

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dearglishe Services
Centre ID:	OSV-0002610
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joanna McMorrow
Lead inspector:	Catherine Glynn
Support inspector(s):	Paul Pearson
Type of inspection	Announced
Number of residents on the date of inspection:	10
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:
29 August 2017 10:00	29 August 2017 17:00
30 August 2017 09:00	30 August 2017 11:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As the centre had been inspected on the 04 of May 2017 against nine outcomes, the remaining 9 outcomes were inspected on this inspection. In addition, a review of actions the provider had undertaken to address the findings which related to the nine outcomes from the previous inspection was undertaken.

The designated centre was part of the service provided by the Health Service

Executive (HSE) in Sligo and provided full-time residential services to adults with a disability.

How we gathered our evidence:

During the inspection inspectors met with eight residents and seven staff, including the person in charge, the person participating in management and provider's representative. Inspectors observed practices at the centre and reviewed documentation 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 was based in a campus setting and in close proximity to three other designated centres.

Overall findings:

Inspectors found that residents had a good quality of life at the centre and were supported to access a range of activities, which reflected both their interests and personal goals. Residents were unable to tell the inspector about the quality of service they received; however, inspectors observed during the day of inspection that residents were comfortable, happy and relaxed with the support they received from staff. The inspector found that the centre promoted residents' rights and they were supported to play an active role in the running of the centre through engagement at weekly residents meetings. The centre was well-maintained and its layout and design reflected residents' assessed needs. During the inspection it was found that improvement to the written agreements for residents was required.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in 16 outcomes; one moderate non-compliance and one substantially compliant.

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):

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

Findings:

Inspectors reviewed the actions required from the previous inspection and found that they were implemented.

The provider had installed new privacy curtains and rails in shared bedrooms in the centre. This allowed for increased privacy for the residents in these rooms. The curtains matched the general décor of the bedrooms and were unobtrusive when not in use. Inspectors observed that staff interacted with residents in a manner that respected their privacy and dignity. Residents and visitors had access to a recently decorated visitor's room in the centre where the residents could meet friends and family in private.

Inspectors reviewed a sample of activity plans for residents. Each resident had activities that were personal to them and met their likes and interests. Additional dementia specific activities were in place for residents who required these. These activities met the resident assessed needs. Inspectors reviewed activity schedules and records and found that residents were afforded the choice of individual activities or group activities. Staff who spoke with inspectors were knowledgeable of resident's individual activity schedules and personal interests.

Residents were consulted about how the centre was run with house meetings discussing activity choices, grocery shopping and social outings.

Residents were informed of the advocacy service available to them at the house meetings. Information on the advocacy service and complaints process was available in an accessible format. Staff informed inspectors that two residents would regularly attend

sessions with the advocate to learn about their rights.

There was a process in place for managing and recording complaints. Inspectors reviewed the complaints records and found that there were no active complaints. A complaint from the previous year was recorded and managed in line with the centre's policy. The outcome of the complaint was also recorded.

Inspectors reviewed the system in place for managing resident's personal property and money. Inspectors found that personal property of value was recorded. Receipts were kept for each resident to account for their personal spending on activities and personal items.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy in place on communication with residents.

Inspectors spoke with staff and found they were knowledgeable of each resident's communications needs. Each resident had a communication assessment completed and there was guidance available in care plans on each resident's assessed communications needs.

Residents had radios in their bedrooms and there was a television in the main living room and radios in the communal areas of the centre. During the inspections residents were listening to music of their choice in their rooms and watching television with others.

Residents had access to the local community and staff would support residents to go shopping or visit their local pubs and communities.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that positive relationships between residents and their families were supported. Staff who spoke with inspectors were knowledgeable about the residents' families and their involvement in residents' lives. Staff would support residents to attend family events and gatherings as they occurred.

Staff were in regular contact with residents' families regarding the residents' wellbeing. Inspectors saw evidence that families attended or were kept informed of developments regarding residents and their personal planning meetings.

Residents were supported to receive visitors. There was a policy in place in relation to visitors to the centre and there was a private visitor's room for resident and families to use.

Residents were supported to maintain links with the wider community in line with their interests and choices.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place to manage admissions, transfers and discharges from the designated centre. All admissions were in line with the statement of purpose.

Inspectors reviewed the admission process and found that it took into consideration the wishes, needs and safety of the individual and the safety of the other residents living in the centre. The policy outlined how new admissions would be managed and set out a period for review of new admissions to ensure all residents were safe and appropriately placed in the service.

Each resident had a written contract in place which outlined the services to be provided in the centre and details of any additional charges. One contract was not signed by the resident or their representative.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Each resident had a social care needs assessment in place. Inspectors saw evidence that these assessments were reviewed and updated to reflect changes in need. Each assessment was reviewed on an annual basis along with ongoing updates, in line with residents' changing circumstances.

Inspectors found that each resident's family would be engaged in the assessment process and this allowed residents' needs and choices to be identified.

Inspectors reviewed a sample of personal plans in place. The personal plans were available in an accessible format for the residents. Each plan had goals set that were individual to each resident. These goals were reviewed regularly with the date of achievement recorded beside each goal as they were achieved. Personal plans were reviewed on a regular basis and family members were involved and kept informed of any changes in reviewed plans.

There was a system in place to support residents moving between services. The service

provider had prepared guidance for residents on moving to a community based centre. Where a potential place in the community was identified inspectors saw that residents and their families were consulted about the process and new community houses.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was in line with the centre's statement of purpose. The centre was accessible by the residents, some of whom were wheelchair users. The centre had accessible bathrooms and showers for the residents use.

The centre was suitably decorated with bedrooms personalised for each resident. There were two shared bedrooms in the centre which did not provide sufficient private space for the resident who used these rooms. Curtains had been installed to provide some privacy between the beds. The provider had plans to de-congregate the current centre with suitable community houses being sourced. The living and dining areas had sufficient furniture and seating for the residents to use. The centre had sufficient communal accommodation and the inspectors observed that residents could choose to spend time relaxing in their rooms or in the main living areas with the other residents.

Each resident had sufficient storage for their personal belongings in their rooms. The kitchen was equipped with cooking facilities and a range of kitchen implements. Staff were using the kitchen to prepare and bake meals for the residents.

An additional storage room for hoists and equipment was recently completed. This room allowed necessary equipment to be stored separately from living and communal areas in the centre.

The residents had access to a garden and inspectors observed that there were future plans to provide a gardening space for the residents to engage with.

There were suitable arrangements in place for the disposal of clinical and general waste.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that the centre had robust systems in place so that the health and safety of residents, visitors and staff was protected and promoted. Three actions were reviewed that were identified on the last inspection on the 04 of May 2017, inspectors found that all actions were addressed. For example, appropriate signage was in place in a sluice room and the door had a lock ensure only staff accessed this room. Finally, adequate cigarette bins were observed in the smoking area for residents.

The centre had policies and procedures in place relating to risk management and health and safety. Identification and management of risks, control measures and learning formed part of the risk recording system in place in the centre. All residents had individual risk assessments as part of their personal plans, which supported their choices and preferences in relation to maximising and promoting independence.

There were adequate precautions against the risk of fire in the designated centre. Fire procedures were on display in the centre. Records of fire drills, testing of equipment and servicing records were all stored in the centre. Evacuation plans were completed for all residents. Drills had occurred and learning was evident from the drills completed, as per a review of the fire records. Training records were reviewed and all staff working in the centre had completed fire training.

There was an emergency plan in place which provided guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation. All staff spoken with were informed of these plans.

There was a policy in place for infection control and all staff were trained in management of infection control.

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 centre had policy and procedures in place for the prevention and detection of abuse. All staff had received training in the prevention and detection of abuse from review of the training records.

Inspectors spoke with staff and found that they were informed and aware of how to manage concerns of abuse and were familiar with the procedures in place. A designated person was clearly identified and accessible for residents and staff should the need arise. The person in charge was found to monitor all systems such as documentation, incidents and notifications to ensure there were no barriers to disclosing concerns of abuse.

Inspectors observed that residents were treated with respect and dignity at all times during the inspection. Staff had received training in behaviour management approaches and there was a policy and procedure in place to guide and support staff. Inspectors found evidence in personal plans of on-going reviews and multidisciplinary support through psychology and behaviour therapists.

There was a policy in place on the use of restrictive procedures. Inspectors found that where restrictive procedures were in place, there were reviewed by allied health professionals and management at the centre.

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).

Inspectors reviewed a record of all notifications that had been submitted to HIQA which was kept at the centre. This included all notifications submitted under schedule four of the regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The centre was found to provide residents with opportunities to engage in new experiences, social participation, education and training needs which had been identified in the residents' personal plans.

Residents were actively involved and consulted about the day-to-day running of their centre. The centre had a policy on accessing education, training and development.

Inspectors found that the centre provided support and activities based on all residents assessed needs, on review of their personal plans. Activities were in place to meet the aging needs of residents.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall, inspectors found each resident was supported to achieve and enjoy the best health possible. Residents' healthcare needs were met, with timely access to healthcare services and appropriate treatments. Residents had access to local general practitioners (GPs) of their choice. Residents also had access to healthcare specialists, as required; including dietitians, chiropody and neurology services. The centre maintained a clear record of each resident's last visit to these professionals and of when their follow-up appointment was due.</p> <p>Resident had access to a dining and kitchen area which was fully equipped with cooking appliances. Residents had support from staff with eating and drinking, where required and assessed in their personal plans. In addition, meals were also prepared and provided by a catering facility in line with residents assessed needs and choices.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Overall, inspectors found that the centre's medication arrangements reflected organisation's policies and procedures. In addition, actions required from the previous inspection had been addressed as inspectors found that written directions for medication administration were legible on the sample of medication records reviewed.</p> <p>Inspectors reviewed residents' medication records and found that they contained 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.</p>

Furthermore, inspectors observed that medication was stored securely at the centre, with out-of-date medication being segregated from current medications. Out-of-date or discontinued medication was returned to a local pharmacy.

Regular medication audits were carried out by the person in charge and staff working in the centre. This ensured that the centre's practices were in-line with the provider's policies.

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:

Inspectors found that the statement of purpose was informative, described the services provided in the designated centre and met the requirements of the regulations.

In addition, the action required from the previous inspection had been satisfactorily addressed. Inspectors reviewed the statement of purpose as part of the inspection and found that it contained all the required information as set out in schedule one of the regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found effective management systems were in place that supported and promoted the delivery of safe and quality care. There was a clearly defined management structure that identified the lines of authority and accountability in the centre.

The person in charge had overall responsibility for the centre. They were supported by the provider's representative and a person participating in management. The person in charge was found to have a good knowledge of each residents' needs and of the operational management of the centre. The person in charge held an administrative role and visited the centre on a daily basis and met with residents and staff.

There were management systems in place to ensure the service provided to residents was safe and effectively monitored. The person in charge held regular staff meetings in the centre, where topics specific to the operation of the centre were discussed. Various monthly meetings were also attended by the person in charge, including governance meetings and incidents review meetings.

The annual review of the service and six monthly unannounced provider visits were occurring within the centre. These reports were available to inspectors during the inspection. Action plans were developed following each visit and review, to demonstrate how the provider planned to address the areas of non-compliance. All actions were found to be completed within agreed timeframes. The provider's representative outlined plans to ensure de-congregation of the centre was completed in line with the organisation's plan.

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 provider had suitable arrangements in place in the event of the person in charge's

absence 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. Inspectors found that there had been no instances to date of the person in charge being absent over 28 days. Staff were also aware of management arrangements in place in the event of this occurrence which was also reflected in the statement of purpose.

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:

Inspectors found that there was appropriate resources allocated to the centre. Staffing arrangements were sufficient to meet the needs of all residents in the centre.

Inspectors found that staffing levels and resources at the centre were sufficient to meet residents' needs and reflected their personal plans and risk assessments.

In addition to sufficient staffing levels, inspectors found that suitable transport was available, enabling residents to access and engage in the local community.

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:

This outcome was not inspected in its entirety as there was a recent inspection of the centre that reviewed this outcome.

Inspectors found that the provider had implemented the required improvements from the previous inspection. Inspectors reviewed a sample of staff files and found that they met the requirements of Schedule 2 of the Regulations. All relevant staff members had up-to-date registration with their professional body.

The provider was in the process of implementing a system to ensure that the records maintained for agency staff working in the centre would be similar to the records for employed staff.

There was a system of supervision in place for staff in the centre. This informed and improved practice. Additional educational and training needs were also being identified for staff to improve the service.

There was an actual and planned staff rota in place. The number and of staff in the centre was sufficient to meet the assessed needs of the residents. Inspectors observed that residents received assistance in a timely and respectful manner. Staff, who spoke with inspectors, spoke fondly of the residents in the centre.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

This outcome was not inspected in its entirety as there was a recent inspection of the centre that reviewed this outcome.

The provider had ensured all policies were reviewed within a three year time frame. Inspectors observed that each policy had a scheduled date for future review.

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:

Catherine Glynn
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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002610
Date of Inspection:	29 & 30 August 2017
Date of response:	04 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:

A contract for the provision of services was not signed by the resident or their representative.

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:

Referral has been sent to the advocacy department to gain further representation for this resident.

Proposed Timescale: 31/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The centre's layout did not meet the requirements of schedule 6 of the regulations;

Shared bedrooms did not promote residents' right to privacy

2. Action Required:

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

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

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

Currently there are two shared bedrooms in the centre. It is envisaged that upon decongregation within the wider service ,that each resident will avail of their own private bedroom in this designated centre

Proposed Timescale: 31/03/2018