

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shalom
Centre ID:	OSV-0002619
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joanna McMorrow
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	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 renewal 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:
14 August 2017 10:20	14 August 2017 18:05
15 August 2017 09:30	15 August 2017 14:40

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

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

Summary of findings from this inspection

Background to the inspection:

The purpose of the inspection was to inform a registration decision and to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with two residents, two staff members, the person in charge, the area manager and the provider nominee during the inspection process. The inspector

reviewed practices and documentation to include residents' personal plans, incident reports, complaints registers, risk registers, policies and procedures, fire management related documents and various risk assessments.

Description of the service:

This is a residential service is managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. This centre comprises of a bungalow dwelling, accommodating two residents with low to moderate intellectual disability from 18 years of age to end of life. There was one vacancy in the centre at the time of this inspection. The centre comprises of a kitchen and dining area, utility room, residents' bedrooms, a shared bathroom, a staff area and a sitting room. Residents also had access to well maintained garden space both to the front and rear of the centre.

This was this centre's first inspection, as the centre was previously part of a larger designated centre. The person in charge had the overall responsibility for the service. She was supported in her role by the provider representative and an area manager. The person in charge is based in an office close to the centre and has the capacity to visit this centre regularly each week to meet with staff and residents. There were two full-time health care assistants rostered in this centre, with an additional health care assistant available to meet the rostering needs of the service during annual leave. This centre is closed Monday to Friday each week from 10am to 16.30pm, while residents attended day services.

Overall judgment of our findings:

Overall, the inspector found that this was a well managed service that provided very individualised and person centred care to the residents living there. The service provision and quality of care delivered was found to be of a high standard in a number of areas. Residents rights, privacy and consultation were well promoted in the centre. Staff were found to be very respectful of residents and were knowledgeable of each resident's needs. The inspector experienced a very calm and homely environment on this inspection.

Of the 18 outcomes inspected, eleven were compliant, three were in substantial compliance and four were in moderate non-compliance. These outcomes related to the admissions and contract for the provision of services, social care needs, health and safety and risk management and the statement of purpose .

Details of these findings can be found in the body 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 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):

This was the centre's first inspection by the Authority.

Findings:

Residents were consulted with, and participated in, decisions about their care and about the running of the centre. Advocacy services were available to residents, and the daily routine of the centre was based on the needs and wishes of the residents living there. Areas of good practice were found in relation to complaints management and residents' privacy and dignity; however, some improvements were required to the management of residents' finances.

Weekly meetings were held with residents in the centre. These meetings provided residents with an opportunity to discuss areas such as activity planning, meal planning and any other topics of interests to them. A record of these meetings was maintained and residents who attended, signed these minutes at the end of the meeting. Throughout the inspection, the inspector found staff to be courteous to residents and regularly consulted with residents as to how they wanted to spend their day. Staff who spoke with the inspector were very knowledgeable of residents' preferred routines and their specific likes and dislikes.

A complaints register was in place and a sample of complaints received were reviewed by the inspector. The inspector found that a record of the nature of the complaint, the satisfaction level of the complainant and any action taken on foot of the complaint was recorded. An up-to-date complaints policy was available, with an easy-to-read version of this policy available to residents. The complaints policy accurately informed residents, staff and visitors who the nominated person was to deal with complaints in the centre. The inspector observed that a copy of the complaints procedure was not displayed in the centre; however this was rectified by the person in charge by the close of the

inspection.

The management of residents' finances was guided by an up-to-date policy and procedure. Residents were encouraged to have their own personal possessions and furniture in their home and an assets log of these possessions was maintained. Residents had their own post office accounts and residents' money was found to be securely stored in the centre. A record was in place for all withdrawals and lodgements made by residents to their personal accounts. A monthly financial audit of residents' personal accounts was also completed each month by the person in charge. The inspector and the person in charge conducted a balance check of residents' money and no errors to these balance were found. However, the inspector observed some gaps in the adherence to the organisational finance policy. In one instance, not all residents' personal expenses were recorded in their finance book with a copy of the purchase receipt, which was not in line with the centre's policy. Similarly, financial competency assessments had not been completed for all residents, which again was not in line with the centre's policy. In addition, the finance policy stated that residents' purchases were to be counter signed by two staff members. However, the provider had failed to put suitable arrangements in place for this procedure where staff were working alone in the centre.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found effective communication systems were in place to facilitate residents' communication needs.

There was a communication policy in place and records available reflected residents' communication needs. Some residents required minimal support with communicating their wishes, and staff who spoke with the inspector were very knowledgeable of these communication needs. Communication passports were in place for each resident and the inspector observed these were regularly reviewed and updated. Easy-to-read versions of residents' written agreements and of the complaints policy were recently made available to residents. Picture boards were also in use to inform residents of what staff were on duty each day and night. No residents were in use of specific communication tools at the time of the inspection.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found residents had daily opportunities to engage in the local community. Some residents informed the inspector that they were returning from holidaying with family, while other residents were observed to go on day trips with staff to local attractions.

Residents were facilitated to receive visitors as they wished, and some residents were supported to independently visit their friends in the local area. Residents were also supported to have regular overnight stays at home with their families. Some residents showed the inspector photographs of their family and friends which they had displayed in the main communal areas of the centre. The person in charge informed the inspector that residents' families were involved in the annual review of residents' personal plans and that on-going communication is maintained with families and the staff working in the centre.

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):
This was the centre's first inspection by the Authority.

Findings:

There was a policy and procedure in place for the admission, transfer, temporary absence and discharge of residents. Each resident had a signed written agreement in place which detailed the services to be provided for them. An easy-to-read version of this agreement was also in place for residents to reference.

The inspector found that the written agreements stated a fee that residents would be required to pay; however, this did not indicate or include the period that the charge would cover. For example, a day, a week or a month. The services to be provided to residents for the fee charged was detailed in written agreements; however, this did not correspond with the services to be provided in residents' easy-to-read written agreements.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found each resident's wellbeing and welfare was maintained, with each resident having opportunities to participate in activities that were of interest to them. However, some improvements were required to the development of personal plans to guide on the individual support needs of residents.

Residents were supported to participate in a variety of activities. At the time of inspection, residents were being supported to access the community, while others were returning from holiday. Residents were encouraged and supported by the centre to have regular home visits, visitors, go on day trips, shopping trips and attend various personal appointments. Some residents were in the process of increasing their personal independence through positive risk taking, and were supported by staff to do so. Staff who spoke with the inspector were very familiar with residents' likes and dislikes and residents' preferences were well-documented.

Each resident had a nominated key-worker, who supported them to develop and work towards their personal goals. Personal goals were reviewed annually and involved residents and their key-workers. The inspector reviewed a sample of residents' personal goals and these were found to be varied, had a comprehensive action plan in place and identified the names of those responsible for supporting residents within measureable timeframes. Personal goals were found to be regularly updated to demonstrate the progression made by residents to achieve their goals. Staff who spoke with the inspector informed that some residents had the ability to read their own personal goal records, while others were supported in understanding their progression towards achievement.

An assessment of need was completed on an annual basis for all residents. The inspector found this assessment process considered the psychological, environmental, social and healthcare needs of each resident. Each resident had an intimate personal plan in place which clearly guided staff on the level of support each resident required. However, the inspector found not all personal plans provided staff with adequate guidance on how they were required to support residents with the rest of their assessed needs.

There were no residents transitioning to or from the centre at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The centre was well maintained, clean, comfortable and suitably furnished. The inspector found that the centre was suitable to meet the needs of the residents.

The centre is a bungalow dwelling, with gardens to the rear and front of the property. The centre comprised of three bedrooms, one en-suite toilet, a shared bathroom, a staff room, kitchen and utility, hallway and sitting room. The rooms were of a suitable size and layout to meet the needs of the residents. Cleaning schedules and maintenance records were maintained for the centre. This house was located in close proximity to a town centre, with a range of amenities and services were available close by.

The inspector found bedrooms were comfortably furnished and had suitable storage arrangements in place. Each resident had their own bedroom, with one bedroom providing en-suite facilities. The inspector observed residents had personalised their own bedrooms with items of interest to them. Bedrooms were equipped with televisions and residents were observed by the inspector to enjoy watching television in their own rooms during the inspection. Laundry facilities were provided in the utility area and residents were supported to launder their own clothing if they wished.

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):

This was the centre's first inspection by the Authority.

Findings:

The health and safety of visitors, staff and residents was promoted and protected within the centre. The provider had ensured that fire precautions were in place in the centre, and that risk management activities were supported by policy and procedure. Overall, the inspector found areas of good practice in relation to fire safety, risk management and infection control. However, some improvements were required to the provision of adequate emergency lighting and risk assessments.

The provider had put arrangements in place to ensure fire safety was monitored within the centre. Fire drills were held on a monthly basis with all residents, and records reviewed by the inspector demonstrated residents could be safely evacuated from the centre in a timely manner. Daily and weekly fire checks were in place to ensure all fire exits were maintained clear and all fire equipment was in working order. Six monthly and annual maintenance work was up-to-date for all fire equipment and all staff had up-to-date training in fire safety. Staff who spoke with the inspector were aware of their responsibility in supporting residents to evacuate the centre, in the event of a fire. Residents who spoke with the inspector said they were very familiar with the fire procedure and indicated to the inspector the location of the fire assembly point.

The fire procedure and residents' personal emergency evacuation plans were reviewed by the inspector; however, these did not guide on the bedroom evacuation arrangements where the main fire exits were inaccessible to residents in the event of a fire. This was brought to the attention of the person in charge, who rectified this by the close of the inspection. Doors had magnetic closers, which were connected to the fire alarm system. Emergency lighting was provided to the front of the centre; however, emergency lighting was not available at the rear of the centre to support evacuation

from the rear fire exit to the fire assembly point.

Incident reporting was promoted in the centre with incident review meetings held on a monthly basis, which facilitated a formal review of the occurrence and trending of incidents. A culture of reporting medication errors was also promoted within the centre. Staff who spoke with the inspector were aware of the administration related medication errors that they were required to bring to the attention of the person in charge. The inspector reviewed the medication policy which clearly guided on the type of medication error to be reported: however, the inspector noted that some medication errors were not being recorded in accordance with the medication policy.

A new health and safety system was in place and consisted of a new organisational risk register, which the person in charge was in the process of implementing within the centre. The risk register outlined a number of biological, chemical and physical risks and each had its own risk assessment which outlined the control measures, the person responsible for monitoring the risk and the next date for review. The inspector reviewed a number of organisational risk assessments and found some did not adequately describe the additional control measures being implemented. For instance, the person in charge informed the inspector of various control measures she had introduced to support lone workers in the centre. However, these were not identified on the lone worker risk assessment. A system was in place for the assessment and review of residents' specific risks and no gaps were identified in the review of these assessments. However, the inspector observed gaps in the risk assessment of the following:

- safeguarding of residents' personal property
- positive risk taking for residents' who wished to promote their independence
- the challenges posed to lone workers in the management of residents' finances

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found the provider had adequate measures in place to protect

residents from abuse, and to ensure residents with behaviours that challenge were supported. However, some improvements were required to the guidance provided to staff within behaviour support plans.

There were no active safeguarding plans in place at the time of this inspection. There was a safeguarding policy in place to guide staff on identifying and responding to any safeguarding concern, and staff who spoke with the inspector were found to be knowledgeable of this procedure. All staff had received up-to-date training in safeguarding at the time of this inspection.

Some residents living in the centre presented with behaviours that challenge, and a behaviour support specialist was available to support staff in the management of these behaviours. Staff who spoke with the inspector were very familiar with residents' specific behaviours and of their responsibility to support residents when such episodes occurred. All staff had up-to-date training in the management of behaviours that challenge. A record was maintained of all episodes of behaviours that challenge and behaviour support plans were also in place. The inspector reviewed these behaviour support plans and found they clearly described the behaviours experienced by residents, specific triggers and de-escalation techniques. However, the inspector observed some gaps in the information available within these plans. For instance, a behaviour support plan reviewed by the inspector identified ten different resident behaviours; however, the plan only guided staff on the management of eight of these behaviours.

No residents were in use of restrictive practices at the time of this inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

A record of all incidents occurring in the centre was maintained, and where required, notified to the Chief Inspector. No gaps in the reporting of notifiable incidents was found during this inspection.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents were supported to participate socially in activities suitable to their age, interests and needs.

Residents were engaged in social activities, internal and external to the centre. Residents regularly engaged in day-services, shopping trips, day trips and were supported to have regular overnight visits home. Staff who spoke with the inspector told of how they were currently supporting some residents' in positive risk taking to encourage their independence. Residents who spoke with the inspector talked about the educational opportunities available to them each week at a local training centre. While at the training centre residents engaged in social events, skill development workshops and various training sessions.

No residents were in employment at the time of this inspection.

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):
This was the centre's first inspection by the Authority.

Findings:
Overall, the inspector 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 Practitioner's

(GPs) of their choice. Residents also had access to healthcare specialists, as required; including, dieticians, chiropody and optical services. The centre maintained a clear record of each residents last visit to these professionals and of when their follow-up appointment was due.

Each resident had access to their own dining and kitchen area which was fully equipped with cooking appliances. Residents prepared their own meals with support from staff. Regular opportunities were available to residents if they wished to dine out. Menu planning was regularly discussed with residents and mealtime options were based on residents' preferences.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had clear written operation policies in place relating to the ordering, prescribing, storage and administration of medications. However, some improvements were required to the recording of medication administrations.

No residents were administering their own medications at the time of this inspection. The person in charge informed the inspector that an action plan was in progress to ensure assessments of capacity to self-administer were completed for all residents by the 30th of September, 2017. All staff were found to have up-to-date training in the safe administration of medications.

A locked storage area was available in the centre for the safe storage of residents' medications. A blister pack medication system was in use in the centre and the inspector found medications dispensed within the system were easily identifiable. Prescription records were found to be clearly written and signed by the prescribing practitioner. Medication administration records were in place to evidence the administration of medications in accordance with the prescription records. However, the inspector observed some gaps in the documentation of medication administrations. This was brought to the attention of the person in charge during the inspection.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

The provider had in place a statement of purpose for the centre and a copy of this document was available within the centre. The inspector found the statement of purpose was regularly updated to reflect the services provided to residents. However, the inspector found some gaps in the information available within the statement of purpose to include:

- clarification of the specific care and support needs that the centre intended to meet
- clarification on the facilities to be provided by the registered provider to meet the support needs of residents
- the total staffing compliment detailed in the statement of purpose did not reflect the exact staffing compliment in place
- the statement of purpose did not adequately describe the management arrangements in place in the absence of the person in charge.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector 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.

The person in charge had overall responsibility for the centre. She was supported in her role by the provider representative and the area manager. 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 frequently each week to meet with residents and staff. The person in charge told the inspector that she was provided with sufficient time, support and resources to meet all functions of her role. At the time of inspection, the person in charge was undertaking various personal development courses in operations and management.

There were management systems in place to ensure the service provided to residents was safe and consistently monitored. The person in charge held regular staff meetings in the centre, where topics specific to the operations of the centre were discussed. Various monthly meetings were also attended to by the person in charge to include governance meetings and incident review meetings. The person in charge told the inspector that she meets frequently with the area manager to discuss and seek support on any areas of concern within the centre.

An annual review of the service and six monthly unannounced provider visits were occurring within the centre. These reports were available to inspector on the day of the inspection. Action plans were developed following each visit and review, to demonstrate how the centre planned to address the areas of non-compliance identified. All actions were found to be completed within their specified timeframes. The person in charge informed the inspector that a number of other audits were regularly undertaking in the centre to increase her oversight of the centres general operations. The inspector observed various audits were being conducted in areas such as hygiene, finance, medication, complaints and fire safety.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had arrangements in place for the management of the centre in the absence of the person in charge. The person in charge informed the inspector that in her absence, the management of the centre would be overseen by the area manager for the service.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspector found there were sufficient resources to support residents achieve their individual personal plans. The centre had access to a full-time vehicle and a shared vehicle to transport residents to various services.

There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents at the time of inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found adequate staffing arrangements were in place in the centre. The person in charge informed the inspector that she had adequate staff available to meet the needs of the centre's roster. There was a planned and actual roster for the centre and this roster indicated the full names of staff members and the exact times staff commenced and finished duty. The centre was not using agency staff or volunteers at the time of this inspection.

Training records demonstrated the nature of staff training conducted within the centre. The inspector found all staff had received up-to-date training and refresher training in areas such as behaviour support, manual handling, safeguarding and fire safety.

The person in charge had conducted supervision with all staff working in the centre, and the inspector observed review dates were in place to follow-up on the actions arising from staff supervision.

The inspector also reviewed a sample of three staff files, which contained all information as required by 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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found documentation records were accessible, legible and well maintained.

The inspector reviewed a sample of Schedule 5 policies and procedures available at the centre during the inspection. These were found to be up-to-date, accessible to staff and

met the requirements of Schedule 5 of the regulations.

There was a directory of residents in place; however, the inspector observed not all information as required by Schedule 3 of the regulations was recorded for each resident. This was brought to the attention of the person in charge during inspection, who rectified this by the close of the inspection.

A copy of the statement of purpose and residents' guide was available in the centre. Overall, the inspector found residents' records were compliant with requirements of Schedule 3 of the regulations. Furthermore, no gaps were found to the requirements of Schedule 4 of the regulations.

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:

Anne Marie Byrne
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-0002619
Date of Inspection:	14 and 15 August 2017
Date of response:	13 September 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider failed to support residents to manage their financial affairs, and guide staff on the appropriate management and safeguarding of residents' finances through:

- completion of residents' financial competency assessments
- make suitable arrangements for the countersigning of residents' accounts where staff are working alone in the centre

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

- maintain receipts for all residents' expenses in line with the centre's policy.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- Financial competency assessments have been completed for all residents.
- The policy has been reviewed to include guidance for lone workers in relation to countersigning residents transactions.
- Systems have been reviewed to ensure staff are carrying out their duties in line with policy.

Proposed Timescale: 12/09/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The provider failed to ensure written agreements clearly detailed the services provided for the fee charged.

2. Action Required:

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

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

- The contracts of care have been reviewed for all residents to include the required details of all services provided for the fee paid.

Proposed Timescale: 12/09/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The provider failed to ensure residents' personal plans adequately guided staff on the support required to meet residents' assessed needs.

3. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

- The personal plans of all residents have been reviewed to include the supports required on a daily basis to meet the needs of residents.

Proposed Timescale: 12/09/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed to ensure:

- the safeguarding of residents' property was adequately risk assessed
- lone worker risk assessments assessed for all challenges to the management of residents' finances
- residents' positive risk taking activities were adequately risk assessed
- additional control measures were identified within organisational risk assessments
- all medication errors were reported in accordance with the medication management policy

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- A risk assessment has been completed in relation to the possible damage to residents property.
- A risk assessment has been reviewed in relation to the risks posed for resident's finances from lone workers to include strategies to minimise the risk.
- Weekly auditing of financial records will be completed by the person in charge or their representative.
- Risk assessments have been completed for all residents in relation to positive risk taking to include the controls that are in place.
- All organisational risk assessments in the Health and Safety folder have been reviewed to include all the strategies that are in place.
- All medication errors have been reported in accordance with the medication management policy. Monthly audits will be completed to ensure full compliance.

Proposed Timescale: 12/09/2017

Theme: Effective Services

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

The provider failed to ensure adequate emergency lighting was provided to safely guide staff and residents from the rear fire exit to the fire assembly point.

5. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- The Fire Safety Officer will review the current emergency lighting system and make recommendations if necessitated.
- The Provider will put in place all recommendations outlined by the Fire Officer.

Proposed Timescale: 30/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure behaviour support plans fully informed staff on the management of all residents' behaviours

6. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

- The behaviour support plan for one resident has been reviewed with staff and updates included to ensure there are strategies for all behaviours identified.

Proposed Timescale: 12/09/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure medication administration records ensured all medications were administered to residents in accordance with their prescription.

7. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- All medication records have been reviewed to ensure all medications are administered in accordance with their prescription.

Proposed Timescale: 12/09/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure the Statement of Purpose included all information as set out in Schedule 1 of the regulations.

8. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- The statement of purpose has been reviewed to include all information as required. This has been submitted to the authority.

Proposed Timescale: 12/09/2017