

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Railway View & Finnside
<b>Centre ID:</b>	OSV-0005488
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Jacinta Lyons
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

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

From: 23 August 2017 09:00 To: 23 August 2017 19:55

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:

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 previously inspected on the 7 June 2017 against five outcomes, the remaining 13 outcomes were inspected against on this inspection. In addition, a review of the actions the provider had undertaken to address the findings from the previous inspection was undertaken.

The designated centre is part of the service provided by the Health Service Executive (HSE) in Donegal and provided full-time residential services to adults with a disability.

How we gathered our evidence:

During the inspection the inspector met 11 residents, families and eight staff members as well as the centre's person in charge. The inspector also observed practices and reviewed documents 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, although concerns were identified in relation to staffing arrangements at the centre to meet residents' assessed need. The centre comprised of two six bedded bungalows and was located in a town close to local amenities such as shops and leisure facilities.

Overall Findings:

The inspector found that residents were supported in accordance with their assessed needs and accessed a range of activities of their choice, interests and personal goals. The inspector also observed that residents appeared comfortable, happy and relaxed with the support they received from staff throughout the inspection. However, the inspector found that the continuity of care provided to residents was affected by the centre's continued reliance on temporary workers. Furthermore, the inspector found that at certain times during the day, residents assessed needs could not be met by current staffing arrangements at the centre without the assistance of additional staffing from neighbouring designated centres and the campus' day service; however, this resource was not consistently available.

The inspector found that residents were involved in decision on the running of the centre such as activities and menu planning through regular residents meeting. Furthermore, residents meeting were used to raise awareness of how residents could access advocacy services make a complaint and keep themselves safe. The centre was well maintained and its layout and design reflected residents' assessed needs.

The inspector interviewed the person in charge and found them to be suitably qualified and demonstrated both knowledge of residents' assessed needs and their roles and responsibilities under regulation.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. Major non-compliance was found in one outcome which related to staffing arrangements in place at the centre to meet residents' assessed needs and personnel records. Moderate non-compliance was found in three outcomes which related to the addressing of previous inspection's findings, staff training and statutory notifications. Substantial compliance was found in two outcomes which related to residents' written agreements and health and safety. The inspectors found compliance in 12 outcomes inspected, with positive focus on residents' rights, communication, healthcare and access to activities of choice.

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 residents' rights were promoted and they were involved in the running of the centre.

The inspector found that the centre's complaints policy was comprehensive in nature and reflected staff knowledge. Furthermore, the complaints policy was prominently displayed along with an accessible version for residents. The inspector observed information on the centre's complaints officer; which included their photograph and contact details, was also displayed on the communal notice boards. The centre maintained a record of all complaints received which included actions taken and complainants' satisfaction with the outcome. Information on advocacy services was further displayed on the communal notice boards.

Residents were supported to access a range of activities both at the centre and the local community which reflected their interests and personal plan goals such as beauty treatments, reflexology, church services, meals out in cafes and trips to places of interest.

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 such as menu planning, shopping and weekly activities. In addition, minutes showed that the meetings were also used to inform residents of their right to advocacy services, making a complaint and keeping safe, as well as information on the centre's fire safety arrangements.

The centre had a visitors' policy and provided facilities for residents to meet family and

friends in private. Staff told the inspector that there were no restrictions on visiting times and records showed that residents were regularly visited by their families.

The inspector reviewed arrangements for supporting residents with their personal finances, and found that supports provided were in-line with the provider's policies with all transactions being receipted and recorded.

Throughout the inspection, the inspector observed staff supporting residents' needs in line with their personal plans. Residents appeared relaxed and comfortable with the support received from staff on the day of inspection.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' communication needs were supported by the centre.

The inspector reviewed personal plans which included information on residents' communication needs and reflected staff knowledge. The inspector was told that residents were supported to make choices and express their needs through the use of gestures, phrases, pictures, photographs, symbols and objects of reference if they were unable to tell staff. The inspector observed these communication practices on the day of inspection.

In addition, the inspector observed that easy-to-read versions of personal plans and written agreements were available to residents which used words, pictures, photographs and symbols. The centre's complaints policy and fire evacuation plan were available in an accessible version and displayed on the centre's communal notice boards.

The inspector found that residents had access to radio, television and newspapers at the centre.

**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 participate in activities of their choice in the local community.

The centre had an up-to-date visitors' policy and provided facilities for residents to meet family and friends in private in both of the bungalows without restrictions.

The inspector spoke with residents and family members and reviewed documents such as daily notes and the centre's visitors' books and found that residents were regularly visited by their families. In addition, residents were supported to visit families and have overnight stays. Records showed that relatives attended residents' personal plan annual review meetings as well as social functions at the centre.

The inspector spoke with staff and reviewed activity records and found that residents were supported to access a range of activities both at the centre and the local community. Residents were supported by staff to participate in activities of their choice such as visits to places of interest, go to the hairdresser, do personal shopping, attend church services and have meals out in local cafes.

**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 residents had up-to-date written agreements in place, although not all were signed by the resident or their representative and the provider.

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 easy-to-read pictorial written agreements which included information on the total fees and any additional charges to be met by the resident such as community activities, holidays and clothing.

However, the inspector found that not all written agreements had been signed by the provider as well as the resident or their representative.

**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):**

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

**Findings:**

The inspector found that residents' personal plans were up-to-date and reflected their assessed needs.

The inspector did not look at all aspects of this outcome, and focused on actions taken by the person on charge to address the findings of the centre's previous inspection.

The previous inspection had found that not all residents' personal plans reflected their assessed needs. The inspector reviewed residents' personal plans and found that they were up-to-date and reflected both residents' needs and staff knowledge.

**Judgment:**

Compliant

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**Outcome 06: Safe and suitable premises**  
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

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

The centre comprised of two six bedded bungalows within a campus setting which contained a further three designated centres. The centre was located in a town and was close to amenities such as local shops, a leisure centre and cafes. The bungalows were well maintained and decorated to a good standard. The inspector observed that residents' bedrooms were individually decorated and personalised with family photographs, ornaments and other items which reflected their interests. All bedrooms provided suitable storage facilities for resident possessions.

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

Suitable arrangements were in place for the safe disposal of general and clinical waste and residents had access to laundry facilities at the 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents' risk screenings were up-to-date, although not all staff had received health and safety training in-line with the provider's policies.

The inspector did not look at all aspects of this outcome and focused on actions taken by the person in charge to address the findings of the centre's previous inspection.

The previous inspection had found that not all residents' preliminary risk screenings had been updated to reflect all identified risks. The inspector reviewed residents' risk screenings on the day of inspection and found that they were up-to-date and reflected identified risks and staff knowledge

The inspector also reviewed staff training records during the inspection and found that although staff were knowledgeable on hand hygiene, infection control and residents' manual handling needs, not all staff had received training in these areas.

**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):**

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

**Findings:**

The inspector found that residents' behaviour plans reflected their assessed need; however, not all staff had received training in positive behaviour management and the safeguarding of vulnerable adults.

The inspector did not look at all aspects of this outcome and focused on actions taken by the person in charge to address the centre's previous inspection's findings.

The previous inspection had found that not all residents' behaviour support plans were up-to-date and reflected all assessed needs. The inspector reviewed residents' behaviour support plans and found that they had been reviewed and updated to reflect residents' assessed needs by a behavioural specialist in-line with the provider's policy.

The inspector reviewed staff training records and found that although staff were

knowledgeable on residents' behaviour support plans and the provider's policy on the safeguarding of vulnerable adults; they had not all received training in these areas.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that although the centre maintained a record of notifications submitted to the Health Information and Quality Authority (HIQA), not all notifications had been submitted in accordance with regulatory requirements.

A record of all notifications submitted to HIQA was kept at the centre including all notifications submitted under Schedule 4 of the regulations. However, the inspector found that a notification which related to a serious injury to a resident which required immediate medical or hospital treatment had been submitted in accordance with the requirements of the regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre supported residents to access educational and social

activities.

The centre had an up-to-date policy on supporting residents to access education and training. Residents' educational and training needs were assessed as part of their personal plan, and the inspector found that some residents had attended a 'personal and social development' programme facilitated by the provider in June 2017. On the day of inspection; however, staff told the inspector that residents were not currently engaged in educational or training activities.

Staff told the inspector that residents were supported to participate in activities of their choice both at the centre and the local community. Records showed that residents were supported to access activities such as the cinema, art and craft classes, beauty treatments, cafes and trips to places of interest.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

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

The inspector reviewed residents' healthcare records and found that they were up-to-date and reflected residents' medical needs. Records showed that residents had access to a range of allied healthcare professionals such as psychiatrists, psychologists, dieticians, occupational therapists and dentists. In addition, a general practitioner (GP) visited the centre weekly and residents had a choice of GPs at their local medical practice.

Meals were provided at the centre through a centralised kitchen on the campus. The inspector found that residents had access to a range of healthy and nutritious meals from the food records maintained at the centre. Furthermore, discussions with staff and records showed that residents had a choice of meals for lunch and dinner as well as access to snacks of their choice throughout the day.

Where residents had dietary needs, the inspector found that they had been assessed by dieticians and speech and language therapists and recommendations were reflected in personal plans, staff knowledge and the meals provided by the centre's kitchen.

Residents were involved in aspects of meal preparation based on their abilities, with some residents participating in baking cakes, cutting vegetables and making drinks with staff support.

The inspector observed meal times during the inspection and found that they were positive and social in nature.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

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

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on prescribed medications such as administration times, route and dosage. The centre maintained an up-to-date signature bank of staff trained to administer medication as part of the residents' medication administration records.

The inspector observed that medication was securely stored at the centre, with out of date medication being segregated from current medications. Out of date or discontinued medication was returned to a local pharmacy, and staff knowledge and records reviewed reflected this practice.

Regular medication audits were carried out by the person in charge to ensure that the centre's practices were in-line with the provider's policies.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in*

*the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre's statement of purpose reflected the services and facilities provided.

The centre's statement of purpose contained all information required under Schedule 1 of the regulations and reflected the services and facilities provided at the centre on the day of inspection.

Furthermore, the inspector found that the statement of purpose was reviewed annually and available in an accessible version to residents.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found that although the person in charge had addressed the majority of actions from the previous inspection, there were still outstanding actions which related to staff documentation and the centre's reliance on temporary workers to met residents' assessed needs

The inspector did not look at all aspects of this outcome and focused on actions taken

by the person in charge to address the findings of the centre's previous inspection.

The previous inspection had found that some actions identified by Health Information and Quality Authority (HIQA) inspections as well as the provider's own internal improvement audits had not been addressed within agreed timeframes.

The inspector reviewed the provider's internal improvement audit and found that all actions apart from those relating to staff documentation required under schedule 2 of the regulations had been completed within agreed timeframes which was reflected in the inspector's findings on the day of inspection.

The inspector further found that although the person in charge had addressed the majority of actions from the previous inspection, even with the influence of recent staff recruitment and the return of staff from long-term absences, the centre continued to be reliant on temporary workers to ensure staffing levels met residents' assessed needs.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre had suitable arrangements in place in the event of the person in charge being absent.

The person in charge confirmed their understanding of the requirement to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found that there had been no instances to date of the person in charge being absent over 28 days.

Furthermore, staff were able to tell the inspector about the arrangements in the event of the person in charge being absent which reflected the centre's statement of purpose and discussions with the person in charge.

**Judgment:**

Compliant



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<b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
<b>Theme:</b> Use of Resources
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.  <b>Findings:</b> The inspector found that services and facilities provided at the centre reflected the centre's statement of purpose and met residents' assessed needs.  The inspector reviewed staffing arrangements at the centre and found that they met residents' assessed needs, although the inspector noted that at certain times in the day, residents' needs such as personal care were addressed by accessing additional staffing from the campus' day service or neighbouring designated centres.  A vehicle was available at the centre as well as access to other transport within the campus to support residents to access local amenities such as shops, cafes and places of interest.
<b>Judgment:</b> Compliant

<b>Outcome 17: Workforce</b> <i>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.</i>
<b>Theme:</b> Responsive Workforce
<b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.  <b>Findings:</b> The inspector found that the centre was reliant on temporary workers and staff from other designated centres at certain times of the day to meet residents' assessed needs.

In addition, staff personnel records did not contain all information required under Schedule 2 of the regulations.

The inspector did not look at all aspects of this outcome, and focused on actions taken by the person in charge to address the findings of the centre's previous inspection.

The previous inspection had found that the staff personnel files did not contain all information required under Schedule 2 of the regulations. The inspector reviewed personnel files and found that they did not all contain copies of all staff members' qualifications. In addition, although files contained staff employment histories, these did not all include information on the reasons for any gaps in employment.

The inspector found that copies of the staff members' Garda vetting disclosures were not available on the day of inspection. However, following the inspection's completion the provider forwarded copies of staff garda vetting disclosures to the inspector for review.

The previous inspection had found that although the centre met residents' assessed needs, it was reliant on temporary workers, which affected the continuity of care provided to residents. The person in charge told the inspector that although new permanent staff had started at the centre, along with staff returning from long-term absences, due to absenteeism levels at the centre, there was still a reliance on temporary workers.

The inspector examined rosters for a 24 day period in August and found that temporary workers were used in one of the centre's bungalows on 52 occasions and 24 times in the other bungalow. Although, the centre tried to use a core group of regular familiar temporary staff, due to the level of absenteeism, unfamiliar workers were occasionally used, which impacted on the continuity of care provided to residents.

Furthermore, the inspector found that the number of staff rostered was not sufficient at certain times of the day and resulted in the centre accessing additional support from neighbouring centres and the campus' day centre to meet residents' personal care needs and risk assessment requirements. The inspector found that due to the availability of staff in neighbouring centres and the opening times of the day service, additional staffing was not always consistently available.

**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:**

The inspector found that the centre maintained all records required under the regulations.

The inspector found that the centre maintained up-to-date resident records such as a directory of residents, restrictive practices log, healthcare records and incidents and accident reports as required under Schedule 3 of the regulations

The provider and person in charge ensured that a copy of the statement of purpose and all notifications submitted to HIQA were available as well as resident written agreements and records of food provided as required under Schedule 4 of the regulations.

The inspector reviewed the centre's policies and procedures and found that all policies required under Schedule 5 of the regulations were in place and reviewed in-line with regulatory timeframes.

The centre had an up-to-date insurance policy against accidents or injury to residents, staff and visitors.

**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:***

Stevan Orme



## 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-0005488
<b>Date of Inspection:</b>	23 August 2017
<b>Date of response:</b>	22 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 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 inspector found that not all written agreements had been signed by residents or their representatives and the provider.

**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:**

Each resident has a written agreement in place which has been signed by their representative where applicable.

**Proposed Timescale:** 26/08/2017

**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 inspector found that not all staff had received manual handling training.

**2. Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

One staff who required manual handling training has completed same.

**Proposed Timescale:** 05/09/2017

**Theme:** Effective Services

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

The inspector found that not all staff had received hand hygiene training.

**3. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Two Staff require hand hygiene training.

**Proposed Timescale:** 30/09/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The inspector found that not all staff had received positive behaviour management training.

**4. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Three staff require training in positive behaviour management

**Proposed Timescale:** 31/10/2017

**Theme:** Safe Services

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

The inspector found that not all staff had received training in 'safeguarding of vulnerable adults'.

**5. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Two staff require training in National Guidelines on Safeguarding Vulnerable Adults at Risk of Abuse.

**Proposed Timescale:** 30/11/2017

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

The inspector found that not all notifications which related to a serious injury to a resident which required immediate medical or hospital treatment had been submitted in accordance with the requirements of the regulations.

**6. Action Required:**

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury

to a resident which requires immediate medical or hospital treatment.

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

Notification which was not submitted on time in accordance with the requirements of the regulations has now been completed

**Proposed Timescale:** 29/08/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The inspector found that the centre's governance and management arrangements had not ensured that previous inspection and internal audit findings were addressed.

**7. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. Schedule 2 documentation: (a) All documentation in relation to employment history has been updated to reflect any gaps in employment history.

(b) The person in charge will follow up on contact with NMBI to secure copy of qualification which has been previously requested.

2. In conjunction with HR department, the service continues to ensure long term absenteeism is replaced by core HSE staff. PIC will continue to review rosters and leave on weekly basis to ensure the appropriate skill mix and continuity of staff

Proposed Timescale: 1(a) Completed. 31/8/2017. 1(b) 15th November 2017.  
2. Commenced on 01-09-2017

**Proposed Timescale:** 15/11/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The inspector found that staff personnel files did not contain all information required under Schedule 2 of the regulations.



**8. 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:**

1. Schedule 2 documentation: (a) All documentation in relation to employment history has been updated to reflect any gaps in employment history.
- (b) The person in charge will follow up on contact with NMBI to secure copy of qualification which has been previously requested.

Proposed Timescale: 1. Completed. 31/8/2017 2. 15/11/2017

**Proposed Timescale:** 15/11/2017

**Theme:** Responsive Workforce

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

The inspector found that continuity of care provided to residents was affected by the centre's continued reliance on temporary workers.

**9. Action Required:**

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

1. In conjunction with HR department, the service continues to ensure long term absenteeism is replaced by core HSE staff. PIC will continue to review rosters and leave on weekly basis to ensure the appropriate skill mix and continuity of staff .
2. A PSA(Public Services Agreement) is ready to be delivered to the unions for consideration within the next two weeks. The agreement should be finalised within 6-8 weeks. A new roster will be ready to roll out in the New Year
3. PIC will continue to review rosters and leave on a weekly basis to ensure continuity of staff.

Proposed Timescale: 1. 15/11/2017. 2. 31/1/2018. 3. 1/9/2017

**Proposed Timescale:** 31/01/2018

**Theme:** Responsive Workforce

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

The inspector found that the centre's current staffing compliment did not met residents' assessed needs at all times of the day.

**10. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- . A PSA(Public Services Agreement) is ready to be delivered to the unions for consideration within the next two weeks. The agreement should be finalised within 6-8 weeks. A new roster will be ready to roll out in the New Year.
- 2. PIC will continue to review rosters and leave on a weekly basis to ensure continuity of staff.

Proposed Timescale: 1. 31/1/2018

2. Commenced 01-09-2017

**Proposed Timescale: 31/01/2018**