

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glenbow Services
Centre ID:	OSV-0003364
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joanna McMorrow
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
05 October 2017 11:00	05 October 2017 18:00
06 October 2017 09:30	06 October 2017 13:30

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

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

Summary of findings from this inspection

Background to inspection:

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

The designated centre is part of the service provided by the Health Service Executive

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

How we gathered our evidence:

During the inspection the inspector met with 9 residents and six staff, including the person in charge, the person participating in management and the provider's representative. The inspector observed practices at the centre and reviewed documentation such as personal care plans, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was based in a campus setting and in close proximity to three other designated centres.

Overall findings:

The inspector found that residents had a good quality of life at the centre and were supported to access a range of activities, which reflected both their interests and personal goals. Some residents were unable to tell the inspector about the quality of service they received. However, the inspector observed during the day of inspection that residents were comfortable, happy and relaxed with the support they received from staff. The inspector also spent time with residents who were able to speak and found that they felt safe and supported. They also spoke about the activities they had engaged in and plans they had for upcoming events. The inspector found that the centre promoted residents' rights and they were supported to play an active role in the running of the centre through engagement at weekly residents meetings. The centre was well-maintained and its layout and design reflected residents' assessed needs. The inspector found that further improvement was required regarding placement of fire panels in both houses.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in 16 outcomes; one substantial compliance and one major non-compliance.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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

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

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

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

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

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that residents' communication needs were supported as set out in their personal plans.

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

The inspector found that the residents had access to radio, television and the internet at the centre. Assistive technology was provided for residents where requested or identified as a need. Assessments were completed for all residents regarding communication needs at the time of inspection. The person in charge outlined that all residents were offered choice and their personal plans reflected their assessed needs and choice involving assistive technology.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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

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

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

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

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

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

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

Judgment:

Compliant

Outcome 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:

The inspector found that each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, at day centres and in the community.

Each resident had a personal plan which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals.

There was an annual meeting for each resident attended by the resident, their family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, inspectors found that the goals identified for the previous year had been achieved and current goals were being progressed.

There were a range of activities taking place in day services and residents' involvement was supported by staff. Some residents attended day services while for one resident, who was retired, activities were held in the centre.

Staff also supported residents' access to the amenities in the local community such as shopping, eating out, meeting their families, attending sporting events and leisure outings. There was a vehicle available to transport residents to day services or other activities they wished to participate in. Arrangements were also made for residents to take holidays, go for outings and attend concerts and musicals. Residents told inspectors of attending concerts, parties and outings and of participating in sports, which they said they enjoyed.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre suited the needs of residents. The centre was well maintained both internally and externally and was clean, warm, suitably furnished and comfortable. Significant work had been undertaken to ensure that all areas of the centre were maintained and safe for all residents who lived there. The staff work space was completed and provided staff appropriate space to complete work duties when required.

There was a variety of communal space including a sitting room and a large kitchen with dining area. The inspector found the kitchen to be well equipped and clean.

Bedrooms were bright, well furnished and personalised with residents' personal belongings, pictures and souvenirs. Residents had adequate personal storage space and wardrobes. All bedrooms had en-suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities. Some of the bedroom doors were fitted with push pad automatic opening mechanisms to promote the independence of the frailer residents. In addition, sensor lights had been fitted in some communal areas to increase the safety of residents.

There was a well equipped utility room with laundry facilities, where residents did their own laundry. Residents had access to a washing machine, tumble drier and outdoor clothes line.

There were suitable arrangements for the disposal of general waste. Refuse bins which were stored externally and were emptied by contract with a private company. There was no clinical waste being generated in the centre.

Residents had good access to the outdoors. There was a safe, well maintained garden and seating areas at the back of the house.

The centre is situated in a quiet location in close proximity to a larger designated centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff. However, improvement was required to the location of fire panels in both houses. The person in charge informed the inspector that a plan was in place to relocate the panel in a timely manner.

There was an up to date health and safety statement. There was also a risk management policy and risk register which identified measures in place to control identified risks. There were measures in place for control of the risks specifically mentioned in the regulations and these were addressed in separate policies viewed in conjunction with the risk management policy. In addition to environmental risks, personal risks specific to each residents were identified and control measures documented in residents' personal plans. Systems were in place for the regular review of risk. However, although the risk register was generally comprehensive and informative, the use of some exit doors, which involved the use of steps, had not been assessed to establish whether or not they constituted risks.

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment, fire alarms and emergency lighting. There was a range of internal safety checks being carried out. For example, weekly checking of fire alarms and escape routes, and these checks were being recorded. The procedures to be followed in the event of fire were displayed. The provider had measures in place to control the spread of fire. All internal doors were fire doors and these had been fitted with self closing mechanisms.

Monthly fire evacuation drills were being carried out involving all residents and staff. Records of all fire drills were maintained which included the time taken and comments recorded for learning. Records indicated that fire evacuations were completed in a timely manner. Residents also told inspectors how they would evacuate if they heard the fire alarm. All staff had engaged in drills and were familiar with the procedures in place. In addition, all staff were trained in fire safety, at the time of inspection.

There was an emergency plan which provided guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation.

The building was maintained in a clean and hygienic condition.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

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 behaviour that challenges 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 throughout the two days of the inspection.

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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Records of all incidents occurring in the centre were being maintained and, where required, notified to the Chief Inspector. No gaps in the reporting of notifiable incidents were found during this inspection.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: 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.</p> <p>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. All residents stated that they were involved in doing their laundry and some housekeeping.</p> <p>There were a range of developmental and social opportunities available to residents both in 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. Residents spoke about their activities that were planned in the coming weeks, which involved trips away and visits to local places of interest. Another resident spoke about their engagement with an external day service and the support they had received to date.</p>
<p>Judgment: Compliant</p>

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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. The inspector sat with residents and observed interactions at mealtimes during the inspection. The inspector found that there was an individualised approach to support all residents. Staff were observed to treat residents with kindness and respect throughout the inspection. In addition, staff were very knowledgeable about all residents needs, choices and preferences for support during the mealtime.

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 and assessments to reflect their capacity to self medicate.

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. 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. 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 new system of ordering and the collection of medicines, to ensure stock control was monitored and reduced medication errors. Audits were completed as scheduled by the person in charge. In addition, the pharmacy also provided frequent audits of the medication practice and documentation in the centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

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):

No actions were required from the previous inspection.

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. Staff spoken with found the management structure in place responsive and informed of the needs of all residents in the centre and the resources required to support them.

The person in charge had overall responsibility for the centre. They were supported in their role by the provider's representative and the person participating in management. The person in charge was found to have a good knowledge of each residents' needs, and of the operational management of the centre. The person in charge held an administrative role and visited the centre frequently each week to meet with residents and staff. The person in charge told the inspector that they had sufficient time, support and resources to meet all the functions of their role. Staff informed the inspector that the person in charge also stepped in and worked directly when it was required in the centre. 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 meet frequently with the local management and fellow person's in charge, 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 and food safety management.

The inspector found that staff had been recruited and selected in accordance with the requirements of the regulations. However, the 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 appropriate Garda vetting was not evident on the day of inspection. The provider was required to submit evidence of this vetting post inspection.

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):

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

Findings:

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

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

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

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

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

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003364
Date of Inspection:	05 & 06 October 2017
Date of response:	31 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 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 fire panel was not suitably placed in both houses in the centre.

1. Action Required:

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

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

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

The fire panels in both houses were relocated on the 20/10/2017

Proposed Timescale: 20/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Evidence of Garda Vetting was not available in the staff files viewed and was not provided following the inspection.

2. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Person in Charge will submit evidence of Garda vetting to the Authority for relevant staff files

Proposed Timescale: 30/11/2017