<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sliabh Glas Community Group Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002518</td>
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<tr>
<td>Centre county:</td>
<td>Donegal</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Jacinta Lyons</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Stevan Orme</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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**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**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>12 September 2017 09:00</td>
<td>12 September 2017 18:20</td>
</tr>
<tr>
<td>13 September 2017 09:00</td>
<td>13 September 2017 12:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection:

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The centre had been previously inspected on the 19 July 2016 and as part of the current inspection, actions taken by the provider to address the findings from the previous inspection were reviewed by the inspector.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided full-time residential services to adults with
How we gathered our evidence:
During the inspection the inspector met with six residents and spoke with them about the quality of care and support they received at the centre both individually and as a group. The inspector also spoke with three staff members including the centre's Area Coordinator and interviewed the person in charge as part of the inspection. The inspector observed practices at the centre throughout the inspection 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 six bedded house and two bedded apartment set in their own grounds and located on the outskirts of a town, but in close proximity to local amenities such as shops, pubs and cafes. The centre also had a vehicle which enabled residents to access leisure facilities and shops in the centre of the town and surrounding area.

Overall Findings:
The inspector found that residents had a good quality of life and were supported to access a range of activities, which reflected their interests and personal goals. Residents told the inspector that the enjoyed living at the centre and staff supported them in-line with their assessed needs. Residents were supported to access day services, work placements and leisure activities such as bowling, personal shopping, cinema, music concerts and sporting events. Residents were also supported by staff to have an active role in the running of the centre through attendance at regular residents' meetings and involvement in grocery shopping, gardening and preparing meals at the centre.

Furthermore, the inspector found that residents were aware of their rights and were able to tell the inspector how they would make a complaint. Information was prominently displayed at the centre and available to residents in an accessible formats on the provider's complaints and safeguarding of vulnerable adults policies. Furthermore, information was available to residents on both advocacy services and how to access the Health Service Executive’s confidential recipient.

The inspector found that staff were familiar with the residents' assessed needs and had access to training in-line with the centre's statement of purpose. Furthermore, staffing levels at the centre ensured that residents were supported to access planned activities in-line with their weekly programmes and assessed need.

The centre's premises were in good condition and well-maintained and met the needs of residents. However, some minor improvements were required as referenced in the main body of the report.

The inspector interviewed the person in charge, and found them to be suitably
qualified and demonstrated both a knowledge of the residents' needs and their responsibilities under regulation.

Summary of regulatory compliance:
The centre was inspected against 18 outcomes. The inspectors found major non-compliance in one outcome which related to information required under Schedule 2 of the regulations not being available in staff personnel files on the day of inspection. Compliance was found in 15 outcomes with a positive focus on the promotion of residents' rights at the centre. Substantial compliance was found in two outcomes which related to the centre's premises and staff training.

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.

The provider’s complaints policy was displayed on the communal notice board, along with information on the centre’s nominated complaints officer, which included their photograph and contact details. The complaints policy was up-to-date and comprehensive in nature and reflected staff knowledge. In addition, an easy-to-read version of the policy, as well as information on the Health Service Executive’s confidential recipient, was located in an information pack in each resident’s bedroom and the notice board. The person in charge also maintained a record of all complaints received which included a description of the complaint, actions taken in response to the complaint and the complainants’ satisfaction with the outcome. Residents told the inspector that they were happy living at the centre, but if they had any problems they would tell a staff member, the person in charge or Area Coordinator.

The inspector observed that information was displayed on the communal notice board and within the resident’s information packs on advocacy services. Information included the advocate’s photograph and contact details.

Residents told the inspector that they participated in weekly residents' meetings, where they spoke about activities they wished to do, meal planning and if they had any complaints about the centre. The inspector reviewed meeting minutes and found that residents and staff discussed topics such as menu planning, grocery and personal shopping and weekly activities. In addition, minutes showed that through the meetings,
residents were provided with information on advocacy services, how to make a complaint, the centre's fire safety arrangements and advice on personal safety.

The provider had an up-to-date visitor’s policy and the inspector was told by staff that there were no restrictions on visiting times at the centre. Residents told the inspector that their families visited them regularly. The centre did not have a private visitor’s room, but staff and residents told the inspector that they could use the kitchen dining room, communal sitting room or office if they wanted to meet their family and friends in private.

The inspector reviewed arrangements for supporting residents with their personal finances. Arrangements were in-line with the provider's policies with money being held securely and all transactions being receipted and recorded.

Residents told the inspector that they were supported to access a range of activities in the local community, which included day services, work placements and social activities of their choice. Residents told the inspector that they went out for meals in local cafes and pubs, went bowling and played pool regularly at a local leisure facility, attended soccer and GAA matches and went to local music concerts.

Throughout the inspection, the inspector observed staff supporting residents in a dignified and respectful manner, which reflected their assessed needs. Furthermore, residents appeared both relaxed and comfortable with the support received from 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:**
The inspector found that residents' communication needs were assessed and supported in-line with their personal plans.

Residents' personal plans included assessment on their communication needs, which reflected both staff knowledge and observed practices on the day of inspection. Residents told the inspector that they were able to tell staff what support they needed and were involved in regular residents meetings and the development of their personal plans.
In addition, residents had access to an accessible version of their personal plan, in an information pack kept in their bedrooms. The information pack also included easy-to-read information on the provider's complaints policy, designated complaints and safeguarding officers, advocacy services and the centre's fire evacuation plan.

The inspector found that residents had access to radio, television and newspapers at the centre.

**Judgment:**
Compliant

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**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:**
The inspector found that residents were supported to maintain personal relationships and engage in activities in the local community.

The provider had an up-to-date visitor’s policy and provided facilities for residents to meet their families and friends in private. Residents told the inspector that they were visited regularly by family at the centre and supported by staff to visit their families for either day or overnight stays which was further reflected in records maintained at the centre. The inspector also reviewed meeting minutes and found that families were invited to and attended residents' annual personal plan review meetings.

Residents told the inspector that they accessed a range of activities in the local community such as day services, work placements, local shops, leisure facilities cafes and pubs which was further reflected in daily notes, personal plans and personal goals records.

**Judgment:**
Compliant

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**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:**
The inspector found that the provider had an up-to-date admissions and discharge policy and residents had written agreements in place.

The provider’s admissions and discharge policy was up-to-date and reflected the centre’s statement of purpose. No new admissions had occurred at the centre prior to the inspection.

Residents had accessible written agreements in place, which included the total fees charged and any additional charges to be met by the resident; such as, community activities, clothing and toiletries. Written agreements included information on the services and facilities available at the centre, which reflected the centre’s statement of purpose. In addition, written agreements had been signed by both the provider and the resident or their representative.

**Judgment:**
Compliant

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that residents’ needs were regularly reviewed and reflected in their personal plans.
The inspector looked at a sample of residents’ personal plans, which included assessments on support needs in areas such as healthcare, keeping safe, communication, behaviour that challenges, independent living skills and relationships. Personal plans were up-to-date and reflected both staff knowledge and observed practices on the day of inspection. The inspector found that personal plans were available to residents in an accessible format, which presented information through a mixture of photographs, symbols and words.

Personal plans included residents' annual goals which reflected their likes and preferences. Residents told the inspector that they were working towards goals such as planning holidays and learning new skills; including, managing their own money, making basic meals and doing grocery and personal shopping, which was reflected in personal goal records examined. In addition, the inspector found that residents' goal records included information on the stages to be completed to achieve each goal, named staff supports and the expected timeframes for the goals' achievement. Updates were also recorded when each stage of the goal was undertaken and completed by the resident.

The previous inspection had found that residents' personal plans had not been reviewed annually. The inspector found that the effectiveness of all aspects of the residents' personal plans was now being reviewed annually. Records showed that review meetings were attended by the resident, their family members, centre and day service staff and multi-disciplinary professionals such as psychiatrists and social workers. In addition, recommendations from review meetings were reflected in residents' personal plans and risk assessments examined by the inspector.

**Judgment:**
Compliant

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**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 six-bedded two-storey house and a separate two-bedded apartment set within the centre's grounds. The centre was located on the outskirts of a town, but within close walking distance of shops, pubs and cafes. The centre had its...
own vehicle, to enable residents to access further leisure facilities and amenities in the town.

The house and apartment were well-maintained and decorated to a good standard. The inspector observed that residents' bedrooms were individually decorated and personalised with family photographs and items which reflected their interests; such as, football team memorabilia. All bedrooms provided suitable storage facilities for residents' possessions.

The house and apartment provided a sufficient number of bathrooms to meet residents' needs, with the house providing both bath and shower facilities. However, the inspector observed that the radiators in both bathrooms in the house were affected by rust as well as a hand rail in the downstairs bathroom.

The house comprised of a communal sitting room and kitchen and dining room, which were furnished to a good standard and reflected residents' needs. In addition, the house had a staff office and sleep over room.

The apartment comprised of a resident's bedroom which reflected their likes and interests and a staff sleep over room. The apartment's communal area comprised of kitchen, dining and sitting room facilities.

Suitable arrangements were in place for the safe disposal of general and clinical waste in both premises within the centre. In addition, residents had access to laundry facilities in both the house and apartment.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The provider's risk management arrangements ensured that residents and staff were kept safe.

The previous inspection had found that the centre was not equipped with suitable fire equipment and fire drills had not been undertaken using minimal staffing levels. The inspector found that following the previous inspection, fire doors with magnetic self closures and emergency lighting had been installed. The inspector observed that the
centre was now equipped with a fire alarm, fire call points, smoke detectors and fire extinguishers. A separate fire alarm system was in place for both the house and apartment. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

Fire drill records examined showed that regular simulated evacuations were carried out with residents and that drills had been conducted under minimal staffing circumstances in both the house and apartment. Residents and staff were able to tell the inspector what they would do in the event of a fire, which reflected the provider's evacuation plan for the centre. Training records showed that all staff had received up-to-date fire safety training.

The centre's fire evacuation plan was prominently displayed along with an accessible version for residents. Residents’ needs in the event of a fire had been assessed and recorded in 'Personal Emergency Evacuation Plans' (PEEPs) and reflected staff knowledge.

The provider's risk management policy was up-to-date and included a safety statement specific to the centre, which reflected staff knowledge on what actions to take in the event of an emergency such as fire, flood or loss of power. The provider maintained a risk register of identified risks at the centre, which was linked to associated risk assessments on the centre's premises and residents' assessed needs. Risk assessments were up-to-date and subject to regular review by the centre's management team and reflected both staff knowledge and observed practices on the day of inspection.

The person in charge maintained a record of all accidents and incidents that had occurred at the centre, which was reviewed monthly to identify any incident trends and areas for service development as part of the provider's annual audit schedule.

Hand hygiene and infection control information was displayed in the kitchens and bathrooms, along with the provision of hand sanitisers and segregated waste disposal facilities.

The inspector reviewed staff training records and found that all staff had received up-to-date hand hygiene and manual handling training in-line with the provider's policies.

The centre had access to their own vehicle and records showed that it was roadworthy, well maintained and suitable taxed and insured.

**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:**
The inspector found that the provider had measures in place to protect residents from harm and to positively manage behaviours of concern.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Staff at the centre had received up-to-date safeguarding of vulnerable adults training and were able to tell the inspector what incidents might constitute abuse and the actions they would take if suspected, which were in-line with the provider's policy.

Information on the provider's safeguarding of vulnerable adults’ policy, including a photograph of the named designated safeguarding officer, was prominently displayed at the centre and included in information available to each resident in their bedroom. In addition, minutes of the weekly residents’ meetings showed that residents were made aware of the provider's safeguarding policy and how to keep themselves safe. Residents told the inspector that if they were unhappy with any aspect of the support received at the centre they would tell either the person in charge or staff on duty.

The inspector reviewed residents' safeguarding plans which reflected staff knowledge. Safeguarding plans were completed in-line with the provider's policies and reviewed regularly by the designated safeguarding officer and management team to ensure their effectiveness.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. No restrictive practices were in use at the centre; however, staff knowledge reflected the provider's policy in relation to the need for a clear rationale on the use of restrictive practices and regular review.

The inspector looked at residents' behaviour support plans which clearly described the behaviour of concern and both proactive and reactive support strategies. Plans were developed and reviewed by a senior psychologist and reflected staff knowledge. However, training records held at the centre showed that one staff member had not completed the provider's positive behaviour management training.

**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:**
The person in charge maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

The inspector reviewed accident and incident records and found that all reportable events under Schedule 4 of the regulations had been submitted to the Health Information and Quality Authority (HIQA) by the person in charge and provider. In addition, a record of all submitted notifications was maintained at the centre and submitted notifications had been sent to HIQA in accordance with regulatory timeframes.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that the provider supported residents to access day services, work placements and social activities; which reflected their assessed needs and interests.

The provider had an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose. In addition, the inspector found that residents’ educational and training needs were assessed as part of their personal plan and reflected staff knowledge.

Residents told the inspector that they attended a range of day services in the local area which they enjoyed and reflected their individual needs. One resident told the inspector...
that they were employed at a local supermarket as a cleaner, which they really enjoyed and were proud of.

Residents also told the inspector that they were supported to access a range of activities in the local community such as local shops, cafes, pubs, leisure facilities which was reflected in activity records, personal goal updates and staff knowledge.

**Judgment:**
Compliant

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**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 health.

The inspector reviewed residents' healthcare records and found that they were supported to access a range of allied healthcare professionals which reflected their assessed needs. Records showed that residents were supported by staff to attend appointments with healthcare professionals such as psychiatrists, consultants, physiotherapists, occupational therapists and dentists. Furthermore, residents had access to a GP of their choice, with residents accessing doctors at different medical practices in the local town and neighbouring areas.

Residents’ personal plans included 'end of life' plans which had been discussed with both residents and their representatives. In addition, the inspector observed that easy-to-read information was available to residents, to help them with their end of life decisions.

In addition, residents told the inspector that they were being supported by staff to either stop or reduce the amount of cigarettes they smoked, which was reflected in personal plans reviewed and discussions with staff at the centre.

Residents told the inspector that they chose the meals at the centre as part of weekly residents meetings and that they were involved in preparing vegetables and making sandwiches and drinks for themselves subject to their abilities. In addition, residents said that they had opportunities to eat out in local cafes and pubs as well as order takeaways.

Food records maintained at the centre showed that residents had access to a varied and
healthy diet as well as snacks and drinks being available throughout the day. Residents
told the inspector that they enjoyed helping staff to do the weekly grocery shopping at
local supermarkets in the town.

**Judgment:**
Compliant

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### 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:**
The inspector found that the medication arrangements in place at the centre reflected the provider's policies and procedures.

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. The centre maintained an up-to-date signature bank of staff trained to administer medication as part of the residents' medication administration records.

The inspector reviewed protocols in place at the centre for the administration of 'as and when required' medication (PRN) and emergency epilepsy medication. Protocols were up-to-date and provided information on the circumstances that each medication should be given to the resident including maximum dosages. The inspector found that staff knowledge reflected protocols examined and all staff had received up-to-date training on the administration of emergency epilepsy medication.

The inspector observed that medication was securely stored at the centre. The previous inspection had found that out-of-date medication was not stored separately from current medications. The inspector found that following the previous inspection, arrangements were in place for the segregated storage of out-of-date or discontinued medication. In addition arrangements were in place for the disposal of out-of-date or discontinued medication with a local pharmacy which was reflected in records reviewed and discussions with staff.

The inspector observed that residents were provided with information on all medication they were prescribed which included the reason for the medication and any possible side effects that might experience.
Regular medication audits were carried out by the centre's nursing staff, in-line with the provider’s policies. In addition, arrangements were in place for an annual review of the centre’s medication practices by a named pharmacist.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found that the provider's statement of purpose for the centre reflected the services and facilities provided.

The previous inspection had found that the centre’s statement of purpose did not contain all information required under regulation. The inspector reviewed the centre's statement of purpose and found that it had been updated and now contained all information required under Schedule 1 of the regulations and reflected the services and facilities provided.

Furthermore, the statement of purpose was reviewed annually and available to residents in an accessible version.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

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

The provider's management structure was reflected in the centre's statement of purpose and staff knowledge. The person in charge was full-time and suitably qualified. The person in charge was also responsible for another designated centre in the town; however, they were regularly present at the centre. The person in charge was supported in their management role by their line manager (Area Coordinator) and nursing staff at the centre.

The inspector reviewed team meeting minutes which showed they were held regularly and chaired by the person in charge. Minutes showed that the meeting was used to discuss all aspects of the centre's operation such as residents' needs, accidents and incidents and the provider's policies. Staff told the inspector that the person in charge was approachable and they would have no reservations in raising concerns about the centre with them.

The previous inspection had found that governance and management systems in place at the centre did not ensure a consistency of approach to residents needs. Following the previous inspection, the inspector found that a comprehensive suite of management audits had been introduced at the centre to ensure consistency and to address areas which required improvement. The person in charge and nursing staff completed regular management audits on practices at the centre which included medication management, health and safety, infection control, residents’ finances and personal plans.

The person in charge told the inspector that they updated their skills through attending the provider's mandatory training as well as courses relevant to their role, such as leadership and management. In addition, the person in charge was supported through formal supervision arrangements with their line manager and attended regular management team meetings with fellow persons in charge in the local area.

The previous inspection had found that the provider had not ensured that unannounced six monthly visits were carried out at the centre and that an annual review of care and support provided was undertaken. Following the previous inspection, the inspector found that an up-to-date annual review of the care and support provided at the centre had been completed and was available on the day of inspection. Furthermore, the provider had completed unannounced six monthly visits to the centre, the reports from these were also available on the day of inspection.

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 for over 28 days.

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; however, staff were aware of management arrangements in the event of this occurrence.

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 at the centre reflected the statement of purpose and residents' assessed needs.

The inspector found that staffing levels and resources at the centre were sufficient to meet residents' needs and reflected personal plans and risk assessments looked at during the inspection, as well as staff knowledge.

In addition, the inspector found that a vehicle was available to support residents to access local amenities of their choice such as 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Staffing arrangements at the centre ensured that residents' assessed needs were met, although not all information required under Schedule 2 of the regulations was present in staff personnel records examined.

The person in charge ensured that both an actual and planned roster was in place at the centre. The inspector found that staffing arrangements reflected residents' assessed needs, as described in their personal plans and risk assessments.

Throughout the inspection, the inspector observed that residents received support in both a timely and respectful manner which reflected their assessed needs. Residents told the inspector that they liked living at the centre and got on well with the staff who they had known for many years. They further told the inspector that they accessed a range of activities in the local community and were supported by staff to do this.

Staff told the inspector that they felt supported by the management team and attended regular monthly team meetings. Furthermore, the staff had completed annual personal development plans which reviewed their roles, responsibilities and identified future training needs.

The previous inspection had found that not all staff had received up-to-date training in areas such as fire safety, the administration of emergency epilepsy medication and manual handling. The inspector found that following the previous inspection, staff had received up-to-date training in these areas as well as other mandatory training such as safeguarding of vulnerable adults and hand hygiene.

The inspector reviewed a sample of staff personnel files and found that they contained the majority of information required under schedule 2 of the regulations such as employment histories, references and copies of qualifications. However, not all files
contained copies of staff members’ garda vetting disclosures and copies of these were not made available to the inspector upon request.

**Judgment:**
Non Compliant - Major

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### 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 provider and person in charge maintained all records required under the regulations.

The inspector found that the provider and person in charge maintained up-to-date records as required under Schedule 3 of the regulations; such as, a directory of residents, healthcare records and incidents and accident reports.

The provider ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available at the centre. In addition, records such as residents’ written agreements and records of food provided at the centre were maintained as required under Schedule 4 of the regulations.

The inspector reviewed the provider's policies and procedures and found that all policies required under Schedule 5 of the regulations were in place and reviewed in-line with regulatory timeframes.

The provider had ensured that an up-to-date insurance policy against accidents or injury to residents, staff and visitors was in place for the centre.

**Judgment:**
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
**Health Information and Quality Authority**  
**Regulation Directorate**

**Action Plan**

**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002518</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>12 &amp; 13 September 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 October 2017</td>
</tr>
</tbody>
</table>

**Requirements**

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

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

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The inspector observed evidence of rust on radiators and a hand rail in the communal bathrooms of the centre's house premise.

**1. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
Maintenance have visited the house and the radiators and grab rails have been replaced on 02/10/17

### Proposed Timescale: 02/10/2017

#### 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:**
The inspector found that not all staff had received positive behaviour management training.

2. **Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**
One staff member who required the positive behaviour management training has completed it on 28/09/17

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

#### 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 garda vetting disclosures were not available for all staff at the centre in personnel files examined.

3. **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 garda vetting disclosures have been requested from the data controller and will be made available.
Proposed Timescale: 31/10/2017