

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rosewood Court
<b>Centre ID:</b>	OSV-0002630
<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>	4
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
19 September 2017 10:40	19 September 2017 18:45
20 September 2017 08:30	20 September 2017 15:00

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 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 this 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's and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with four residents, two staff members, the person in charge and the assistant director of services during the inspection process. The inspector

reviewed practices and documentation, such as personal plans, incident reports, complaints registers, risk registers and procedures, fire management related documents and various risk assessments.

#### Description of the service:

This was a residential service, managed by the Health Service Executive (HSE) and is located on the edge of Sligo town. This centre comprises of a two-storey dwelling accommodating four residents with low to moderate intellectual disability from 18 years of age to end of life. There was two vacancy's at the time of the inspection. The centre comprises of a kitchen and dining area, residents' bedrooms, shared bathroom's, 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 the centre's second inspection. The person in charge had overall responsibility for the service and was supported in her role by the provider representative and an assistant director of service. The person in charge has responsibility for another centre in close proximity to this centre and managed their time to ensure they allocated time in both areas of service. This was reflected on the planned roster in place. The person in charge worked in a supernumerary capacity, which facilitated their administrative role in the centre.

#### Overall Judgment of our findings:

Overall, the inspector found that this was a well-maintained 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, dignity and consultation were well promoted in the centre. Staff were found to very respectful of residents and were knowledgeable of each residents' needs. The inspectors experienced a very calm and homely environment on this inspection. The inspector spent time with all residents on both days of the inspection.

Of the 18 outcomes inspected, 15 were compliant and one was in substantial compliance. One outcome was in moderate non-compliance and one outcome in major not compliance with the regulations.

Details of these findings can be found in the body of the report and the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

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 staff meetings and finance management.

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 interest 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 respectful to residents and regularly consulted with them as to how they wanted to spend their day. Staff spoken with were found to be knowledgeable of residents' preferred routines and their specific likes and dislikes.

A complaints register was in place and records of complaints received were maintained and reviewed where required. Information regarding the nature of the complaint, the satisfaction level of the complainant and any action taken on receipt 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 informed residents staff and visitors who the nominated person was to deal with complaints in the centre. A copy of the complaints policy was displayed in the centre.

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. An assets log of these possessions was maintained. Residents had their own post office accounts and residents' money was securely stored in the centre. A record was maintained by all staff for the lodgements or withdrawals made by residents to their personal accounts. A monthly financial audit of all residents' finances was completed by the person in charge.

**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):**

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

**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. Staff who spoke with the inspector were very knowledgeable of these communication needs. Communication passports were in place for each resident and the inspector saw that they were regularly reviewed. Easy-to-read versions of the written agreements were provided to the residents. No residents were using specific communication tools at the time of inspection. One resident had accessed a speech and language therapist, following a referral by the person in charge. The completed assessment was held in the file and directions were set out to guide staff.

**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 residents had daily opportunities to engage in the local community. Some resident's enjoyed independence in accessing the community and some residents were supported to access local facilities.

Some residents were facilitated to received visitors as they wished, while some residents were supported to independently visit their friends in the local area. Some residents were also supported independently to visit their friends in the local area. Residents were also supported to have regular overnight stays at home with their families. The inspector saw family photos displayed in communal areas of the centre. The person in charge told the inspector residents' families were involved in the annual review of their personal plan and communication about this was on-going between staff and families 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):**

No actions were required from the previous inspection.

**Findings:**

There was a policy and procedure in place for the admission, transfer, temporary absence and discharge of residents. However, the inspector found that the provider did not have signed written agreements in place for all residents in the centre.

The person in charge was awaiting residents' representatives to sign and return these agreements. The inspector found the written agreements stated a fee that residents would be required to pay, this fee clearly stated the charge per night for residents. Residents were also advised if they did not stay in the centre, they were not charged in their absence. The services to be provided were also clearly stated in the easy to read version of the written agreement.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

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.

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 provider 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 measurable timeframes. Personal goals were found to be regularly updated to demonstrate the progress made by residents towards achieving 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 these.

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.

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



<b>Judgment:</b> 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 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 was a two-storey dwelling with gardens to the front and rear of the property. The centre comprised of eight bedrooms, one en-suite, two shared bathrooms, 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 services and amenities available close by.

The inspector found that bedrooms were suitably furnished and had adequate storage facilities. Each resident had their own bedroom. The inspector observed that residents had personalised their bedrooms with photographs, pictures and other items of interest to them. Bedrooms were equipped with televisions and radios where residents requested them. Laundry facilities were provided and residents were being offered the choice of doing their own laundry.

**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):**

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

**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, fire doors, fire panel 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 give guidance 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 self closing devices, which were connected to the fire alarm system. However, these had been identified as requiring improvement by an external engineer. In addition, the inspectors observed residents struggling to manage the doors when mobilising as fittings had not been installed based on the assessed needs of residents. Emergency lighting was not provided to the front and rear of the centre. Furthermore, the fire panel also required an upgrade as recommended in a fire risk report in the centre. The inspector sought assurance post inspection regarding completion of all of the work required. The assistant director of nursing informed the inspector that all of the above work would be completed by the end of October 2017.

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. The inspector found that all incidents were recorded appropriately and reviewed in-line with local 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. These 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 had not identified additional controls required for fire safety as specified above. 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.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found the provider had adequate measures in place to protect residents from abuse and to ensure residents, with behaviour that challenges, were supported.

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.

There was also a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviour that challenges. The plans included prediction of triggers, displayed behaviour, on-going support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner.

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

**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:**

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):**

No actions were required from the previous inspection.

**Findings:**

Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents were involved in basic household chores, such as baking and laundry, as a form of skill building. During the inspection inspectors saw residents making meals and one resident supported other residents with drinks. All residents stated that they were involved in doing their laundry and some housekeeping.

There were a range of developmental and social opportunities available to residents, both the day service and the local area. For example, two residents were independent with employment in the local community. Other activities which residents were involved in included advocacy, computer classes, swimming and social outings. Several residents also participated in sports, including involvement in the Special Olympics.

**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:**

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 treatment. Residents had access to local General Practitioner's (GPs) of their choice. Residents also had access to healthcare specialists, as required; including dietitians, chiropody and optical services. The centre maintained a clear record of each resident's last visit to these professionals and 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 to dine out if they wished. Menu planning was regularly discussed with residents and mealtime options 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):**

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

**Findings:**

The inspector found that residents were protected by safe medication management

policies and practices.

The person in charge had supported residents to access a pharmacist of their choice and they had support in their dealings with the pharmacist. The person in charge had completed risk assessments for residents who took responsibility for their own medications. Two residents were supported to self-medicate and comprehensive care plans were in place outlining any support required to achieve this. Appropriate storage facilities were provided for residents involved in self-medicating. Inspectors noted that the person in charge monitored recording errors and quality improvement action had been implemented following this, including changes to the medication blister packs.

An inspector reviewed a sample of residents' medication files. These were clear and legible and noted that medication information was filed appropriately with all interventions and guidelines as provided by the pharmacist. Staff were observed administering medication with the permission of the residents and in line with policy. Inspectors found that the person in charge and staff were informed and aware of local policies and procedures that were in place for all residents. Staff were respectful and supportive during this process. The prescription sheets for a number of residents were viewed by an inspector who found that each medication was accompanied by a signature from a GP, medication was administered in the required timeframe and discontinued medication was signed off by a GP.

There were procedures in place in relation to ordering, collection and storage of medication for residents. The person in charge informed the inspector, that they had commenced a weekly system of ordering and the collection of medicines, to ensure stock control was monitored and reduced medication errors.

**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.

In addition, the action required from the previous inspection had been satisfactorily

addressed. The inspector reviewed the statement of purpose as part of the inspection and found that it contained all the required information as set out in schedule one of the regulations.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

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

**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 and identified lines of authority and accountability.

The person in charge had overall responsibility for the centre. They were supported in their 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 had sufficient time, support and resources to meet all the functions of their 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 operation 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 they met 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 demonstrated how the provider 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 undertaken in the centre to increase oversight of the centre's 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):**

No actions were required from the previous inspection.

**Findings:**

The person in charge and their line manager were aware of the requirement to notify HIQA of the absence of the person in charge.

There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.

**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 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.

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):**

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

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had been suitably recruited and had received a range of training appropriate to their roles.

Staffing levels were based on the needs of residents and were determined by reviews of residents' care needs by the person in charge and the multidisciplinary health care team. There was a planned and actual staff roster which inspectors viewed and found to be accurate. Staff were present in the centre to support residents at all times including weekends. Staff also accompanied residents for outings, such as concerts and trips away. This included when the residents wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events.

Staff confirmed, and training records indicated, that they had received training in fire safety, adult protection, behaviour management and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training, such as medication management.

The inspector found that staff had been recruited and selected in accordance with the requirements of the regulations. An inspector reviewed a sample of staff files and noted

that they did not meet the required documents as outlined in Schedule 2 of the regulations such as suitable references, photographic identification and employment histories.

**Judgment:**

Non Compliant - Major

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

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 the schedule 5 of the regulations.

There was a directory of residents in place and the inspector found that it contained the information as required by schedule 3 of the regulations.

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. In addition, there were no gaps evident in 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:***

Catherine Glynn  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002630
<b>Date of Inspection:</b>	19 & 20 September 2017
<b>Date of response:</b>	18 October 2017

### Requirements

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

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

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

Not all written agreements were signed by the residents representatives in the centre.

#### 1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

The register provider will ensure all written agreements will be completed and signed by the residents representatives by 08-11-2017

**Proposed Timescale:** 08/11/2017

**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 that all elements of risk were managed in-line with their policy and the regulations.

**2. 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:**

The register provider will ensure each element of risk will be assessed, managed and reviewed in-line with their policy and the regulations in the designated centre.

**Proposed Timescale:** 07/11/2017

**Theme:** Effective Services

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

The provider had not ensured that actions identified in a fire risk report in 2016, were completed within specified timeframes.

**3. Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The registered provider will ensure effective fire safety management systems, inclusive of emergency lighting and upgrade of fire doors will be completed by 07-11-2017

**Proposed Timescale:** 07/11/2017

**Theme:** Effective Services

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

The provider had failed to ensure that emergency lighting was provided externally and internally in the centre.

**4. 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 registered provider will ensure installation of emergency lighting and the upgrade of fire doors will be completed by 07-11-2017

**Proposed Timescale:** 07/11/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There were gaps in the maintenance of schedule two documentation in the centre.

**5. 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:**

Garda vetting for all employees will be in place by 07-11-2017

**Proposed Timescale:** 07/11/2017