise the space. However there was limited evidence that a formal assessment had been undertaken to ascertain the suitability of the new centre to meet

the service users assessed needs. The inspector reviewed 'moving home' plan that was in place but found that it had not been adequately completed.

Judgment:
Substantially Compliant

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

Theme:
Effective Services

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

Findings:
The design and layout of the centre was in line with the centres statement of purpose. However, a number of refurbishment and other works, as identified at the time of the last inspection, had not yet been completed.

These works included the provision of an additional handrail to the stairwell to provide safe accessibility on the stairs for all service users; the installation of a level access shower in the main bathroom and the refurbishment of the staff sleep over room to a resident's bedroom. The inspector noted that repainting of walls and wood work throughout the centre was required.

At the time of inspection, two bedrooms in the centre were each occupied with two service users. The remaining two service users each had their own bedrooms. Service users sharing bedrooms had been doing so for an extended number of years. Plans were in place to renovate the staff sleep over-room for one of the service user and for another service user to transition to another 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The health and safety of service users, visitors and staff were promoted and protected. However, improvements were required so as to ensure that the fire alarm system was adequately serviced.

There was a risk management policy in place, dated June 2016, which met with the requirements of the regulations. There was a risk register in place which was being maintained as a 'living' document and was regularly reviewed. The inspector reviewed a sample of individual risk assessments for service users which contained a good level of detail, were specific to the individual and had appropriate measures in place to control and manage the risks identified. There was a risk assessment guidelines document, dated April 2015.

There was a safety statement in place with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly. Records of regular health and safety checks of all areas were maintained. There was an identified health and safety officer.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This promoted opportunities for learning to improve services and prevent incidences. Overall there were a low number of incidents in the centre. There was an Incident reporting policy. Records showed that the acting assistant director of nursing and person in charge met on a monthly basis to review all incidents and identify any trends and agree actions and learning to minimise reoccurrence. The inspector reviewed a sample of incident report forms and found that an appropriate record was maintained of actions taken and follow up proposed. All forms were signed off by the person in charge.

There were procedures in place for the prevention and control of infection. There was an infection control policy and procedure in place. A cleaning schedule was in place and records were maintained of tasks undertaken. Colour coded cleaning equipment was used and appropriately stored. There were sufficient facilities for hand hygiene available and paper hand towels were in use in the kitchen with an electric hand dryer in other bathrooms. Posters were appropriately displayed. There were adequate arrangements in place for the disposal of waste.

Adequate precautions against the risk of fire were in place. However, the fire alarm system had not been serviced Since February 2017. Hence, was over due for its recommended quarterly service. There was documentary evidence, from an external company, to show that fire safety equipment was serviced on a yearly basis. There were fire safety guidelines in place. Adequate means of escape were observed and all fire exits were unobstructed. An additional handrail for the stairwell had been recommended

by the fire officer some time previous but had not yet been put in place. A date for the installation of the hand rail had recently been identified. A procedure for the safe evacuation of service users in the event of fire was prominently displayed. Each service user had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the service user. Staff who spoke with the inspector were familiar with the fire evacuation procedures. They were also checked regularly as part of internal checks in the centre. Fire risk assessments had been undertaken. Fire drills involved service users and were undertaken on a regular basis. There was an identified fire safety officer.

There was a site specific emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
There were appropriate measures in place to keep service users safe and to protect them from abuse. However, some improvements were required in relation to arrangements to manage challenging behaviour in the centre.

The centre had a procedure for dealing with suspicions of abuse, dated May 2016. The inspector observed staff interacting with service users in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and the national guidance. The contact details for the designated officer were on display in the centre. There had been one suspicion of abuse in the previous 12 month period which had been dealt with appropriately.

There were guidelines on provision of intimate care, dated May 2016. The inspector found that personal plans in place were of a good quality with sufficient information to

assist staff in meeting the intimate care needs of service users who required support in this area.

Overall service users were provided with emotional and behavioural support. However, an up-to-date behaviour support plan was not in place for a service user who was identified to require some support. There was evidence that some efforts were made to identify and alleviate the underlying causes of the behaviours that were challenging. However, a formal plan so as to ensure staff adapted a consistent approach had not been put in place. There was a procedure for listening and responding to individuals who demonstrate behaviours of concern, dated July 2015. Records showed that staff had attended appropriate training.

There were no environmental or physical restraints in use in the centre. There was a procedure for the use of restrictive interventions, dated November 2013, which was overdue for review.

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 record of all incidents occurring in the centre were maintained and where required, notified to the Chief inspector and within the timelines required 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:
Residents opportunities for social participation, training and employment were encouraged and facilitated in the centre.

A number of residents had their own job. Others were engaged in a day service. Residents were engaged in a good range of social activities, internal and external to the centre.

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:
Service user's healthcare needs were met in line with their personal plans and assessments.

The service users living in the centre low medical needs and or support requirements. Each service user's health needs were appropriately assessed and met by the care provided in the centre. There were a number of staff nurses working in the centre and an on-call nurse available at all other times. This meant that service users had ready access to this expertise should they require same. Each of the service users had an up-to-date hospital passport in place with appropriate information should a service user require to be transferred to hospital in the event of an emergency. Each of the service user's had their own general practitioner by whom they were regularly reviewed. Information on specific conditions was available in the centre and individual care plans were in place to guide staff.

The centre had a fully equipped kitchen and separate dining area. There was a policy on the provision of nutritionally balanced meals in residential care, which was overdue for review. Each of the service users personal plans included a section with information on their food preferences, meal time experience and a nutrition screening assessment. The inspector reviewed minutes of the resident meetings where menu options were discussed and agreed on a weekly basis. Records were maintained of meals provided.

The inspector observed that there was an adequate supply of healthy snacks available and that a range of healthy and nutritious meals were prepared for service users in the centre. Pictured menu cards were available to support individual service users in making choices where required.

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 ensure the safe management and administration of medications.

There was a medication policy and procedure. A staff member interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. There was a secure press for the storage of medicines and secure presses in a number of service user's rooms who managed their own medications. There were processes in place for the handling and storage of medicines. Medication logs were maintained of all medication received in the centre.

Records showed that a self medicating capacity needs assessment had been completed for each of the residents. As a result, two residents were responsible for their own medications as they were deemed to have the capacity to do so.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to the pharmacy who signed receipt of same with a staff member. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. The pharmacist attended the centre on a yearly basis and completed an audit. Prescription and administration records were reviewed on a regular basis with audits undertaken by the person in charge. All medications were administered by a registered staff nurse.

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 written statement of purpose that accurately described the service that was provided in the centre.

The statement of purpose set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were provided for residents. It contained all of the information required by schedule 1 of the Regulations.

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:
There were management systems in place to ensure that the service provided was safe, consistent and appropriate to service user's needs. However, effective formal supervision for the person in charge had not been provided.

In line with regulatory requirements, the provider had undertaken an annual review of

the quality and safety of care in the centre. An unannounced visit by the provider had been undertaken in March 2017, with the production of a written report.

A number of audits were undertaken in the centre on a regular basis. For example, care plans, medication, health and safety. There was evidence that actions were taken to address issues identified in these audits. The assistant director of nursing visited the centre on a regular basis as recorded in the visitors book. There was documentary evidence that incidents reports were reviewed on a regular basis as part of these visits.

The centre was managed by a suitably skilled and experienced person. The person in charge held a full time post and was not responsible for any other centre. She had been manager in the centre for just over a year. She had been allocated eight administrative hours per week and the remaining hours she was included on the duty roster. There was evidence that she was effectively engaged in the governance, operational management and administration of the centre on a consistent basis. However, at the time of inspection it was reported that a new person in charge was being appointed to the position and that notifications regarding same would be submitted to HIQA within the required timeframes.

The person in charge was a qualified nurse in intellectual disabilities. She had completed a management course some years previous and an internal training course regarding the role of the person in charge. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support requirements for service users living in the centre.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. On call arrangements were in place and staff were aware of these and the contact details. The person in charge reported to the acting assistant director of nursing. There was evidence that the person in charge and acting assistant director of nursing met informally on a regular basis where it was reported performance development and review were discussed. However, the person in charge had not received formal supervision in over a year since taking up her role.

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 arrangements in place for the chief inspector to be notified of the proposed absence of the person in charge from the designated centre and arrangements for the management of the centre for any proposed absence.

Judgment:
Compliant

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

Theme:
Use of Resources

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

Findings:
The centre is resourced to ensure the effective delivery of care and support in accordance with the centres statement of purpose.

There were enough resources in the centre to support residents achieving their individual personal plans. The facilities and services in the centre reflected the statement of purpose.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
There were appropriate staff numbers and skill mix to meet the assessed needs of service users living in the centre. However, some improvements were required in relation to staff supervision arrangements to comply with the provider's supervision policy.

The full staff complement was in place. There was an actual and planned staff roster in place. The majority of the staff team had worked in the centre for an extended period. This meant that service users had continuity in their care givers.

There was a staff training and development policy in place, dated June 2015. A training programme was in place for staff and records showed that staff were up-to-date with mandatory training requirements. A staff training needs analysis had been undertaken for 2017. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre.

There were staff supervision arrangements in place. A procedure on professional supervision control was in place. This document stated that supervision should be undertaken every 4- 6 weeks with staff. The inspector reviewed a sample of supervision files and found that overall staff had received formal supervision which was of a good quality. However, the frequency of when supervision was delivered was not in line with the providers policy and procedure.

There were no volunteers working in the centre at the time of inspection.

Judgment:
Substantially Compliant

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

Theme:
Use of Information

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

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

Findings:
Records were maintained in the centre as required by the regulations. However, a number of schedule 5 policies were overdue for review.

A directory of residents was maintained which contained all of the required information. Records in respect of schedule 2,3 and 4 of the regulations were in place and well maintained. At the time of the last inspection, inspectors identified that a number of the schedule 5 policies were out of date and in need of review. The same was found on this inspection.

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[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002480
Date of Inspection:	22 and 23 August 2017
Date of response:	21 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited evidence to show that a formal assessment had been undertaken to ascertain the suitability of the new centre to meet the assessed needs of a service user identified to transition to the centre.

The inspector reviewed 'moving home' plan that was in place but found that it had not

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

been adequately completed.

1. Action Required:
Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

Please state the actions you have taken or are planning to take:
A transition committee has been established.

The transition committee will carry out formal assessments to ascertain suitability and to ensure the transition supports the assessed needs of the resident.

Transition plans will be reviewed to ensure that all assessed needs are addressed and relevant documentation is complete.

Proposed Timescale: 16/09/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of refurbishment and other works, as identified at the time of the last inspection, had not yet been completed. These works included, the provision of an additional handrail to the stairwell to provide safe accessibility on the stairs for all service users; the installation of a level access shower in the main bathroom and the refurbishment of the staff sleep over room to a residents bedroom.

2. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
An additional handrail in the stairwell will be installed as per recommendations

Level access shower in the main bathroom will be installed as per recommendations

The staff sleepover room will be refurbished prior to becoming a residents bedroom by 30/09/17

Proposed Timescale: 31/12/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Repainting of walls and wood work throughout the centre was required.

3. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Interior painting will be completed as required throughout the centre

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:
The fire alarm system was overdue for its recommended quarterly service.

4. Action Required:
Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:
The service provider has been contacted and the quarterly service has been completed

Proposed Timescale: 18/09/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An additional handrail for the stairwell had been recommended by the fire officer some time previous but had not yet been put in place. A date for the installation of the hand rail had recently been identified.

5. 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:
An additional handrail in the stairwell will be installed as per recommendations

Proposed Timescale: 31/12/2017

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:
An up-to-date behaviour support plan was not in place for a service user who was identified to require some support.

6. 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:
A review will be scheduled with the behaviour support team

The behaviour support plan for one resident will be up dated by the PIC in conjunction with the Behaviour support Team following the review.

All staff at the centre will receive in house training in strategies and Protocols identified in the behaviour support plan following the review.

Proposed Timescale: 30/10/2017

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 person in charge had not received formal supervision in over a year since taking up her role.

7. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Formal supervision meetings will be held with the person in charge as per policy commencing from 1st October 2017

Proposed Timescale: 01/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The frequency of when supervision was delivered was not in line with the providers policy and procedure.

8. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
The Person in Charge will carry out formal supervision with staff members working in the centre as per policy commencing 1st Oct 2017.

All staff members will have received their first formal supervision meeting by 31st October 2017

A schedule of supervision meetings will be developed to ensure compliance

Proposed Timescale: 31/10/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of the schedule 5 policies were out of date and in need of review.

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:
A policy review group has been established and monthly meetings have been scheduled for 2017 and 2018.

A priority list for policy review has been developed.

All schedule 5 policies will be reviewed in line with the priority list. All polices will be reviewed by 30th June 2018

Proposed Timescale: 30/06/2018