

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Sea Road Services
<b>Centre ID:</b>	OSV-0002624
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joanna McMorrow
<b>Lead inspector:</b>	Catherine Glynn
<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 1 day(s).

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

From: 26 September 2017 09:30 To: 26 September 2017 19:15

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:

The purpose of this inspection was to inform a registration decision and to monitor the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with four residents, two staff members, the person in charge and the assistant director of services during the inspection process. Of the four residents who met with the inspector, four spoke directly with the inspector. The inspector

reviewed practices and documentation including residents' personal plans, incident accident reports, complaints registers, health and safety assessments, policies and procedures, fire management documents and a sample of risk assessments.

**Description of the service:**

This centre is managed by the Health Service Executive (HSE) and is located close to Sligo town. The centre comprised of two houses providing residential services to people with an intellectual disability, who have been identified as requiring low to medium levels of support. The service accommodates male and female residents, from the age of 18 years upwards.

**Overall Judgment of our findings:**

Overall, the inspector found that this centre provided residents with individualised care in a comfortable and homely living environment. Staff were knowledgeable of residents needs and wishes and the person in charge had ensured that effective systems were in place to monitor and review the care provided to residents. However, this inspection identified significant failings in relation to premises, fire safety, some governance systems and staffing resources.

Of the 18 outcomes inspected, twelve were compliant, one was in substantial compliance, two were in moderate non-compliance and three were found in major non-compliance with the regulations.

The findings, and their actions, are further outlined in the body of the report and the action plan at the end.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that residents were consulted with and participated in decisions about their care, in accordance with their needs, wishes and abilities.

Residents were found to have access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be respected, including receiving visitors in private.

Each resident had their own room and personal space within the designated centre to enjoy privacy. The inspector found that consultation and residents rights were promoted in this designated centre through on-going interactions with staff and planned programmes of activities.

There was a complaints procedure in place. Residents, their family, advocate or representative could make a complaint in the designated centre. There were no complaints in the complaints log at the time of inspection.

Residents were supported to have control over their own finances. A policy and procedure was in place to support service users who required assistance in this area. All residents had their own bank account and staff provided money management skills training. The inspector spoke with residents with regard to their finances and they confirmed that they could buy what they needed and had access to their money as they wished. Staff members were observed to interact with residents in a respectful manner.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There were suitable communication systems in place to support residents.

Although each resident in the centre could articulate their views verbally, further systems, such as sign language, pictorial supports and communication plans were in place to enhance communication with residents.

There was information for residents displayed in accessible format in the centre, including information on the complaints and advocacy procedures, the weekly meal planner with colour pictures of chosen meals, the name of the resident responsible for cooking each day and healthy eating guidance. There was also a pictorial chart depicting the staff on duty at any time and this was accurate for the time of inspection.

All residents had access to televisions, radio, newspapers, postal service and reading material and internet. There was also a computerised tablet in the centre for residents' use.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents who lived in the centre were supported to maintain relationships with their families and were encouraged and supported to interact in the local community.

There was an open visiting policy and family and friends could visit at any time. Residents also visited and regularly stayed with family members. Residents told inspectors that they maintained good relationships with their family and friends. During the inspection one resident went out with friends in the evening.

Families were invited to attend and participate in residents' annual planning meetings and the reviews of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues. Most residents visited a day service each weekday where they had the opportunity to meet and socialise with friends.

Residents said that they were supported to go on outings, attend sporting and entertainment events and dine out in local restaurants. Residents frequently visited the shops and amenities in the town.

**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:**

Written agreements were in place in the centre for all residents and were also available in an easy-to-read format. However, improvement was required as not all agreements were signed by residents representative's at the time of inspection.

The inspector found that the written agreements in place in the centre, included the fees each resident would pay, the services that were covered by this fee and how often they would be required to make this payment. Easy-to-read versions of these written agreements were in place for residents to reference; the inspector found that this version contained all of the information in the written agreement. Of the sample reviewed, the inspector found that not all written agreements were signed by residents of their representatives.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The action required from the centre's previous inspection was found to be satisfactorily completed. Extra staffing hours had now been allocated to ensure that all residents were provided with support, where required, to complete social activities or a goal identified.

Residents' needs were assessed on a minimum annual basis and more frequently where required. A sample of assessments were reviewed by the inspector and found to be up-to-date. The provider had assessment tools available to staff to ensure residents' physical, psychological and social care needs were assessed. Residents and their representatives were invited to take part in annual reviews, if they wished to attend. Where specific needs were identified, using the assessment process, personal plans were developed to guide staff on how they were required to support residents' to meet these.

Personal goals were in place for each resident and these were reviewed on a regular basis throughout the year. Goals were found to be varied, reflected residents' interests and were set out in an achievable manner for residents. Each goal had a plan in place which outlined the actions required to achieve the goal, the person responsible for supporting the resident and the timeframe for when the goal would be reviewed. The inspector found emphasis was placed on the recording of residents progress towards achieving their goals. The inspector reviewed a sample of progress notes and found these clearly outlined the actions completed to date and were clearly maintained, to demonstrate the progress made towards the achievement.

There were no residents planning to transition to or from this centre at the time of this inspection.

**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):**

No actions were required from the previous inspection.

#### **Findings:**

The inspector found that the centre was not maintained and required significant work to improve the living environment for all residents in the centre.

The centre comprised of two, multi-storey detached houses, with gardens to the rear and front of each property. Both houses comprised of five bedrooms with two en-suite facilities, a utility room, hallway, sitting room, an office and a visitors room. The rooms were of a suitable size and layout to meet the residents' needs. The inspector found that the bedrooms were suitably furnished and had suitable storage arrangements in place. Each resident had their own bedroom, with two bedrooms providing en-suite facilities. The inspector observed residents had personalised their own bedrooms with items of interest to them. Bedrooms were equipped with televisions and radios. Residents showed the inspector around and informed the inspector that they enjoyed listening to music or watching television in their rooms.

The inspector received confirmation post inspection that a lease agreement was in place for both houses. However, the inspector found that one house, had no maintenance completed due to lack of clarity regarding the lease of the property. While records were maintained for work requested there was no clear plan in place or timeframe for completion of these. The inspector completed a walk around of both houses internally and externally and maintenance was required as follows:

- painting internally on all walls, ceilings and woodwork.
- tiling/plasterwork required on renovated bathroom
- evidence of damp on bedroom wall and ceiling.
- woodwork of doors internally and externally required painting
- exposed electrical boxes on external walls
- bath panels were severely worn
- toilet seats were also worn and damage was evident with pieces of the wood finish missing and exposed.

Laundry facilities were provided in both houses; however, improvement was required in one house. The inspector found that the washing machine and dryer were stored in the downstairs toilet facility. In addition, on the day of inspection, the inspector also observed that clothes were drying on a clothes horse beside the toilet facility. This had

not been identified as an action in audits completed and no alternative had been identified with regard to drying or washing of clothes, in line with infection control procedures.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The inspector found that actions required from the last inspection had not been addressed satisfactorily. The inspector found, significant improvements were required to the centre's fire safety arrangements.

Each house within the centre continued to conduct regular fire drills. The drills completed demonstrated that residents could be successfully evacuated from the centre. Personnel emergency evacuation plans were in place for each resident and these described the support required by the residents in the event of an evacuation from the centre. An action required from the last inspection identified that guidance was required on evacuation arrangements for residents sleeping in upstairs accommodation. While the person in charge now specified that residents were supported to evacuate down the stairs, it did not outline any equipment or procedures to follow in the event of the stairs not being accessible.

The inspector found regular maintenance work was completed on all fire fighting and fire detection systems and records of these were available for the inspector to review. However, fire safety systems in the centre remained inadequate:

- emergency lighting was not provided to the exterior of the centre, enabling staff to guide residents to the fire assembly point.
- fire panels were inappropriately placed.
- intumescent strips were not installed on all door sets in the centre.
- fire doors were not in place in both houses in the centre.
- door sets were not in-line with recommendations of the fire risk report in both houses.

While work was underway in one house at the time of inspection, the provider had no clear plan in place for the other house, which required significant work to ensure all areas of concern were addressed. In the previous report, the provider had identified May 2017, as the date for completion of all work required.

The centre had a system in place for the assessment, monitoring and review of resident and organisational risks. Each house had a health and safety folder in place which identified the risks specific to each house. The inspector reviewed a sample of these risks and found that they described the risk identified, the control measures and additional controls measures in place. The inspector found that the severity ratings were appropriately risk rated. For example, the ratings in place also reflected the fire risk report and recommendations that were made, that remained outstanding at the time of this inspection. In addition, the person in charge had ensured that a risk assessment was in place regarding residents who smoked in the centre

**Judgment:**

Non Compliant - Major

**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:**

There were no restrictive practices in place in the centre at the time of this inspection. There was a policy and procedure in place to guide staff on the use of restrictive practices.

Some residents in the centre had behaviour support plans in place. These plans outlined the proactive and reactive strategies specific to supporting the residents who exhibit behaviour that challenges. Staff were supported in the management of behaviours that challenge by multidisciplinary input, which included a behaviour therapist. However, not all staff had up-to-date training in the management of behaviours that challenge.

No active safeguarding plans were in place at the time of this inspection. All staff were found to have up-to-date training in safeguarding. Staff who spoke with the inspector were aware of their responsibility to report any safeguarding concerns to the person in charge.

**Judgment:**

Non Compliant - Moderate

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<b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
<b>Theme:</b> Safe Services
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The inspector found that practice in relation to notifications of incidents was satisfactory.  The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. All required incidents and quarterly returns had been notified to HIQA.
<b>Judgment:</b> Compliant

<b>Outcome 10. General Welfare and Development</b> <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i>
<b>Theme:</b> Health and Development
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.  Residents were involved in basic household chores such as baking and laundry, as a form of skill building. During the inspection inspectors saw residents making meals and one resident baked a batch of scones for the tea. All residents stated that they were involved in doing their laundry and some housekeeping.  There were a range of developmental and social opportunities available to residents in both the day service and the local area. For example, one resident was very involved in

hand made craft classes and showed inspectors a selection of handbags that they had made. Another resident attended knitting classes in the centre and had made a selection of items including clothing for themselves, as well as gifts for friends. Other activities which residents were involved in included drama, computer classes, and social outings. Several residents also participated in sports, including involvement in the Special Olympics.

**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' health care needs were well met and they had access to appropriate general practitioner (GP) and other health care services as required.

All residents had access to GP services. The inspector found evidence that residents went for consultations with GPs as required and all residents had an annual health check carried out by their GP. Referrals to other medical consultants were also made when required.

Residents had access to a range of health professionals by referral; including physiotherapy, speech and language therapy and occupational therapy. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice. In addition, other external health care services were arranged, such as visits with the optician, chiropodist, dentist and dental hygienist.

Individual support plans were in place to support all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff.

Residents' nutritional needs and weight were kept under review and any identified issues were addressed. For example, referrals to the dietician for weight management were made, where required, and the dietician's recommendations were recorded and were being implemented. Residents were supported and encouraged to eat healthy balanced diets and participate in an exercise programme.

Residents had access to the kitchen to prepare drinks and snacks at any time. The

inspector found that residents had the choice to return to apartment for their lunch during the day while attending day programmes. Residents told the inspectors that they chose what they wanted to eat, were involved in food shopping and meal preparation and that they always enjoyed the meals in the centre. At the time of inspection there were no residents who had special dietary requirements.

**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 person in charge had established and maintained medication management systems in line with the organisational policy and procedure.

The local policy guided practice and included the arrangements for storing and administration of medicines to residents. Medication was administered via blister packs. The policy also outlined the ordering and prescribing of medication procedures to guide all staff. The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice. Medication was stored appropriately and there were no medications that required strict control measures at the time of inspection.

There was a system in place for the reporting and management of medication errors. The inspector found that at the time of inspection all medication errors were reported as required and had been processed according to the provider's policy. Medication management training had been completed by all staff working in the designated centre.

The inspector found that residents had been offered the opportunity to self medicate and assessments were completed to support the rationale for medication practice at the time of this inspection. All documentation was completed to reflect a robust system to assist the residents in achieving this independence

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

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

The inspector looked at the centre's statement of purpose. This was reviewed annually and contained all the information required under Schedule 1 of the regulations. The statement of purpose reflected the services and facilities provided at the centre and was 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):**

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

**Findings:**

Overall, significant improvement was found by the inspector on this inspection: however, further improvement was required to the maintenance of Garda vetting documentation for the person in charge and the oversight of the service and care provided.

The annual review of the service was completed in September 2016 and the provider had conducted the unannounced visit in April 2017. There were action plans in place for

both audits and the inspector found that a number of the actions had been completed since the last inspection. However, a number of significant actions remained outstanding and had not been completed within proposed timeframes by the provider. The person in charge was aware of all outstanding actions required and informed the inspector that this had been escalated to appropriate senior management to address these failings. However, no clear plan was in place to address these issues. In addition, the inspector found that no clear arrangement was in place with for the completion of all outstanding work required in both houses within the centre.

The person in charge had overall responsibility for the centre and was supported in her role by the provider, staff nurse, care assistants and the assistant director of nursing. The person in charge demonstrated a clear understanding of her role, was knowledgeable of residents' assessed needs, familiar with the operational management of the centre and was aware of the centre's current status on the outstanding works. The person in charge visited each house within the centre on a weekly basis. Residents and staff were all familiar with her.

Regular staff meetings were completed, which included management meetings and monthly governance meetings. The inspector was advised that the person in charge had frequent contact with the assistant director of nursing, however, no minutes of these meetings were being maintained. These meetings were not formalised with actions or goals set out, timeframes for completion of goals required and person responsible for each task identified.

**Judgment:**  
Non Compliant - Major

**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:**  
Since the appointment of the person in charge to the role in October 2016, she had not been absent for more than 28 days. However, in the absence of the person in charge, the provider had put arrangements in place that a senior nurse manager would be responsible for the management of the centre.

**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:**

Overall the inspector found that the centre was well resourced to ensure the effective delivery of care and support of residents.

The centre had access to transport for each house to transport residents to various services. Each house was fully resourced with all appliances and facilities required by residents.

**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):**

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had been suitably recruited and had received a range of training appropriate to their roles.

There was a planned and actual staff roster which inspectors viewed and found to be accurate. Staff were present in the centre to support residents at all times including weekends. One resident received a home-based service in the centre and staff were

available to deliver a range of activities and support to this resident. Staff also accompanied residents for outings, such as concerts and trips away and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events. Residents were also independent in accessing the local community. Additional staffing hours were allocated to ensure that social activities or individualised goals were achieved and supported.

Staff confirmed and training records indicated that they had received training in fire safety, adult protection, and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training such as medication management.

The inspector reviewed four staff files, including the person in charge's file. The inspector found that the required Garda vetting documentation was not available for review.

**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:**

Overall, the inspector found documentation records were accessible, legible and well-maintained.

The inspector reviewed a sample of schedule 5 policies and procedures available at the centre during the inspection. These were found to be up-to-date, accessible to staff and met the requirements of the regulations.

There was a directory of residents in place for each house which contained all information as required by schedule 3 of the regulations.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection 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-0002624
<b>Date of Inspection:</b>	26 September 2017
<b>Date of response:</b>	10 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The provider had failed to ensure that all residents or their representatives had a signed written agreement in place in the centre.

**1. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each

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

resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The provider will ensure all residents or their representatives will have a signed written agreement in place in the centre by 25-11-2017

**Proposed Timescale:** 25/11/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The provider failed to ensure that the centre was well maintained.

**2. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The planned works in relation to the premises will be completed by the below date.

**Proposed Timescale:** 31/03/2018

**Theme:** Effective Services

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

The provider failed to ensure that adequate arrangements were in place for residents to launder their own clothes.

**3. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The provider will ensure that adequate arrangements will be put in place for residents to launder their own clothes by the below date.

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

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The provider had failed to ensure that effective fire management systems in relation to:

- fire panel required appropriate location and an upgrade as identified
- fire panel also identified the fire zones in the centre.
- installation of fire doors
- appropriate self closing devices based on assessed needs of all residents
- intumescent seals as required on all door sets

**4. Action Required:**

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

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

The house that requires fire works will be reassessed to comply with the new code of practice for fire safety in new and existing community dwellings.

The provider will ensure that effective fire management systems will be in place by the below date.

**Proposed Timescale:** 31/03/2018

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The person in charge had failed to ensure that all staff were trained in the management of behaviour that challenges.

**5. Action Required:**

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

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

The person in charge will ensure that all staff will be trained in the management of behaviours of challenge by 16-11-2017

**Proposed Timescale:** 16/11/2017

**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 provider had not ensured that all documentation as required by schedule 2 was available for review in the centre at the time of inspection.

**6. Action Required:**

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

The provider will ensure that all schedule 2 documentation will be in place by the below date.

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

**Theme:** Leadership, Governance and Management

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

The provider had failed to ensure that effective arrangements were in place for the oversight and accountability for all work required in the centre.

**7. Action Required:**

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

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

The provider will ensure all works required in the centre will be completed by the below date.

**Proposed Timescale:** 31/03/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff files did not contain Garda vetting as required by schedule 2 of the regulations.

**8. Action Required:**

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

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

The Person in Charge will ensure that Garda Vetting will be in place for all staff working in this area by the below date.

<b>Proposed Timescale: 30/11/2017</b>