

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Realta Services
<b>Centre ID:</b>	OSV-0002616
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joanna McMorrow
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **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 1 day(s).

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

From: 25 August 2017 09:00 To: 25 August 2017 17:00

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 06: Safe and suitable premises
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As the centre had been inspected on the 1 of June 2017 against five outcomes, the remaining 13 outcomes were inspected against on this inspection. In addition, a review of actions the provider had undertaken to address the findings which related to the five 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, person participating in management, and provider's representative as part of the inspection. 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 their quality of service they received. However, the inspector 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

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in all 18 outcomes.

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 the centre's complaints policy was promoted and residents were involved in the running of the centre.

The inspector found that the centre's complaints policy was comprehensive and reflected staff knowledge. In addition, the complaints policy was prominently displayed alongside an accessible version for residents. The inspector observed that information on the complaints officer; which included their photograph and contact details, was also displayed on the communal noticeboard. The centre maintained a record of all complaints received which included actions taken and complainants' satisfaction with the outcome.

Information on advocacy services was also displayed on the communal notice board.

Residents were supported to access a range of activities both at the centre and in the local community which reflected their interests and personal plan goals. Activity records and goal planning showed that residents accessed activities such as meals out, shopping and trips to places of interests.

Staff told the inspector that residents participated in the centre's weekly residents meetings. The inspector reviewed meeting minutes and found that residents were involved in decisions about the running of the centre, such as menu planning, shopping and weekly activities. In addition, discussion was recorded, informing residents about advocacy services, fire safety and personal safety.

**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 supported as set out in their personal plans.

The inspector found residents' personal plans included assessments of their communication needs, which reflected staff knowledge and observed practices on the day of inspection. The inspector found that residents were supported to communicate their needs through the use of pictures, photographs, symbols and objects of reference. In addition, residents also had access to easy-to-read versions of their personal plans and written agreements, as well as the fire evacuation plan.

The inspector found that the residents had access to radio, television and the internet at the centre. Assistive technology was provided for residents where requested or identified as a need.

**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:**

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

The centre had an up-to-date visitor's policy and provided facilities for residents to meet family and friends in private. Staff told the inspector that residents' families visited regularly as well as attending annual personal plan reviews and social events, which was reflected in documents reviewed.

Residents access a range of activities in their local community such as personal shopping, restaurants, day trips which reflected their interests and annual personal goals.

**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:**

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

The centre had an up-to-date admissions and discharge policy which was reflected in their statement of purpose. No new admissions had occurred at the centre prior to the inspection.

Residents' had an accessible written agreement in place, which included the total fees for their residency and any additional charges such as for community activities. Furthermore, the inspector found that the written agreements had been signed by both the provider and the resident or their representative.

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

The centre comprised of an eight bedded two-storey dwelling located closely to two other designated centres. The centre was located in a small town with access to local amenities such as shops and restaurants.

The centre was 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. All bedrooms provided suitable storage facilities for residents' possessions.

The centre provided a sufficient number of bathrooms to meet residents' needs. The inspector found communal rooms such as bathrooms, sitting rooms, kitchen and dining room were furnished to a good standard and reflected residents' needs.

Suitable arrangements were in place for the safe disposal of general and clinical waste. In addition, residents had access to laundry facilities 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 inspector found that the centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).



A record of all notifications submitted to HIQA was kept at the centre including all notification submitted under schedule 4 of the regulations. The inspector found that all notifications were submitted to HIQA in-line with regulatory timeframes.

**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 inspector found that residents were supported to access social activities which reflected their needs.

The inspector found that there was an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose and staff knowledge. Residents' also had their educational and training needs assessed as part of their personal plan; however, on the day of inspection residents were not accessing education or training.

Staff told the inspector that residents were supported to access a range of activities both at the centre and in the local community which was reflected in the statement of purpose and staff knowledge.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:**  
Health and Development

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

No actions were required from the previous inspection.

**Findings:**

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

The inspector reviewed residents' healthcare records and found they had access to a range of allied healthcare professionals including general practitioners (GP), psychiatrists, consultants and dentists.

The inspector found that residents had access to a range of healthy and nutritious meals; from food records maintained at the centre. A review of house meetings reflected the planning, discussion and participation of residents in setting out meal plans where required. Records showed the residents had a variety of choice of meals and access to snacks and drinks as required.

Where residents had specific dietary needs, the inspector found that they had been assessed by dieticians, speech and language therapists with the associated recommendations reflected in personal plans reviewed and staff knowledge.

The inspector observed that residents, who required support with eating and drinking, were supported by staff in a dignified and timely manner. Furthermore, the inspector observed residents enjoying snacks and drinks and found that this was a social event for all engaging.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre's medication arrangements reflected the organisation's policies and procedures.

The inspector 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.

The inspector 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, and staff knowledge and records reviewed reflected practice.

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):**

No actions were required from the previous inspection.

**Findings:**

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

The person in charge reviewed the statement of purpose annually.

**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:**

Overall, the inspector found that the provider's governance and management systems ensured that actions identified in Health Information and Quality Authority (HIQA) inspection reports and provider audits were addressed in-line with agreed timeframes.

The inspector did not look at all aspects of this outcome and focused on the actions taken by the person in charge to address the findings of the previous inspection. The previous inspections had found that the schedule two documents had not been maintained for the person in charge. During this inspection, the inspector found that the provider had ensured the documentation was maintained as required.

**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's absence over 28 days.

The person in charge confirmed that their understanding of the requirement 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 over 28 days, in addition, staff were also aware of management arrangements in the event of this occurrence which was further reflected in the centre's 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:**

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.

In addition, the inspector found that a vehicle was available at the centre as well as access to other public transport. This ensured that residents had access to local amenities, 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:**

The inspector did not look at all aspects of this outcome. A sample of staff files were reviewed and the inspector found that they contained all information as required under schedule 2 of the regulations.

**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:**

The inspector found that records and documentation required under regulations were maintained at the centre.

The centre had all of the written policies as required under schedule 5 of the regulations.

There was a guide to the centre available to residents, which met the requirements of the regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for residents involvement in the running of the centre, how to access inspection reports, the procedure for complaints and the arrangements for visits.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up-to-date.

The inspector found that records required under the regulations were being maintained at 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:***

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