<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Youghal Kilcoran and West Waterford Community Houses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005603</td>
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<tr>
<td>Centre county:</td>
<td>Cork</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Deborah Harrington</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>12</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 23 March 2017 10:00
To: 23 March 2017 15:00

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

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<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection:
This report sets out the findings of an announced inspection of a centre managed by the Health Service Executive (HSE) following an application by the provider to register the centre.

On 6 November 2015, HIQA took the unprecedented step of applying to the district court under Section 59 of the Health Act 2007 for specific restrictive conditions to be placed on the registration of three centres for people with disabilities which were managed by the HSE. The centres were St Raphael’s Residential Centre, Oakvale and Youghal Community Hostels, all located on the grounds of St Raphael’s Campus in Youghal. As part of the conditions St Raphael’s Residential Centre was to close. This new designated centre was to facilitate the move of 12 residents from St Raphael’s Residential Centre and Oakvale.

With this new designated centre the HSE, as service provider, was also following national policy and in particular the HSE report Time to Move on from Congregated Settings - A Strategy for Community Inclusion (2011) so that people living in congregated settings, would move to houses based in the community.

Description of the service:
The centre consisted of three detached houses, two in a large town and one in a sea-side setting and will provide a home to 12 resident adults with an intellectual disability. All of the houses had been finished to a very high standard. Each of the three houses will accommodate a maximum of four residents in each house. All residents were currently living in a congregated setting on a campus style service.

The person in charge was suitably qualified and experienced to discharge their role. At present he had responsibility for one additional designated centre, while the decongregation process was being completed.

How we gathered our evidence:
There were no residents currently living in the centre. The inspector viewed the three houses that make up the designated centre. The inspector also reviewed documentation such as transition planning, policies and procedures.

Overall judgment of findings:
The HSE, as service provider, had appointed four community transition coordinators to support residents during the process of moving. For each resident the community transition coordinator had completed a distinctive identity portrait which was a narrative journey through a person’s life. This process also identified the person’s wishes regarding where they want to live. There had been a long consultation period with families including providing families with information packs and an open invitation to visit the new centre.

Overall the inspector was satisfied that the transition of residents from the campus style congregated setting to the community based care had been planned in a respectful manner according to each resident’s own wishes.
Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Residents were supported in transition between services. Each resident’s assessed needs were set out in an individualised personal plan that reflected their needs, interests and capacities.

The HSE, as service provider, had appointed a project manager for the transition of residents to this centre, that was community based model of service, from a congregated setting. The project manager was present during the inspection and outlined how residents were facilitated in making this transition to new community options. As part of this transition process, the HSE had ensured that each individual resident’s needs had been assessed by external facilitators. Each assessment measured the individual’s support needs in personal, work-related, healthcare and social activities in order to identify and describe the types and intensity of the supports the individual required. Following the completion of these assessments the housing needs of each resident had been finalised.

The HSE had appointed four community transition coordinators to support residents during the process of moving. The inspector met with all four community transition coordinators who outlined that their role was to facilitate service coordination for those residents who chose to relocate from the institutional setting to community living. The transition coordinator was responsible for linking the individual to all necessary services and supports and for ensuring that all services and supports were in place prior to the transition.

Two of the community transition coordinators had completed training in social role
valorisation. They described to the inspector that the major goal of social role valorisation is to create or support socially valued roles for people in their society. This included every person being accorded dignity, respect, acceptance, a sense of belonging, an education, development and exercise of one’s capacities, a voice in the affairs of one’s community and society; opportunities to participate, a decent material standard of living, a nice place to live and opportunities for work and self support.

The project manager outlined that all staff working in the new designated centre would receive training on supporting self directed lives (SSDL). This training was supported by an organisation that works to bring Government and philanthropic funders together to develop better ways to support disadvantaged people to live full lives in their communities. The SSDL training focuses on an approach to engaging in person-centred discovery, planning and implementation. Following the completing of this training the community transition coordinators would support and mentor staff as they implement supported self-directed living practices with individuals in the centre.

Comprehensive documentation regarding the transition of each resident was seen by the inspector. For each resident the community transition coordinator had completed a distinctive identity portrait which was a narrative journey through a person’s life. This process also identified the person’s wishes regarding where they want to live.

The community transition coordinators outlined that a family forum facilitated by Inclusion Ireland had been set up to allow an opportunity for family members to become familiar with the transition plan. Meetings with individual residents and their families had also been organised. The coordinators had also compiled an information pack on all the details of the house, staffing requirements and local amenities and sent this pack with a letter inviting families of residents to view the house.

The inspector was told that residents in each of the houses would have a car or van that was available to them to take part in activities in the community.

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):
This was the centre’s first inspection by the Authority.
Findings:
The location, design and layout of the centre was suitable for its stated purpose and met residents’ needs in a comfortable and homely way.

The centre consisted of three houses, two of which were approximately one mile apart near the centre of a large town. The third house was in a sea-side location. All of the houses had been finished to a very high standard. All of the houses had been refurbished and were fully accessible to all. The project manager told the inspector that a stair lift was to be provided at the entrance garden in one of the houses. This stair lift was not currently needed for residents but could be used for visitors. The inspector was told by staff that residents had chosen the colour schemes in their bedrooms and in the communal living areas.

The first house in town was to provide a home to four residents, each of whom had their own bedroom. This house was a detached bungalow with a large kitchen/dining area and a lounge room with a sun room to the front. There were two bathrooms, both of which were fully accessible and had a shower area included.

The second house in town was a detached bungalow set on its own large grounds. This house was fully accessible and had four single bedrooms, one of which was ensuite with a shower. There was a separate kitchen, a living, dining room and a smaller sitting room. There were two bathrooms in this house, one of which had an accessible shower and the second was being fitted with a bath.

The third house was also detached and also had four single bedrooms downstairs. One of the bedrooms had its own ensuite facilities. There were two shower rooms downstairs and an upstairs bathroom had a Jacuzzi bath. There were two sitting rooms and a kitchen, dining room. There were large gardens to the rear of the property and these were being completed with fencing to afford more privacy for residents.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The health and safety of residents, visitors and staff was promoted and protected.

There was a risk management policy that included the measures to control hazards
including abuse, unexplained absence of a resident, injury, aggression and self harm.

There was a policy on incident reporting. The person in charge outlined that there was a system in place to allow each incident to be reviewed by senior management with the facility to include appropriate actions to remedy identified defects. For serious adverse events there was a process of review of each event with robust investigations to minimise the risk of a similar incident happening again.

Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. There was a fire register in place and the person in charge outlined that there would be a “regular checking” system in place including daily checking of the means of escape routes. There was emergency signage identifying escape routes and emergency lighting had recently been installed. Each of the houses had fire doors in place throughout to prevent the spread of smoke in the event of a fire. As part of the induction process all staff were to receive orientation to the building and fire training.

The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment had recently been commissioned in each of the three houses including a fire alarm system and an emergency lighting system. Fire certification was available for the equipment in each house.

There was a policy in relation to control and prevention of infection. Paper handtowels were available in all shared bathrooms. Each resident had their own laundry basket in their rooms and were encouraged to wash their own clothes.

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

Findings:
Measures to protect residents being harmed or suffering abuse were in place and appropriate systems were in place to respond to allegations, disclosures or suspected
There were policies in place to protect residents from being harmed or suffering abuse. As part of the induction process to this centre all staff were to receive training on the prevention, detection and reporting of abuse. The project manager and the person in charge were aware of their obligations to inform HIQA of any allegation of abuse.

There was a policy on supporting residents with challenging behaviour. The inspector saw records to show that staff had received training on dealing with positive approaches to behaviours that challenge.

**Judgment:**
Compliant

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

**Findings:**
Residents were to be supported on an individual basis to achieve and enjoy the best possible health.

The person in charge outlined that residents would continue to be supported by their current general practitioner (GP). If residents were under the care of consultant specialists, this care would continue, in particular in the areas of neurology and psychiatry.

The person in charge outlined that in line with their needs, residents would have ongoing access to allied healthcare professionals via the HSE. This included speech and language therapy, physiotherapy and occupational therapy.

The person in charge outlined that all meals would be prepared on site in each of the houses. Staff were to be supported with training on food hygiene, meal preparation and nutrition.

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

Findings:
The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The proposed management arrangements were effective to ensure that the service being provided to residents was being adequately monitored.

The person in charge was suitably qualified and experienced to discharge their role. He had a dual qualification in general nursing and psychiatric nursing, in addition to a qualification in management. At present he had responsibility for one additional designated centre, while the decongregation process was being completed.

The person in charge reported to the acting of director of nursing and had overall responsibility for the management of four designated centres managed by the HSE on the campus. The person in charge would also report monthly to a HSE management governance group that was overseen by the HSE disability services manager for the Cork/Kerry region.

The HSE as service provider was aware that they were required to complete two unannounced visits to the designated centre in relation to the quality and safety of care, in addition to an annual review of the quality and safety of care of the service.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

A planned staff rota was made available to the inspector. The staffing levels had been determined in accordance with each individual resident’s needs as had been assessed by external facilitators. According to the proposed rota there would be three staff available in each house to support residents during the day. In one of the houses a nurse would be on duty during the day to support residents with their healthcare needs. In addition, the four community transition coordinators were supernumerary and also available to support residents during the day. At night it was proposed to have an awake staff cover in each house.

The person in charge demonstrated a commitment to the maintenance and development of staff knowledge and competencies. All mandatory training was to be provided to staff including fire safety, crisis prevention and safeguarding.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The HSE had prepared, adopted and implemented policies and procedures relevant to the operation of the centre.
The policies available on the date of inspection were centre specific and some were available in an easy-to-read format. Some had also been prepared in voice-format so that if a person pressed a button on the policy folder, the policy would be read out to that person.

A copy of the residents’ guide was available in each resident’s personal file.

A directory of residents was maintained in the centre and was made available to the inspector.

**Judgment:**
Compliant

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**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:**

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority