Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Realtas Services</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002616</td>
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<tr>
<td>Centre county:</td>
<td>Sligo</td>
</tr>
<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>
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<tr>
<td>Provider Nominee:</td>
<td>Bernadette Donaghy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Glynn</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 01 June 2017 09:50  
To: 01 June 2017 14:40

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>05</td>
<td>Social Care Needs</td>
</tr>
<tr>
<td>07</td>
<td>Health and Safety and Risk Management</td>
</tr>
<tr>
<td>08</td>
<td>Safeguarding and Safety</td>
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<tr>
<td>14</td>
<td>Governance and Management</td>
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<tr>
<td>17</td>
<td>Workforce</td>
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**Summary of findings from this inspection**

Background to inspection:
Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for resident and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards.)
How we gathered our evidence:
During this follow up inspection, the inspector met briefly with three residents on the day of inspection. Realta provides residential services for up to 6 adults with intellectual disabilities. The service can accommodate male and female residents, from the age of 18 years and upwards. The person in charge has worked in the centre since May 2016; she has responsibility for another centre in the same area.

Description of the service:
The centre comprises of one multi-storey dwelling house, located in close proximity to a town on the outskirts of Sligo. Realta services provides residential services for up to 6 adults with intellectual disabilities. The centre provided respite services to residents on a scheduled basis. This was a consistent service for specific individuals at present. On the day of inspection, there were two male residents and two female residents and two vacancies. The residents’ support needs were assessed as medium to high. All the residents attended day services, based in their local community and in Sligo town. The centre had access to public transport and private transport, on a planned basis.

Overall Judgment of our findings:
The inspection focused on actions the provider had put in place to address the findings from the previous inspection, which occurred on the 09 of March 2017. The inspector did not look at all aspects of the service, with five outcomes inspected as part of this follow-up inspection.

Since the last inspection, the inspector found that the provider had made improvements to the social care, risk management, workforce and governance arrangements in place in the centre. There was a newly appointed nurse manager, who assisted the person in charge in the monitoring and review of the service provided.

Of the five outcomes inspected, three were found to be compliant while two were found to be in moderate non-compliance with the regulations.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of the report.
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 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:
This outcome had one action from the previous inspection, and the inspector found they were satisfactorily completed on this inspection. The provider told HIQA in their action plan response:

Action 1: The person in charge had ensured that compatibility assessments have been completed with each resident in the centre. The inspector found as part of a review of the personal plans, that each resident now had a compatibility assessment in place regarding the assessment of the suitability of all the residents in the centre. A comprehensive assessment was now in place based on the assessed needs of each resident.

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):
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
This outcome had three actions required from the previous inspection. Since the last inspection, the inspector found that improvements were in place to address the gaps that were identified. In the action plan response from the last inspection the provider told HIQA that:

Action 2: The provider had ensured that a system was in place for the assessment, management and on-going review of risk and incidents. Management will be in attendance at the monthly meetings to monitor and ensure on-going reviews of risk and the shared learning from incidents in the centre.

The inspector found a record of attendance at the incident review group and a record of trend analysis on a monthly basis. Actions were identified from this meeting, with the name of the people responsible for ensuring that appropriate measures were in place. On the day of inspection both managers had a good oversight and knowledge of incidents that had occurred and any actions that had been addressed or remained outstanding. The health and safety statement was now updated and in line with the organisation policy. This document also reflected the appropriate management structures in place.

Action 3: The provider was required to address lack of infection control procedures in place in the centre.

The inspector found that cleaning schedules were now in place in the centre, which clearly identified tasks to be completed on a daily, weekly and monthly basis. In addition, cleaning services were provided on a contract basis to ensure a comprehensive clean of facilities and ensured that residents social time was not affected through the management of these tasks. The inspector also found that cleaning audits were also reviewed at the quality and safety meetings as scheduled on a monthly basis. Infection control audits were also now in place and completed on a monthly basis. As part of the inspection, the inspector met with the Infection control nurse, who advised of actions taken and guidance offered to the person in charge. Training was also provided on the day of inspection for all staff in the centre.

Action 4: The provider was required to put in place effective fire safety systems in the centre. The provider had responded that by April 2017:
- new fire evacuation schedules had been developed and circulated within the centre. Drills were completed as scheduled.

The inspector found that there were regular drills in place, which reflected learning, as required, and also promoted the appropriate methods in place to alert all staff and residents to the activation of alarms. Drills completed were reviewed and the inspector found that all staff were participating in this process. The person in charge had also received guidance from the local fire officer regarding the drill practice and process completed in the centre.
<table>
<thead>
<tr>
<th><strong>Judgment:</strong></th>
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<tbody>
<tr>
<td>Compliant</td>
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### 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):
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
Two actions were required from the previous inspection and the inspector found that both actions were addressed satisfactorily.

**Action 5:** the provider responded by stating that:
- safeguarding plans were in place for all residents where required, to ensure that they are free from abuse. These will be included in the personal plans and will be regularly monitored and reviewed.

The inspector found that appropriate plans were in place for all residents. In addition, referrals were being made to the safeguarding team in line with the local policy. Documentation was reviewed regarding the records of this process and the plans in place. The inspector noted that additional steps were implemented by the person in charge regarding the daily structure and the provision of services for all residents in the centre. This was also found to have a positive impact for all residents and provided more opportunity for daily routines, in line with residents' choices.

**Action 6:** The person in charge was required to ensure that all staff had completed appropriate training in safeguarding in line with national policy.

The inspector found that this action had been addressed. In addition, the inspector found that some staff were completing aspects of this training during the inspection. The person in charge provided the inspector with confirmation of all staff that had completed the required training, on the day after the inspection.

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

Findings:
The inspector found that one action required from the previous inspection relating to schedule 2 documentation, had not been satisfactorily completed by the provider. There were four actions required from the previous inspection, the provider had responded to each action, outlining the measures they would implement to achieve compliance. the inspector did not look at all aspects of this outcome.

Action 7: The provider was required to ensure that all documentation in line with schedule two was maintained in the centre.

The inspector found on review of the person in charges' file, it was not held in the centre as required. this documentation was submitted to HIQA as required post inspection; however, the required Garda Vetting disclosure was not included in the file.

Action 8: The provider was required to complete an annual review of the quality and safety of care provided in the centre.

The inspector found that this had been completed and one action relating to the documentation required in staff files, remained incomplete. The annual review contained evidence of consultation with all of the residents family and representatives as part of the development of this report.

Action 9: The provider was required to ensure that the six month unannounced visit to the centre had occurred and that a report was completed and available for review.

The inspector found that the provider had completed this action and that the report was available in the centre for residents, their family or representatives. There was only one action which remained outstanding and this was also recorded in the annual report and the quality improvement plan in place.

Action 10: the provider had been required to ensure effective and formal on-call arrangements were in place in the centre.
This action was also completed within the required timeframe. The inspector found that a clear on-call structure was in place and this was clearly communicated to all staff. It was also reflected in all relevant documentation held in the centre and on display where required.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
This outcome had four actions required from the previous inspection. The inspector found that three of the outcomes had been addressed; however, one action still required improvement to the maintenance of schedule two documents held for staff working in the centre.

**Action 11:** The provider was required to ensure that by March 2017, staffing required for the centre reflected the staffing provision as set out in the statement of purpose.

The inspector found that appropriate skill mix had been allocated and this ensured consistency in the provision of care and support needs for all residents in the centre. A staffing review had occurred and this assessed the skill mix required based on the assessed need of all residents. The roster in place had also been revised to promote increased opportunity for residents to engage in completion of social goals, as found in personal plans in place. The person in charge had consulted with a local agency and the inspector found that there was consistency in the delivery of staffing allocated in the centre and recruitment arrangements were also completed in line with the actions from the previous report.

**Action 12:** The provider was required to address gaps in the staff files to meet the requirements of schedule two.

The inspector found that all files were revised and the information was accessible and
easily retrievable throughout. However, staff files continued to not meet the requirement’s of schedule two as Garda Vetting was not held on the staff files.

Action 13: The provider was required to ensure that nursing care was provided and delivered in the centre, in line with the statement of purpose.

The inspector found that nursing care was allocated on a daily basis and this was reflected on the roster. This ensured that the assessed needs for all residents were supported and care was provided as required.

Action 14: The person in charge was required to ensure that all staff received supervision in the centre.

The inspector found that there was a schedule in place and that all staff had completed supervision as required. The person in charge was also ensuring that supervision would be provided by the nurses on duty in the centre and allocation of tasks was set out in line with staff roles and responsibilities.

**Judgment:**
Non Compliant - Moderate

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### 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
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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002616</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>01 June 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 June 2017</td>
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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 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that all documentation as set out in schedule two was maintained for the person in charge.

1. Action Required:
Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The Provider has put a system in place to ensure that all the required information and
documents in relation to the Person in Charge are available.

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had not ensured that all documentation required by schedule two was held in the centre.

2. 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 Provider has put a system in place to ensure that all the required information and
documents for all staff are available. The required information will be held securely by
the nominated data controller. A Standard Operating procedure has been developed and will be adhered to by the Person in Charge.

Proposed Timescale: 31/07/2017