<table>
<thead>
<tr>
<th>Centre name:</th>
<th>The Woods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005616</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Cork</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Victoria Healthcare Organisation Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Samson Abe</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Niall Whelton</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>6</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.
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: 03 April 2017 10:00
To: 03 April 2017 13:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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</tbody>
</table>

Summary of findings from this inspection

Background to the inspection:
This was the first inspection of a centre that had made an application to register as a designated centre with the Health Information and Quality Authority (HIQA). There were no residents living in this centre as it was not yet operational.

The centre was managed by Victoria Healthcare, a company that was engaged in providing support to people in their own homes. This company also currently provided physiotherapy services to people in various healthcare settings.

Description of the service:
The chief executive officer (CEO) of the company outlined that the model of care for the service was to provide residential and respite care services to people with disabilities. The service would also provide access to community based activities while people stayed in the centre.

The centre was designed to accommodate six residents. Residents would only be admitted to the centre following an initial assessment of need to see if the centre could meet the needs of the resident. The centre consisted of two detached houses on a housing estate located near a small town.

How we gathered our evidence:
The findings of the inspection were based on reviewing the proposed documentation.
to be used such as care plans, policies and procedures. The inspectors also engaged with the CEO of Victoria Healthcare and the proposed person in charge throughout the inspection who outlined their vision for the service. As part of the application to register the centre with HIQA, Victoria Healthcare had also submitted documentation as required under the Health Act 2007 (registration of designated centres for persons with disabilities) regulations 2013. This included the statement of purpose which was a document intended to describe the service and facilities provided to residents, the management and staffing and the arrangements for residents’ wellbeing and safety.

Overall judgment of our findings:
Of the six outcomes inspected four were compliant with the Health Act 2007 (care and support of residents in designated centres for persons with disabilities) regulations 2013:
- social care needs (outcome 5)
- safeguarding and safety (outcome 8)
- healthcare (outcome 11)
- staffing (outcome 17)

The CEO outlined that a comprehensive assessment of the health, personal and social care and support needs of each resident would be carried out prior to any admission. For residents being admitted on a full-time basis to the centre, there would be a transition plan put in place with a review to assess if the service was suitable to the resident’s needs.

Two of the five outcomes inspected were at the level of major non-compliance:
Outcome 7: Risk Management
Inspectors found that the fire safety management systems were not adequate in both houses. In particular the following was noted
- a fire alarm panel was not in place to give warning of fire
- there were inadequate means of escape as emergency lighting was not in place (which is lighting provided in the event of power failure to the regular lighting)
- fire extinguishers were not available
- fire doors were not in place prevent the spread of smoke in the event of fire
- there was an open doorway leading from the kitchen to the stairs so that the arrangements to contain the spread of smoke in the event of fire were inadequate
- while there were smoke detectors available in each house, the detectors were not interconnected. This meant that a person downstairs may not be alerted to a smoke alarm activation for upstairs.

Outcome 14: Governance
Based on the information provided to HIQA, the proposed person in charge did not meet the requirements of Regulation 14 of the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities) Regulations 2013 as she did not have a minimum of three years’ experience in a management or supervisory role in the area of health or social care. In addition, she did not have an appropriate qualification in health or social care management at an appropriate level.
The reasons for these findings are explained under each outcome in the report.

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

### Outcome 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:**

Each resident’s wellbeing and welfare was to be maintained by a high standard of evidence-based care and support.

The CEO outlined that a comprehensive assessment of the health, personal and social care and support needs of each resident would be carried out prior to any admission. For residents being admitted on a full-time basis to the centre, there would be a transition plan put in place with a review to assess if the service was suitable to the resident’s needs.

The CEO said that if residents required additional assessment relating to identified healthcare needs, the service could provide access to occupational therapy, speech and language therapy and physiotherapy. The CEO outlined that any recommendations from the multidisciplinary team will be implemented through the care planning process.

In relation to the social care needs of residents, there would be plans available for each resident in relation to community, relationships and social inclusion.

The CEO outlined that the personal plans would be reviewed at least every three months. He said that in addition to the resident, family and staff would be invited to attend this meeting.

**Judgment:**
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 fire safety management systems were not adequate. Improvement was also required in relation to how the centre proposed to manage risk.

There was policy on risk management which outlined hazard identification and assessment of risks. However, it did not include sufficient detail of the measures and actions in place to control the specified risks of unexpected absence of a resident, aggression and violence or accidental injury to residents, visitors or staff, which were a requirement of article 26(1) of the Health Act (Care and Support) Regulations 2013.

Inspectors, including the Fire and Estates inspector from HIQA, undertook a walk through both buildings that were to form part of the designated centre. Both houses were entered at street level and bedrooms were at this level. The downstairs of both houses had a large sitting room, kitchen, dining room, utility room and a small toilet room. The garden was also at this level, with an external stairs leading from the garden up to street level. Risk assessments were required in relation to:
• access to windows in bedrooms on the upper floors in both houses
• the use of the external stairs leading from the garden to the street
• the availability of emergency lighting when using the external stairs leading from the garden to the street.

Inspectors found that the fire safety management systems were not adequate in both houses. In particular the following was noted
• a fire alarm panel was not in place to give warning of fire
• there were inadequate means of escape as emergency lighting was not in place (which is lighting provided in the event of power failure to the regular lighting)
• fire extinguishers were not available
• fire doors were not in place prevent the spread of smoke in the event of fire
• there was an open doorway leading from the kitchen to the stairs; the arrangements to contain the spread of smoke in the event of fire were inadequate
• while there were smoke detectors available in each house, the detectors were not interconnected. This meant that a person downstairs may not be alerted to a smoke alarm activation for upstairs.

There was a template for each resident to have a personal emergency evacuation plan in place, which indicated what supports, if any, residents needed to leave the building in
the event of a fire. The proposed person in charge outlined that all staff would be trained in fire safety and evacuation by an approved external trainer.

**Judgment:**
Non Compliant - Major

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**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

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**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 abuse.

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 CEO and the proposed person in charge were aware of their obligations to inform HIQA of any allegation of abuse. The CEO was to forward details to HIQA of the designated liaison officer’s knowledge and experience of safeguarding residents.

There was a policy on supporting residents with challenging behaviour. The inspector was told that all staff would receive 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 CEO of Victoria Healthcare outlined that residents would be facilitated to keep the general practitioner of their own choice.

The CEO also outlined that in line with their needs, residents would have ongoing access to allied healthcare professionals.

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

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### 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 governance arrangements were not satisfactory.

The proposed person in charge did not meet the requirements of Regulation 14 of the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities) Regulations 2013 as she did not have a minimum of three years’ experience in a management or supervisory role in the area of health or social care. In addition, she did not have an appropriate qualification in health or social care management at an appropriate level.
When speaking with inspectors the CEO was clear about the statutory responsibility to monitor the quality and safety of care provided to residents by means of formal audits on a six monthly basis and through an annual review.

**Judgment:**
Non Compliant - Major

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**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:**
Based on the information provided to HIQA, adequate staffing arrangements would be in place.

An actual and planned staff rota was maintained. There were to be two staff on duty at all times in each house including two awake staff in each house at night time.

The CEO of the company demonstrated a commitment to the maintenance and development of staff knowledge and competencies. He said that mandatory training would be provided for all staff before they started including training in fire safety, crisis prevention and safeguarding.

**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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Victoria Healthcare Organisation Limited</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005616</td>
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<tr>
<td>Date of Inspection:</td>
<td>03 April 2017</td>
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<tr>
<td>Date of response:</td>
<td>11 May 2017</td>
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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:

Risk assessments were required in relation to:
• access to windows in bedrooms on the upper floors in both houses
• the use of the external stairs leading from the garden to the street
• the availability of emergency lighting when using the external stairs leading from the

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

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

   **Please state the actions you have taken or are planning to take:**
   An Engineer has been commissioned to review the level of safety in the designated centre. This took place on 24/04/17.
   • He has made recommendations to deal with the access windows in the bedroom by installing safety barriers.
   • The use of external stair leading from the garden to the street is adequate for emergency evacuation.
   • The locking mechanism is to be changed to a more evacuation friendly type.
   • In case of Emergency, a far end of the Garden could be earmarked for assembly until help arrives as it far from the house itself; if necessary.
   • An Electrician has given a quotation for installation of emergency backup lights which will be done throughout the designated centre including the external stairs.

   **Proposed Timescale:** 30/06/2017
   **Theme:** Effective Services

   **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
   There was policy on risk management which outlined hazard identification and assessment of risks. However, it did not include sufficient detail of the measures and actions in place to control the specified risks of unexpected absence of a resident, aggression and violence or accidental injury to residents, visitors or staff which were a requirement of article 26(1) of the Health Act (Care and Support) Regulations 2013.

2. **Action Required:**
   Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

   **Please state the actions you have taken or are planning to take:**
   The policy on Risk Management is currently being updated to include detailed procedures of identification and assessment and management of hazards and risks throughout the designated center. This will be in place on or before 30/06/17.

   **Proposed Timescale:** 30/06/2017
   **Theme:** Effective Services

   **The Registered Provider is failing to comply with a regulatory requirement in**
A fire alarm panel was not in place to give warning of fire. In addition, there was an open doorway from the kitchen to the stairs; the arrangements to contain the spread of smoke in the event of fire were inadequate. Also, while there were smoke detectors available in each house, the detectors were not interconnected. This meant that a person downstairs may not be alerted to a smoke alarm activation for upstairs.

3. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
As part of the recommendations of the Engineer

• The open doorway to the kitchen will be closed off.
• All the doors in the designated centre will be fitted with smoke stoppers mechanism to prevent spread of smoke in the building.
• Smoke detectors in the house are interconnected now; And smoke detectors will be installed in all the rooms and interconnected with the existing system. An Electrician has given a quotation for this already.

Proposed Timescale: 30/06/2017
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate means of escape as emergency lighting was not in place (which is lighting provided in the event of power failure to the regular lighting).

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

Please state the actions you have taken or are planning to take:
• An Electrician has given a quotation for installation of emergency backup lights which will be done throughout the designated centre.

Proposed Timescale: 30/06/2017

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 proposed person in charge did not meet the requirements of Regulation 14 of the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities) Regulations 2013 as she did not have a minimum of three years’ experience in a management or supervisory role in the area of health or social care. In addition, she did not have an appropriate qualification in health or social care management at an appropriate level.

5. Action Required:
Under Regulation 14 (3) (a) you are required to: Regulation 14 (3) (a) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has a minimum of 3 years’ experience in a management or supervisory role in the areas of health or social care.

Please state the actions you have taken or are planning to take:
The proposed Person in Charge has experience in Management and Supervisory role since 2007. She was Home Support Organiser for Victoria Healthcare Organisation (Business Name) 2007-2016. She has been the Service Manager for Victoria Healthcare Organisation Limited since July 2016 till date. (This was in the Application Form).

Proposed Timescale: 30/06/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The proposed person in charge did not meet the requirements of Regulation 14 of the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities) Regulations 2013 as she did not have a minimum of three years’ experience in a management or supervisory role in the area of health or social care. In addition, she did not have an appropriate qualification in health or social care management at an appropriate level.

6. Action Required:
Under Regulation 14 (3) (b) you are required to: Regulation 14 (3) (b) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has an appropriate qualification in health or social care management at an appropriate level.

Please state the actions you have taken or are planning to take:
The Proposed person in charge has enrolled in a Supervisory Management Course with The Open College of Ireland. She will complete this course by 30/06/17.

Proposed Timescale: 30/06/2017