

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballymacool Respite House
Centre ID:	OSV-0002517
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 September 2017 09:10	26 September 2017 17:45
27 September 2017 09:30	27 September 2017 18:05

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.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided a full-time six day a week respite service to adults and children with a disability.

How we gathered our evidence:

During the inspection, the inspector spoke with five residents in a group setting about the quality of care and support they received when at the centre. In addition, the inspector met one family member who was visiting the centre and interviewed three staff members as well as the person in charge and the area coordinator. The inspector also observed practices and reviewed documents such as personal care plans, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of a two-storey house set in its own grounds. The centre was located on the outskirts of a town and close to amenities such as shops and leisure facilities.

Overall Findings:

The inspector found that residents were supported in-line with their assessed needs as described in their personal plans. Residents told the inspector that they were supported to access a range of activities of their choice and enjoyed coming to the centre for respite stays. The inspector observed that residents appeared happy to be at the centre and were comfortable and relaxed with all supports provided by staff. The centre was well-maintained and its design met the both the needs of children and adult who accessed the service.

The inspector found that staffing arrangements reflected the range of needs of residents who accessed the centre. Staff at the centre were suitably qualified and knowledgeable on resident's assessed needs. The inspector interviewed the person in charge, who was both suitably qualified and knowledgeable on residents' needs and their roles and responsibilities under the regulations.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in 13 outcomes inspected. However, major non-compliance was found in relation to staff records. Moderate non-compliance was found in three outcomes which related to residents' written agreements and personal plans, staff training, and statutory notifications. Substantial compliance was found one outcome which related to the provider's policies as required under the regulations.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights were promoted and they were involved in the running of the centre during their respite stay.

The provider's complaints policy was up-to-date and comprehensive in nature including information on how to lodge a complaint and the provider's appeals procedure. In addition, the complaints policy was prominently displayed on the communal notice board along with an accessible version for residents. Information about the provider's complaints officer; which included their photograph and contact details, was also displayed on the communal notice board. The person in charge maintained a record of all complaints received which included actions taken, the complaints current status and the complainants' satisfaction with the outcome.

Information on advocacy services was available on the communal notice board. Residents told the inspector that they were happy with all aspects of the service provided at the centre, but if they were unhappy they would speak to the staff on duty or person in charge.

Residents told the inspector that on arrival at the centre they would speak with staff about the meals and activities they wanted to do during their stay. In addition, records showed that regular weekly resident meetings were held and minutes showed that residents were involved in decisions about the centre such as menu planning, grocery shopping and daily activities. In addition, the meetings were also used to inform residents about their rights such as how to make a complaint and access to advocacy services. Meeting were also used to ensure that residents were aware of the centre's fire

safety arrangements.

Residents were supported to access a range of activities while at the centre in the local community, which reflected their interests and respite stay goals. In addition, residents were supported by the staff to continue their attendance at school and day service placements while staying at the centre.

The centre had an up-to-date visitor's policy with no restrictions on visiting times. In addition, facilities were available for residents to meet their family and friends in private.

The inspector reviewed arrangements for supporting residents with their personal finances while at the centre and found that supports provided were in-line with the provider's policies, with all transactions being receipted and recorded.

Throughout the inspection, staff supported residents in a dignified and respectful manner which reflected their assessed needs. Residents told the inspector that they enjoyed coming to stay at the centre and got to choose and do all the activities they liked such as going for meals out and seeing films at the cinema. Throughout the inspection, residents appeared happy and comfortable with all support offered by staff.

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:

Residents were supported to communicate their needs.

Residents' personal plans included an assessment of their communication needs and included any communication aids required such as 'picture exchange communication systems' (PECS) and 'objects of reference'. The inspector found that staff knowledge reflected residents' communication needs as described in their personal plans.

Furthermore, personal plans showed that some residents used personal tablet devices to aid their communication, which was reflected also in discussions with staff.

The centre provided easy-to-read versions of the provider's complaints and safeguarding policies to residents as well as information on how to access advocacy services. While at the centre, residents had access to radio, television and the internet with computer

available for their use in the dining room with an accessible keyboard.

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 were supported to maintain personal relationships and engage in activities in the local community.

The provider had an up-to-date visitors policy. There were no restrictions on visitors to the centre and facilities were provided for residents to meet their family and friends in private.

Records and discussions with staff showed that regular communication occurred between families and staff on the residents' experiences while at the centre, updates on residents' needs and arrangements for future planned admissions.

Records also showed that the compatibility of residents who access the centre was assessed and reviewed by the person in charge as part of the allocation of respite provision. Residents told the inspector that they met their friends while at the centre and enjoyed doing activities of their choice such as going to the cinema and having meals out in restaurants. Records reviewed by the inspector showed that during their stays at centre, residents were supported to attend either their school or day service placement and access a range of activities in the local community.

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:

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

No actions were required from the previous inspection.

Findings:

The centre had an up-to-date admissions and discharge policy, however not all residents had written agreements in place and agreements did not contain sufficient information on charges.

The centre had an up-to-date admissions and discharge policy which was reflected in the statement of purpose. The person in charge told the inspector that following an initial referral and assessment of need, residents were supported to access the centre through day visits leading to overnight stays. The inspector found that families experiences as described in feedback questionnaires reviewed and staff knowledge reflected the provider's admission policy.

The inspector found that the provider had developed accessible written agreements; however, these were not in place for all residents who accessed the centre. Where written agreements were in place, they described the services and facilities provided at the centre and any additional costs to be met by residents during their stay such as community activities. However, written agreements did not provide sufficient information on the chargeable arrangements for respite care.

The inspector noted that where written agreements were in place, they had been signed by both the provider and the resident or their representative.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported in-line with their assessed needs, although personal plans were not reviewed annually.

The inspector reviewed a sample of residents' personal plans which included information on residents' needs in areas such as safe environments, eating and drinking, mobility, behaviours of concern, personal care and medication management. The inspector found that personal plans were up-to-date and reflected staff knowledge. However, although personal plans were regularly updated, not all of these had been subject to an annual review to assess their effectiveness. In addition, were personal plans had been reviewed, meeting minutes did not consistently show whether the resident or their representative had attended the meeting or document the involvement of multi-disciplinary professionals. Furthermore, the inspector found that personal plans were not available to residents in an accessible format.

Residents told the inspector that they were supported by staff to identify their goals when they came to the centre. These goals included accessing community activities such as meals out in local restaurants, going to the cinema or ten pin bowling. Activity records sampled and discussions with staff reflected residents' experiences at the centre. Residents' goals were further recorded by staff for each respite visit and included whether they were achieved or not. However, records did not include named staff supports and expected timeframes for the goals' achievement.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre's design and layout met residents' assessed needs.

The centre comprised of a two-storey house set in its own grounds on the outskirts of a town. The house contained five bedrooms which were spacious in size and well maintained. The inspector observed that due to the nature of the centre, bedrooms were not personalised. However, staff told the inspector that there were no restrictions on residents bring personal items during their stay so that they felt more at home. Each

bedroom had a wardrobe for residents to store their clothing and personal items.

Furthermore, two bedrooms included ensuite shower and toilet facilities, with two others providing facilities for hand washing. In addition, the premise provided a sufficient number of toilets and a communal bathroom with both a shower and adapted bath.

There was a communal sitting room, kitchen, dining room and laundry room in the centre. The top floor of the centre was accessed by stairs and provided a communal recreational area for residents which included games consoles, television, a table tennis table and table football. The top floor was also used to store age appropriate toys and games for when children accessed the centre. Further storage facilities were available throughout the premises along with a staff sleep over room and office facility.

The garden was well maintained and incorporated a fenced play area for children which included swings, climbing frames and a trampoline.

The centre was in a good state of repair, although the inspector observed evidence of water damage to parts of the upstairs ceiling and window surrounds. However, records showed that the person in charge had reported the maintenance issue to the provider's estates department and was awaiting a date for works to be undertaken.

The centre was located on the outskirts of a town, but was in walking distance to local shops and a leisure centre. The centre further provided an adapted vehicle to enable residents to access other amenities and facilities within the local and surrounding areas.

Suitable arrangements were in place for the safe disposal of general and clinical waste.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre's risk management arrangements ensured that residents were kept safe.

The centre had an up-to-date risk management policy and centre-specific safety statement which showed risks related to residents, staff and the centre's premises. Risk assessments were up-to-date, regularly reviewed, included actions to mitigate risks and reflected staff knowledge.

The person in charge maintained a record of accident and incident which occurred at the centre. Records were analysed on a monthly basis to identify trends and areas for service improvement and were discussed with staff at regular team meetings.

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre. In addition, hand sanitisers were available throughout the centre along with segregated waste disposal facilities. Training records showed that all staff had completed up-to-date hand hygiene training.

The centre's fire evacuation plans was prominently displayed and reflected both resident and staff knowledge. Furthermore, residents' meeting minutes showed that fire safety arrangements in place at the centre were discussed on each admission to the centre. Residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and reflected staff knowledge. PEEPs included the support residents required for both day and night-time evacuation including the use of evacuation aids.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire safety equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order. Regular fire drills were carried out and records maintained showed when each resident who accessed the centre had participated in a drill during the year. All staff at the centre had completed up-to-date fire safety training.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

Residents were protected from harm and supported with the management of behaviour that challenges.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Staff had received up-to-date training in both safeguarding vulnerable adults and Children First. Staff spoke to the inspector about what might constitute abuse and the actions they would take if suspected, which was in-line with the provider's policy.

Information on the provider's 'Safeguarding of vulnerable adults' policy and Children First was prominently displayed on the communal notice board. Information was also displayed about the provider's Designated Safeguarding Officer and Designated Children's Liaison Person and reflected staff knowledge.

The person in charge maintained a register of all safeguarding plans in place and their current status. The inspector reviewed safeguarding records and found that actions had been completed such as preliminary screening and the development of safeguarding plans, in-line with the provider's policy. Furthermore, staff knowledge reflected safeguarding plans in place at the centre.

Restrictive practices such as exterior door keypads and a stair gate were risk assessed and included a clear rationale for their use and were subject to regular review.

The inspector reviewed a sample of residents' behaviour support plans and found that they were up-to-date, regularly reviewed and developed by a suitably qualified behavioural specialist in-line with the provider's policy. Behaviour support plans included a description of the behaviour that challenges as well as both proactive and reactive support strategies to be used and reflected staff knowledge. The inspector reviewed training records maintained by the person in charge and found that all staff engaged at the centre had completed up-to-date positive behaviour management training.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

A record of all notifications submitted to the HIQA under the requirements of Schedule 4 of the regulations was maintained by the person in charge. However, the inspector

found that not all notifications had been submitted in accordance with regulatory timeframes.

Judgment:

Non Compliant - Moderate

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' were supported to meet their educational needs and to participate in activities which reflected their needs and choices.

The provider had policies on access to education and training for both adults and children. Residents' educational and training needs were assessed as part of their personal plan. Records further showed that children and adults were supported to attend both their school and day service placements, while staying at the centre. In addition, documents showed that regular communication occurred between the school, day service staff and the centre on residents' assessed needs.

Residents told the inspector that when they stayed at the centre they still went to their day services and were asked by staff about what activities they wished to do. Residents told the inspector that they went to the local shops, cinema, bowling alley, parks and restaurants when at 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:

The inspector found that residents were supported to manage their own health.

Residents' personal plans included an assessment of their current healthcare and medication needs. Records and discussions with staff showed that residents' needs were updated prior to each admission to the centre by families. Staff were knowledgeable on residents' health care needs and daily records showed that support was provided in-line with assessed needs and the recommendations of allied healthcare professionals. Due to the nature of support provided to residents at centre, all healthcare appointments were facilitated by the residents' families.

Residents told the inspector that they chose the meals provided at the centre and they agreed them when they arrived on the first day of their respite stay. Food diaries showed that residents were provided with a variety of healthy and nutritious meals as well as having the opportunity to order takeaway and go for meals out in local cafes, restaurants and public houses.

Residents told the inspector that they were not involved in the preparation of meals at the centre; however, records reviewed showed that other residents were involved in preparing meals - dependent on their ability, which was further reflected in discussions with staff.

Where residents were supported with weight management programmes or special diets, the inspector found that dietician and speech and language therapists' recommendations were reflected in personal plans and staff knowledge.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Medication management arrangements in place at the centre reflected the provider's policies and procedures.

Staff told the inspector that prior to a resident being admitted to the respite centre an update on any changes to prescribed medication is sourced from their families, which was reflected in records examined.

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details, as well as information on prescribed medications such as administration times, route and dosage. In addition, a signature bank was maintained of staff trained to administer medication at the centre.

Medication was securely stored at the centre. Documents examined and observed practices showed that residents' medication was both recorded on arrival and discharge from the centre.

Out-of-date medication was segregated from current medications, with the medication either being returned to residents' families or a local pharmacy for disposal, which was reflected in staff knowledge and records examined.

Residents' personal plans included an assessment of the residents' medication needs and their capacity to self administer medication.

Regular medication audits were carried out by the person in charge to ensure practice was in-line with the provider's policy.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider's statement of purpose on the centre reflected the services and facilities provided.

The inspector looked at the centre's statement of purpose. The statement was reviewed annually and contained all the information required under Schedule 1 of the regulations. The statement of purpose also reflected the services and facilities provided on the day of inspection. The statement of purpose was available in an accessible version to

residents.

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:

The provider's governance and management arrangements ensured that residents were supported in-line with their assessed needs.

The management structure at the centre was reflected in the statement of purpose and staff knowledge. The person in charge was full-time, suitably qualified and based at the centre.

The person in charge facilitated regular team meetings and minutes showed discussions on all aspects of the centre's operation such as residents' needs, accidents and incidents and organisational policies. Staff told the inspector that the person in charge was approachable and responsive to concerns raised.

The person in charge conducted regular management audits on the centre's practices such as medication management, infection control, restrictive practices, complaints and residents' finances.

The person in charge told the inspector that they ensured their continual professional development through attendance at the provider's mandatory training as well as courses relevant to their role; and had completed an accredited management course facilitated by the provider in September 2017. In addition, the person in charge was further supported through formal supervision by their line manager and through attendance at regular management meetings chaired by the provider's representative.

The person in charge had completed an up-to-date annual review of care and support provided at the centre, which was available on the day of inspection. In addition, the provider made unannounced six monthly visits at the centre. The reports from these

visits were also available at the centre.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The centre had suitable arrangements in place in the event of the person in charge being absent.

The person in charge confirmed their understanding of the requirement under the regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found that there had been no instances to date of the person in charge being absent for over 28 days.

Furthermore, staff were able to tell the inspector about the arrangements in the event of the person in charge being absent from the centre which reflected the centre's statement of purpose and discussions with the person in charge.

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 inspector found the services and facilities provided met residents' assessed needs.

The inspector reviewed the centre's roster which showed that staffing arrangements were flexible in nature and directed by the assessed needs of residents who accessed respite care. Rosters showed that the number of staff allocated during the day would be between two to four, dependent on the needs of residents who accessed the centre. Similarly, at night time residents were supported by a waking night and sleep staff arrangement. However, this could be changed so that two waking night staff were provided should a resident require this. The inspector found that staff were suitably knowledgeable and qualified to meet residents' assessed needs and comprised of both nursing and care staff.

The inspector reviewed records which related to the allocation of residents' individual respite care provision. Records were transparent in nature and showed that the allocation of respite was based on both an assessment of the needs of the resident and their carers.

A suitably adapted vehicle was available at the centre to support residents to access local amenities such as leisure centres, shops, cafes and places of interest.

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:

Staffing arrangements at the centre ensured that residents' assessed needs were met.

The person in charge ensured that both an actual and planned roster was in place at the centre. The inspector examined rosters and found that staffing arrangements were flexible and dependent on the assessed needs of residents.

During the inspection, residents received timely support, which was provided in a respectful manner and in-line with their assessed needs. Residents told the inspector that they liked coming to the centre and staff supported them to do the things they liked

which included going to the cinema, bowling and having meals in local restaurants.

Staff told the inspector that they were supported by the person in charge and attended regular team meeting where they spoke about residents' needs and the operational management of the centre. Staff also told the inspector that the person in charge had completed annual personal development plans with them which included discussions on their role and future training needs, which was reflected in records examined.

The inspector reviewed training records maintained by the person in charge and found that staff had access to the provider's mandatory training courses in areas such as fire safety and safeguarding of vulnerable adults. However, records showed that not all staff had received training in residents' healthcare needs such as tracheotomy care and percutaneous endoscopic gastrostomy.

The inspector reviewed a sample of staff personnel files and found that they did not contain copies of staff members' garda vetting disclosures as required under Schedule 2 of the regulations.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that the person in charge and provider maintained all records required under the regulations. However, not all of the provider's policies were up-to-date.

The inspector found that the provider ensured that records were maintained which related to residents as required under Schedule 3 of the regulations such as a directory of residents, healthcare records and incidents and accident reports.

The provider also ensured that a copy of the centre's statement of purpose and notifications submitted to the Health Information and Quality Authority were available as required under Schedule 4 of the regulations.

The inspector reviewed the provider's policies and procedures and found that in the main all required policies were in place and up-to-date as required under Schedule 5 of the regulations. However, the provider's policy on the educational needs of children with disabilities had not been reviewed in-line with regulatory timeframes.

The centre had an up-to-date insurance policy against accidents or injury to residents, staff and visitors.

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:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002517
Date of Inspection:	26 & 27 September 2017
Date of response:	24 October 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The inspector found that written agreements were not in place for all residents who accessed the centre.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each

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

resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1. Written agreements will be updated to include information on whether there are charges for respite services, and the services provided.
2. The Person in Charge will ensure that written agreements are in place for all residents who access the Centre.

Proposed Timescale:

1. 31/10/17
2. 31st December 2017

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

The inspector found that written agreements did not contain all information which related to charges at the centre.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

1. Written agreements will be updated to reflect the potential charges and what services are included.
2. The PIC will send revised written agreements to all residents/families.
3. The PIC will ensure that all residents have a signed written agreement on file.

Proposed Timescale:

1. 31st October 2017
2. 14th November 2017
3. 31st December 2017

Proposed Timescale: 31/12/2017

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:

The inspector found that accessible versions of personal plans were not available to residents or their representatives.

3. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The PIC will ensure that each resident will have a copy of their accessible personal plan made available to them.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

The inspector found that residents' personal plans were not reviewed at least annually.

4. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

1. The PIC developed a plan on the 2/10/17 to ensure that all residents availing of the service will have an annual review involving the resident, families and MDT.
2. The PIC will ensure that all resident's personal plans will be reviewed annually.

Proposed Timescale:

1. 2nd October 2017 completed
2. 31st March 2018

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

Residents' annual review records did not consistently show the involvement of multi-disciplinary professionals.

5. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are

multidisciplinary.

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

The annual review document will be updated and input from multi-disciplinary professionals will be reflected in this document.

Proposed Timescale: 14/11/2017

Theme: Effective Services

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

Annual review meeting minutes did not consistently show the involvement of residents or their representatives.

6. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The PIC will ensure that the minutes of all annual reviews will reflect the residents and their representative's involvement.

Proposed Timescale: 14/11/2017

Theme: Effective Services

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

Residents' personal goal records did not include named staff supports and expected timeframes for achievement.

7. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The PIC will ensure that all personal goal plans will identify the person responsible for completing the actions and will include timeframes

Proposed Timescale: 19/10/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The provider had not ensured that all notifications submitted to the Health Information and Quality Authority had occurred in-line with regulatory timeframes.

8. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

The PIC will ensure that all notifications are submitted within the required time frames

Proposed Timescale: 09/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The inspector found that not all information required under Schedule 2 of the regulations was available in staff personnel files.

9. Action Required:

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

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

The PIC will ensure that all schedule 2 information is retained for all staff and will be made available for inspection

Proposed Timescale: 30/11/2017

Theme: Responsive Workforce

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

The inspector found that not all staff had received training in-line with residents' healthcare needs.

10. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to

appropriate training, including refresher training, as part of a continuous professional development programme.

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

1. The PIC has liaised with the local Centre for Nursing and Midwifery Education for the provision of training for resident's health care needs (PEG reinsertion and Adult Tracheostomy care). Staff that require the training have been booked on the next available dates
2. The PIC will ensure that staff receive training in a) PEG reinsertion and b) Adult Tracheostomy Care
3. Whilst awaiting training a protocol is in place for residents with a PEG or Tracheostomy when availing of the service

Proposed Timescale:

1. 19th October 2017 completed
2. a) 7th February 2018 and b) 12th March 2018.
3. 19th October 2017

Proposed Timescale: 12/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

The inspector found that not all policies required under Schedule 5 of the regulations had been reviewed in-line statutory timeframes.

11. Action Required:

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

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

The Policy on Education for Children in Respite has been reviewed in line statutory timeframes and is available to staff and for inspection

Proposed Timescale: 09/10/2017

