

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ballyduff Park
<b>Centre ID:</b>	OSV-0002519
<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>	8
<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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
17 October 2017 09:20	17 October 2017 18:40
18 October 2017 09:00	18 October 2017 12:10

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 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The centre had been previously inspected on the 26 August 2015 and as part of the current inspection, actions taken by the provider to address the findings from the previous inspection were reviewed by the inspector.

The designated centre was 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 with eight residents and spoke with them about the quality of care and support they received both in groups and individually. The inspector further spoke with two staff members and interviewed the person in charge during the course of the inspection. The inspector observed practices at the centre and reviewed documents such as personal care plans, risk assessment, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of an eight bedded single storey building located in a housing estate in a town and was close to local amenities such as shops, leisure facilities and restaurants. The centre had a suitably equipped vehicle which enabled residents to access facilities and activities in the surrounding area.

Overall Findings:

Residents told the inspector that they enjoyed living at the centre and staff supported them to access day services, work placements and leisure activities such as bowling, personal shopping, cinema, meals out and personal shopping. Residents were actively involved in making decisions about the centre's operation through their regular residents' meetings, where they decided activities they wished to engage in and the weekly menu. Residents were involved in the maintenance of the centre's garden, doing the weekly grocery shopping and preparing meals at the centre. The centre supported residents to be aware of their rights such as how to make a complaint and access to advocacy services. However, the inspector observed that some residents' right to privacy was not respected at all times due to the monitoring of healthcare needs.

The inspector found that staff were knowledgeable on residents' assessed needs and suitably qualified. Furthermore, staff received training in-line with the provider's policies and residents' assessed needs such as in the area of resident communication. The inspector was told by residents that they were supported to enjoy activities of their choice in the local community, with records further showing that staffing levels at the centre were reflective of residents' personal plans and risk assessments.

The centre's person in charge was suitably qualified and demonstrated knowledge of the residents' needs and their responsibilities under regulation. The person in charge held an additional managerial role in the provider's organisation which included being a 'person participating in management' for four further designated centres. However, the person in charge was regularly present at the centre and involved in its governance and management, furthermore they were supported by two staff nurses who undertook delegated management roles at the centre.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found major non-compliance in two outcomes which related to the submission of statutory notifications to the Chief Inspector and staff information required under regulation. Moderate non-compliance was found in one outcome and related to residents' right to privacy. Compliance was found in 14 outcomes along with substantial compliance in one outcome which related to resident access to the internet.

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):**

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

**Findings:**

The inspector found that residents were involved in making decisions on the running of the centre; however some residents' right to privacy were not promoted at all times.

The inspector found that residents were supported to be aware of their rights and take an active role in making decisions about the centre's operation. However, some residents' right to privacy was infringed upon due to practices in place to monitor healthcare needs. The inspector observed that due to identified healthcare needs whenever two residents were in their bedrooms they were monitored by staff through the use of a remote listening device, therefore infringing on their right to privacy. The inspector noted that protocols and risk assessments were in place for the use of the listening devices for each resident and that they had consented to their use. However, the monitoring devices had not been recommended by a suitably qualified healthcare professional and were not subject to a regular review into their effectiveness to support the residents' healthcare needs and their impact on the residents' right to privacy.

The provider's complaints policy was up-to-date and displayed on the centre's kitchen notice board, alongside contact information and a picture of the complaints officer. In addition, an easy-to-read version of the policy, as well as information on the Health Service Executive's confidential recipient was also displayed on the notice board. Residents told the inspector that they were happy living at the centre, but if they had any problems or were upset they would tell the person in charge, staff on duty or their families. Residents also told the inspector that they were asked if they had any complaints about the centre in their regular residents meetings.

The person in charge maintained a record of all complaints received which included a description of the complaint, and actions taken in response. The previous inspection had found that complaint records did not include whether or not the complainant was satisfied with the outcome of the investigation into their complaint. The inspector found that a record of the complaint's satisfaction was now recorded as part of the maintained complaints records.

The inspector observed that in addition to information on how to make a complaint, the centre's communal notice board also displayed information and contact details on advocacy services available to residents.

Residents told the inspector that they had regular weekly residents' meetings which they took turns chairing and recording the minutes. Residents said that they decided the activities they wished to do at the weekends and the weekly menu. Residents' meeting minutes showed that in addition to planning activities and meals, residents and staff also discussed how to make a complaint, how to keep safe and went through health and safety arrangements at the centre such as the fire evacuation plan.

The provider had an up-to-date visitor's policy and staff and residents told the inspector that the centre's second sitting room and kitchen dining room were used to meet families and friends in private.

The inspector reviewed arrangements for supporting residents with their personal finances. Some residents told the inspector that they managed their own finances which was reflected in staff knowledge and sampled records. Where residents required support with their finances, records and discussions with staff showed that they were supported in-line with the provider's policy with money being held securely and all transactions recorded and receipts held.

**Judgment:**

Non Compliant - Moderate

**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 were supported to communicate their needs and wishes in-line with their assessed needs.

Residents' personal plans included an assessment of their communication needs and indicated any communication aids required such as photographs, objects of reference and sign language. Furthermore, personal plans included communication dictionaries which described how the resident communicated their needs and wishes and the appropriate response from staff supporting them. The inspector found that staff knowledge reflected residents' communication needs as described in their personal plans.

Throughout the inspection, staff and residents were observed using sign language as well as pictorial communication aids such as the centre's household chores board. Records further showed that staff had attended sign language training and information on sign language was displayed in the kitchen dining room.

The centre provided easy-to-read versions of residents' personal plans and written agreements, as well as the provider's complaints policy and a pictorial fire evacuation plan. Residents had access to newspapers, radio and television; however internet access was not available to residents at the centre.

**Judgment:**

Substantially 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:**

Residents were supported to maintain family and personal relationships and engage in activities in their local community.

The provider had an up-to-date visitor's policy and provided facilities for residents to meet their families and friends in private at the centre. Residents told the inspector that they were regularly visited by their families and supported to go to their relatives for overnight stays.

Records and discussions with staff showed that residents' families attended annual personal plan review meetings and were informed about changes to their relative's needs by the staff.

Residents told that inspector that they planned their weekly activities through the regular residents' meetings and were supported by staff to participate in activities of



their choice such as personal shopping, attending religious services and visiting local public houses and restaurants. Discussions with residents were further reflected in resident activity records sampled by the inspector.

**Judgment:**  
Compliant

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

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

**Theme:**  
Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the provider had an up-to-date admissions and discharge policy which reflected residents' experiences and written agreements were in place.

The provider's admissions and discharge policy was up-to-date and reflected the centre's statement of purpose. One resident was transitioning to the centre at the time of the inspection. The inspector found that admission arrangements were in-line with the centre's policy and involved regular consultation with the resident, their current placement and associated multi-disciplinary professionals such as psychologists and social workers. In addition, records and discussions with the resident showed that they had been gradually inducted into the centre with initially short day visits leading to current overnight stays. The resident told the inspector that they were happy staying at the centre and got on with the other residents and hoped to fully move in soon.

Residents had accessible written agreements in place, which included the total fees charged and any additional charges to be met at the centre such as, community activities, clothing and toiletries. Written agreements included information on the services and facilities available and reflected the centre's statement of purpose. In addition, written agreements had been signed by both the provider and the resident or their representative.

**Judgment:**  
Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-*

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that residents' needs were regularly reviewed and reflected in their personal plans.

The inspector looked at a sample of residents' personal plans, which included assessments on support needs in areas such as healthcare, keeping safe, communication, behaviour that challenges, independent living skills and relationships. Personal plans were up-to-date and reflected both staff knowledge and observed practices during the inspection. The inspector found that personal plans were available to residents in an accessible format, which presented information through a mixture of photographs, symbols and words. One resident also had their personal plan in a fully pictorial format due to their assessed communication needs.

Personal plans included residents' annual goals which reflected their likes and preferences. Residents told the inspector that they were working towards goals such as increasing their independence skills in areas such as personal laundry and shopping, as well as social activities which included planning holidays and organising a birthday party.

The previous inspection had found that personal plans did not provide sufficient information to determine if agreed goals and objectives were achieved or progressed. The inspector reviewed residents' personal plans and goal records and found that they included information on actions to be undertaken for each annual goal, along with named staff supports and expected timeframes for achievement. In addition, regular updates on progress towards the goal's achievement were recorded by staff.

Residents' personal plans were subject to an annual review and records showed that the effectiveness of all aspects of the residents' personal plans was reviewed including identified support needs and whether previous annual goals were achieved. Meeting minutes showed that reviews were attended by the resident and their families, along with multi-disciplinary professionals such as psychiatrists and social workers. In addition, recommendations from review meetings were reflected in residents' personal plans and risk assessments examined by the inspector.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

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

The centre comprised of an eight bedded single storey building located in a housing estate in a town close to local amenities such as shops, leisure facilities and restaurants.

The centre was well maintained and decorated to a good standard. The inspector observed that residents' bedrooms were individually decorated and personalised with family photographs and items which reflected their interests. All bedrooms provided suitable storage facilities for residents' possessions and had suitable ventilation, lighting and heating.

All bedrooms at the centre were ensuite and provided a toilet and walk-in shower. In addition, the centre had a communal bathroom with shower and bath facilities. The premise further provided two communal sitting rooms and a kitchen dining room, which were well maintained and decorated.

In addition, the centre had a garden area which included garden shed, a green house, vegetable planters and seating. The garden was proudly maintained by one resident at the centre.

The inspector observed that suitable arrangements were in place for the safe disposal of general and clinical waste and residents had access to laundry facilities at the centre.

The previous inspection had observed that cleaning equipment was inappropriately stored in a bathroom due to insufficient storage space at the centre. Following, the last inspection, the centre's laundry facilities had been relocated to another part of the building, which had provided additional storage facilities for cleaning equipment.

**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 centre's risk management arrangements ensured that residents were kept safe.

The provider had up-to-date policies on risk management and health and safety. In addition, the centre's safety statement was up-to-date and provided guidance to staff on risk control measures for areas such as infection control, storage of chemical substances and manual handling practices. The safety statement further included procedures to be followed at the centre in the event of emergencies such as fire and the loss of power or water. Procedures described in the centre's safety statement were reflected in discussions with staff.

The person in charge maintained an up-to-date risk register and risk assessments had been completed on all highlighted risks which related to the centre's premises, practices and residents' needs. Assessments were regularly reviewed and reflected staff knowledge. In addition, the person in charge maintained a record of accidents and incidents which had occurred and team meeting minutes showed that these records were regularly discussed and residents' personal plans amended where appropriate.

Although personal plans, risk assessments and discussions with staff showed that residents' manual handling needs were minimal in nature, training records showed that all staff had received up-to-date manual handling training in-line with the provider's policies.

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre. In addition, hand sanitisers were available along with segregated waste disposal facilities. Training records showed that all staff had completed either up-to-date hand hygiene or infection control training at the centre.

The centre's fire evacuation plans were displayed along with an accessible pictorial version for residents and reflected both resident and staff knowledge. In addition, all residents had an up-to-date 'personal emergency evacuation plan' (PEEPs) which assessed their ability to evacuate the building in the event of fire and any supports required. The inspector found that staff knowledge reflected residents' PEEPs reviewed during the inspection.

The previous inspection had found that not all staff had completed fire safety training. The inspector reviewed records and found that all staff had received up-to-date fire safety training in-line with the provider's policies following the last inspection.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire safety equipment was regularly serviced by an external contractor as well as weekly internal checks on fire equipment being completed by staff.

Regular simulated fire drills were conducted at the centre and records showed that all staff and residents had participated in a simulated evacuation. Furthermore, drills had been conducted using minimal staffing levels to assess their effectiveness in all circumstances.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the provider had measures in place to protect residents from harm and to positively manage behaviours of concern.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Staff at the centre had received up-to-date 'safeguarding of vulnerable adults' training and were able to tell the inspector what incidents might constitute abuse and the actions they would take if suspected, which were in-line with the provider's policy.

Information on the provider's safeguarding of vulnerable adults' policy was displayed at the centre. In addition, the person in charge was also the centre's designated safeguarding officer and their contact details were displayed on the communal notice board in the kitchen dining room. Minutes of the weekly residents' meetings showed that residents were made aware of the provider's safeguarding policy and how to keep themselves safe. Residents told the inspector that they felt safe at the centre, but if they were unhappy with any support they received, they would tell either the person in charge, staff on duty or their families.

The inspector reviewed residents' safeguarding plans which were robust in nature and completed in accordance with the provider's safeguarding of vulnerable adults policy. In addition, safeguarding plans were discussed at team meetings and reviewed on a regular basis to ensure their effectiveness. The inspector found that staff knowledge reflected all safeguarding plans in place at the centre at the time of the inspection.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. The inspector found that up-to-date risk assessments were in place for all restrictive practices such as the locking of cleaning materials cupboards and the external doors at night. Risk assessments were regularly reviewed and provided a clear rationale for the use of each practice and reflected staff knowledge.

The inspector looked at residents' behaviour support plans which were up-to-date and subject to regular review. Plans included a description of the behaviour of concern and both proactive and reactive support strategies. Plans were developed and reviewed by either a named psychiatrist or psychologist and reflected staff knowledge.

The inspector reviewed staff records and found that all staff had received positive behaviour management training in-line with the provider's policies

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the person in charge had not informed the Chief Inspector of all notifiable events. In addition, the inspector found that notifications had not all been submitted in-line with regulatory timeframes.

The inspector reviewed accident and incident records and safeguarding records and found that not all incidents of alleged, suspected or confirmed abuse towards residents had been reported to the Chief Inspector. However, records showed that incidents of this nature had been managed in-line with the provider's 'safeguarding of vulnerable adults' policy and ensured that residents were kept safe.

The person in charge maintained a record of all submitted notifications to HIQA at the

centre. However, the inspector found that not all notifications had been submitted to the Health Information and Quality Authority (HIQA) within the regulatory timeframes.

**Judgment:**

Non Compliant - Major

**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 residents were supported to access day services, work placements and social activities which reflected their assessed needs and interests.

The provider had an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose. In addition, the inspector found that residents' educational and training needs were assessed as part of their personal plan and reflected staff knowledge.

Residents told the inspector that they attended a range of day services in the local area which they enjoyed and reflected their individual needs. In addition, residents said that they had attended art classes and achieved qualifications in computer skills which were reflected in documents examined by the inspector.

One resident told the inspector that they had part-time employment at a local garden centre which they really enjoyed and reflected their personal interests as they enjoyed maintaining the centre's garden. Another resident told the inspector that staff were supporting them to find a work placement which involved working with animals, which was further reflected in records examined by the inspector.

Residents told the inspector that they were supported to access a range of activities in the local community such as local shops, cafes, pubs, leisure facilities which was reflected in activity records, personal goal updates and staff knowledge.

**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 in-line with their assessed needs.

The inspector reviewed residents' healthcare records and found that they had access to a range of allied healthcare professionals including general practitioners (GP), psychiatrists, speech and language therapists, public health nurses, opticians and dentists. The inspector found that residents' personal plans had been updated to include recommendations from healthcare professionals and reflected staff knowledge.

In addition, residents had 'end of life' plans in place which had been developed following discussion as part of their annual personal plan review meetings.

Residents told the inspector that they chose the weekly menu as part of the regular residents meetings. In addition, residents said that they were involved in preparing vegetables and cooking meals with the assistance of staff which was observed during the inspection. Residents also had access to drinks and snacks throughout the day.

Food records maintained at the centre showed that residents were provided with a range of healthy and nutritious meals and also had opportunities to eat out in local restaurants and order takeaways.

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 reviewed personal plans and discussions with staff.

The inspector found that meal times at the centre were social in nature with staff and residents eating together and discussing their plans for the day.

**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 provider'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 administration times, route and dosage. The centre maintained an up-to-date signature bank of all staff trained to administer medication.

Assessments had been completed on residents' abilities to take responsibility for their own medication, with one resident supported to independently manage and administer their own medication.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as emergency epilepsy medication. Protocols were up-to-date, provided information on the circumstances that each medication should be given including maximum dosages and reflected staff knowledge.

Records showed that all staff who administered medication; including emergency epilepsy medication, had received up-to-date training.

The inspector observed that medication was securely stored and arrangements were in place for the segregated storage of out of date or discontinued medication. Records and staff confirmed that out of date or discontinued medication was returned to a local pharmacy for disposal.

Regular medication audits were carried out by designated staff in-line with the provider's policies. In addition, audits on the centre's medication practices were carried out by a named pharmacist and reflected in records held at the centre and staff knowledge.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider's statement of purpose for the centre reflected the services and facilities provided.

The previous inspection had found that the statement of purpose did not contain the maximum number of residents who could be accommodated at the centre and the name of the provider's complaints officer.

The inspector reviewed the statement of purpose and found that the previous findings had been addressed and the document contained all information required under Schedule 1 of the regulation. The inspector further found that the statement of purpose was subject to annual review and available to residents in an accessible version.

**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):**

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

**Findings:**

The provider's governance and management arrangements ensured that residents were supported in-line with their assessed needs.

The provider's management structure was reflected in the centre's statement of purpose and staff knowledge. The person in charge was full-time and a qualified nurse. The inspector noted that the person in charge was also employed as an Area Coordinator for the provider and under this role was a 'person participating in the management' of a further four designated centres in the local area. However, the person in charge was regularly present at the centre throughout the week and was supported in the governance and management of the centre by two staff nurses.

Regular team meeting minutes were held and chaired by the person in charge. Minutes showed that the meeting was used to discuss all aspects of the centre's operation such as residents' needs, accidents and incidents and the provider's policies. Staff told the inspector that the person in charge was approachable and they had no reservations in bringing any concerns about the centre to either the person in charge, nursing staff or provider's representative.

In addition, the person in charge told the inspector that they met with the centre's staff nurses on a weekly basis to go through the findings of management audits and issues relating to the centre's operations, which was reflected in discussions with staff.

The person in charge and nursing staff conducted regular management audits on centre practices which included medication management, health and safety, residents' finances, infection control and personal plans. The inspector found that findings from completed audits were discussed in staff meetings and identified actions addressed within agreed timeframes.

The person in charge told the inspector that they updated their skills through attending the provider's mandatory training as well as courses relevant to their role such as system analysis investigation. The person in charge had also applied to do the provider's accredited person in charge management course in 2018. The person in charge received regular support from their line manager who was the provider's representative and attended regular meetings involving their fellow persons in charge and senior management.

The previous inspection had found that the provider had not ensured that unannounced six monthly visits were carried out at the centre and that an annual review of care and support provided was undertaken. Following the previous inspection, the inspector found that an up-to-date annual review of the care and support provided at the centre had been completed and was available at the centre. Furthermore, the provider had completed unannounced six monthly visits to the centre; the reports from these were also made available during the inspection.

**Judgment:**

Compliant

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

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre had suitable arrangements in place in the event of the person in charge being absent for over 28 days.

The person in charge confirmed their understanding of the requirement under the regulations 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 for over 28 days.

The inspector spoke with staff and found that they were aware of management arrangements to be put in place in the event of the person in charge being absent from the centre including periods over 28 days.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found the services and facilities provided at the centre reflected the statement of purpose and residents' assessed needs.

The inspector found that staffing levels and resources at the centre were sufficient to meet residents' needs and reflected personal plans and risk assessments looked at during the inspection, as well as staff knowledge.

Residents told the inspector that they planned activities they would like to do through their regular residents' meetings and that staff were available to support them to do activities of their choice such as go to the cinema, attend religious services mass and have meals out at local cafes and restaurants.

In addition, a vehicle was available at the centre to support residents to access local amenities such as shops, cafes and places of interest.

**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):**

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

**Findings:**

The inspector found that staffing arrangements ensured that residents' assessed needs were met, although staff personnel records did not contain all information required under Schedule 2 of the regulations.

The person in charge ensured that both an actual and planned roster was in place, with the actual roster indicating if staff were on planned or unplanned and training. The roster further indicated instances where temporary workers were used at the centre. The inspector noted that rosters showed that regular temporary workers were engaged to ensure consistency of care for residents which was reflected in discussions with staff.

Residents were supported by two staff members during the day and one staff member at night which was in-line with residents' assessed needs as described in their personal plans and risk assessments. Residents told the inspector that the staff arrangements enabled them to do activities of their choice during the week such as personal shopping, going bowling and attending religious services, which was reflected in activity records and staff knowledge.

Throughout the inspection, the inspector observed that residents received support in both a timely and respectful manner in-line with their assessed needs. Residents told the inspector that they liked living at the centre, were able to do the things they liked and had a good relationship with staff supporting them.

Staff told the inspector that they felt supported by the management team and attended regular team meetings. Furthermore, staff had completed annual personal development plans with either the person in charge or nursing staff, which reviewed their roles, responsibilities and identified future training needs.

Records showed that staff had access to the provider's mandatory training courses such as fire safety, manual handling and safeguarding vulnerable adults. In addition, staff had accessed training specific to the centre's operations and residents' needs such as the safe administration of medication and sign language.

The inspector reviewed a sample of staff personnel files and found that they contained all information required under schedule 2 of the regulations, apart from copies of garda vetting disclosures.

The previous inspection had found that temporary worker's qualifications were not available at the centre. The inspector found that following the previous inspection, each temporary worker had a personnel record in place which included copies of work-related qualifications.

**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 provider and person in charge maintained all records required under regulation.

The inspector found that the provider and person in charge maintained up-to-date records which related to residents as required under Schedule 3 of the regulations such as a directory of residents, healthcare records and incidents and accident reports.

The provider ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available at the centre. In addition, records such as residents' written agreements and records of food provided at the centre were maintained as required under Schedule 4 of the regulations.

The inspector reviewed the provider'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 provider had ensured that an up-to-date insurance policy against accidents or injury to residents, staff and visitors was in place for the centre.

**Judgment:**  
Compliant

### **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Stevan Orme  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002519
<b>Date of Inspection:</b>	17 & 18 October 2017
<b>Date of response:</b>	09 November 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The inspector found that the use of remote listening devices had not been recommended by an qualified professional and was not subject to regular review to assess its impact on residents' right to privacy at all times.

**1. Action Required:**

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



Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. The use of audio monitors has been discussed with the Multidisciplinary Team.
2. A Multi-disciplinary team meeting is arranged to review and sign off on the protocol if the audio devices are deemed to be required.

Proposed Timescale:

1. Completed 24th October 2017
2. 30th November 2017

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

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

The inspector found that residents did not have access to the internet at the centre.

**2. Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Internet access is being explored and will be provided for residents.

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

**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 although measures had been put in place to safeguard residents, the provider had not notified the Chief Inspector of all incidents of alleged, suspected or confirmed abuse of residents as required under regulation.

Furthermore, were incidents of alleged , suspected or confirmed abuse of residents

had been submitted to the Chief Inspector, these had not always occurred with regulatory timeframes.

**3. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

1. The notifications that were outstanding have been retrospectively submitted to the Chief inspector
2. The PIC will ensure that all notifications are submitted within the agreed timeframes

Proposed Timescale:

1. Completed 31st October 2017
2. Completed 19th October 2017

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The inspector found that not all documents required under Schedule 2 of the regulations were present in staff personnel files.

**4. Action Required:**

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

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

The Person in charge will ensure that all schedule 2 information is on file and available for inspection.

**Proposed Timescale:** 31/12/2017

