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<td>Joanna McMorrow</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Glynn</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 20 October 2017 09:40  
To: 20 October 2017 18:45

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 the 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 for the service and the provider nominee during the inspection process. Of the four residents who met with the inspector, one spoke directly with the inspector. The
inspector reviewed practices and documentation including residents' personal plans, incident reports, complaints registers, health and safety assessments, policies and procedures, fire management related documents and various 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 one house providing residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service accommodates male and female residents, from the age of 18 years upwards.

The person in charge has the overall responsibility for the centre and is based in an office close to the centre, on a full-time basis. He is supported in his role by a clinical nurse manager for the service and by the provider nominee. The person in charge holds an administrative and operational role and regularly meets with residents and staff. Each house was found to have a communal kitchen and dining area, sitting room area, bathroom facilities, single bedrooms and well-maintained garden areas.

Overall judgment of our findings:
Overall, the inspector found that this was a well-maintained centre, that provided residents with individualised care in a comfortable and homely living environment. Staff were found to be very knowledgeable of residents needs and wishes, and the person in charge had implemented effective systems to monitor and oversee the care delivery to residents. However, this inspection identified significant failings in relation to the premises, fire safety, some governance systems and staffing resources.

The centre was inspected against 18 outcomes. The inspector found compliance in 12 outcomes; 2 in substantial compliance and three in major non-compliance. The failings were identified in the premises, fire management and the governance of the centre.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The centre had no actions in relation to this outcome from its last inspection.

Residents’ meetings were held on a weekly basis and residents were involved in the scheduling of weekly activities, planning for grocery shopping, menus and general routines. Residents had access to advocacy services and the contact details and photograph of the advocacy officer for the centre, was prominently displayed in both houses. The inspector observed staff interacted with residents in a respectful manner and residents were found to be very familiar with staff. One resident told the inspector of how staff recently helped her to personalise her newly decorated bedroom with her personal photographs on the wall of her bedroom.

There was a complaints procedure in place, which detailed how to make a complaint, how complaints are responded to and managed by the centre. A copy of this procedure was displayed in an easy-to-read format in each house. This procedure outlined the names and contact details of those responsible for responding to complaints, as well as those responsible for managing any appeals. There were no active complaints at the time of this inspection; however, the inspector observed the provider had systems in place for the recording of complaints received. Staff who spoke with the inspector were knowledgeable of their responsibility in the local management of complaints. Residents who spoke with the inspector said that if they had a complaint, they would not hesitate to talk to a staff member or to the person in charge.

Some residents’ money was maintained in a locked cabinet in the centre and accessible upon the residents’ request. A record was maintained by staff for all money lodged and
withdrawn by residents. A spot check of residents' accounts was completed by the
person in charge and the inspector, and no errors were found. A policy was in place
which guided on the storing, recording and counter-signing of residents' accounts. The
inspector observed this policy was recently updated to include guidance on the
safeguarding of residents' money where lone-working arrangements were in place.

**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:**
No residents living in the centre presented with specific communication needs at the
time of inspection. However, the inspector observed the provider had continued to put
in measures in place to support residents' ability to effectively communicate and
understand all information relevant to the centre.

Since the last inspection, easy-to-read versions of documents for residents were
developed including the statement of purpose, residents' guide, written agreements and
the complaints procedure. Where residents were involved in the completion of
household chores, picture format chore schedules were displayed in kitchen areas. No
residents were in use of assistive technology at the time of inspection; however,
residents had access to internet and electronic tablets. Each resident had a
communication passport in place which detailed residents' preferred communication
styles.

**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:**
Relationships between residents and their family member were supported. Residents were able to receive visitors to their home, with no restrictions on family visits. One resident told the inspector how she has regular stays at home, in accordance with her respite agreement with the provider. Other residents showed the inspector photographs of their family which staff had helped residents to display. Family members were also invited to participate in residents’ annual reviews, and regular communication was being maintained between families and staff members.

**Judgment:**
Compliant

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**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

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

**Findings:**
There were policies and procedures in place to manage admissions, transfers and discharges from the designated centre. All admissions were in line with the statement of purpose.

The inspector reviewed the admission process and found that it took into consideration the wishes, needs and safety of the individual and the safety of the other residents living in the centre. The policy outlined how new admissions would be managed and set out a period for review of new admissions to ensure all residents were safe and appropriately placed in the service.

Each resident had a written contract in place which outlined the services to be provided in the centre and details of any additional charges.

**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:**

Residents' needs were assessed on an 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 a suite of assessment tools available to staff to ensure residents' biological, psychological and social care needs were assessed. Residents and their representatives were invited to take part in annual reviews, if they wished to do so. Where specific needs were identified using this assessment process, personal plans were developed to guide staff on how they were required to support the residents.

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. Since the last inspection, a large emphasis had been placed on the recording of residents’ progress towards achieving their goals. The inspector reviewed a sample of progress notes and found that these clearly detailed the actions completed to date and demonstrated the residents' progress towards achieving their goals.

Four residents were planning to transition to or from the 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.*

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Theme: Effective Services

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

Findings:
Overall, the inspector found the this centre provided a warm, comfortable and homely environment for the residents living there. However, the inspector found that action required from the previous inspections had not been completed within the agreed timeframes.

The centre was a two-storey dwelling. The house had a small kitchen and dining area, sitting rooms, shared bathrooms and utility areas. Every resident had their own bedroom, and some bedrooms had en-suite facilities. The house had access to manicured garden areas which were maintained to a high standard. The inspector observed the house to be clean and tastefully decorated. Internet access was available to all residents, and the inspector observed recreational facilities available in the house including a relaxation room and art room.

However, improvement was required as significant remedial work was required to the premises at the time of inspection. The provider did not have a clear plan in place with a timeframe for completion of the work required. For example, the inspector observed that damp was evident in two rooms in the centre, on the walls and ceilings. In addition, one bathroom was in use in the centre for showers and a large bath located in this room had not worked in 18 months. The inspector found that residents were not offered choice regarding personal care facilities in this centre. The inspector found that there was no report completed by the persons responsible for the remedial works. Therefore, there was no clear outline of the work program or a timeframe for the completion of the renovation work. In the annual review of quality and safety of care and the last unannounced visit to the centre; both documents stated that all work would be completed once all residents were transferred.

Judgment:
Non Compliant - Major

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
Findings:
Since the last inspection, the provider had completed a number of fire drills in the house, and the records maintained now included the names of those who had participated. Some of these drills had occurred during night-time hours, to ensure the residents could be evacuated when minimum staffing levels were present. Personal emergency evacuation plans were also in place for each resident, which detailed residents' understanding of an evacuation and the level of staff support they would require. Regular fire checks were occurring within the centre and a daily, weekly and monthly schedule of these checks was in place. Fire equipment was available and serviced on a six monthly basis. All staff had received up-to-date training in fire safety at the time of this inspection. The inspector spoke with one staff member who demonstrated their understanding of their role in evacuating residents from the centre and of their responsibility to alert the emergency services.

During the inspection, the inspector was provided with individual fire risk assessment reports, which were completed in 2015 for the centre. Recommended actions from these reports were rated as low, medium and high risk actions, with each action having a specific timeframe for completion. However, at the time of this inspection, a number of medium and high risk actions were not completed. For instance, of the total 19 actions identified for the centre, 19 actions were not complete in line with the recommended timeframe for completion. Of the 19 actions not completed, these were orange rated actions, which were recommended to be completed within six to twelve months of when they were identified in June, 2016. The provider nominee was not present on the day of inspection. The person in charge informed the inspector that plans were in place to complete these outstanding actions, when all residents were transferred to other centres.

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 the centre. The inspector reviewed a sample of these risks and found that they described the risk identified, the control measures and additional control measures in place, those responsible for monitoring the risk and the date by which the measures would be reviewed. The inspector found that the all risks were appropriately rated to reflect the outstanding work required.

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:**
No actions were required from the centre's previous inspection.

Some residents living in the centre presented with behaviours that challenge. These residents had behaviour support plans in place, which outlined effective proactive and reactive strategies specific to the resident. Staff were supported in the management of behaviours that challenge by multidisciplinary input, which included a behaviour support therapist and psychiatrist. All staff had received up-to-date training in the management of behaviours that challenge at the time of this inspection.

One chemical restraint was prescribed within the centre, and the inspector found this had an appropriate risk assessment and protocol in place to guide staff on its appropriate application. Upon review of the records available, the inspector observed this restraint was last applied in April 2017. Staff practice was also guided by an up-to-date policy on the management of restrictive practices.

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:**
Compliant

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**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:**
A record of all incidents occurring in the centre was maintained, and where required, notified to the Chief Inspector. No gaps in the reporting of notifiable incidents was found during this inspection.
### 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 participate in social activities suitable to their age, interests and needs.

Residents were engaged in social activities, internal and external to the centre. Residents regularly engaged in day-services, local community groups, day trips and personal appointments. Residents were supported to attend local leisure facilities, while other residents were supported to attend local age action programmes. The inspector found that some residents were supported to maintain an individualised programme which reflected their choice.

No residents were in employment at the time of this inspection.

#### 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:
Overall, the inspector found that where residents had specific healthcare needs, they
were supported to achieve the best possible health. Residents had timely access to allied healthcare professionals and health services. Annual assessments were completed and up-to-date for all residents.

The provider had a comprehensive assessment process in place to identify residents' healthcare needs. The inspector observed that residents' nutritional, elimination, mobility, intimate care and skin integrity needs were regularly reviewed. Some residents living in the centre presented with mobility needs. These residents were found to have appropriate assessments in place and personal plans to guide staff on how to support these residents when mobilising. Other residents presented with specific neurological healthcare needs. These residents also had personal plans in place to guide staff on what they were required to do if residents experienced a seizure.

Kitchen and dining spaces were available to residents within each house. Mealtime options were determined by residents and residents were given an opportunity to discuss what meals they wanted each week at residents' meetings.

**Judgment:**
Compliant

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### 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:**
Overall, the inspector found that the provider nominee had ensured that there were policies and procedures in place to ensure that medication management was guided in the centre.

Medicines within the centre were administered by healthcare assistants and staff nurses. Some medicines were administered from a blister pack system, while other medicines were administered from original packaging. Each resident had a medication file in place which included residents' identification, allergies, prescription charts and administration records. Prescription and medication records reviewed were found to be clear. However, gaps in recording were found in administration records on the day of inspection. For example, where nurses were transcribing, two signatures were required. On the day of inspection, the inspector noted that there was only one signature beside the as required medications listed. Since the last inspection, the provider had put in place a system for the recording of any medicines returned to pharmacy. Each resident had a capacity assessment completed to assess their suitability to take responsibility for their own
medications. No residents were self-administering their own medications at the time of this inspection.

The provider had clear written operation policies in place relating to the ordering, prescribing, storing and administering of medicines. This policy also guided that where a resident required an as required medicine, healthcare assistants were required to seek advice from a staff nurse prior to any administration taking place.

**Judgment:**
Substantially Compliant

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**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 statement of purpose described the services provided in the designated centre and met the majority of the requirements of the regulations. However, some of the information in the statement of purpose required review. For example, the statement of purpose did not include the complete floor plans for all areas of the centre and did not reflect the current management structure in place at the time of inspection.

**Judgment:**
Substantially Compliant

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was evidence that some governance and management systems were in place. Regular meetings were in place including fortnightly management meetings and monthly governance meetings. However, the inspector found these meetings addressed general organisational issues, with no effective system in place to identify, discuss, review or monitor specific issues relating to the service.

The annual review of the service was completed in June 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. The inspector found that while there was a plan in place to address the fire and remedial works required in the centre, there was no timeframe for the completion of these tasks.

The person in charge had overall responsibility for the centre and was supported in their role by the provider, staff nurse, care assistants and the assistant director of nursing. The person in charge demonstrated a clear understanding of their role, was knowledgeable of residents' assessed needs, familiar with the operational management of the centre and was aware of the current status on the outstanding works. The person in charge did not visit the centre on a regular basis; however, the inspector found that the person in charge met residents regularly in day services. He also spoke on a weekly basis with the nurse manager in the centre. Residents and staff were all familiar with him.

Regular staff meetings were completed, which included management meetings and monthly governance meetings. Minutes were maintained and held in the centre.

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 June 2016, he was not 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 clinical nurse manager for the service 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):

Findings:
Overall, the inspector found the centre was resourced to ensure the effective delivery of care and support of residents.

The centre had access to one full-time vehicle for the house to transport residents to various services. The house was found to be fully resourced with all appliances and facilities required by residents. There were no resource issues identified that impacted on the delivery of the service or provision of suitable care to residents at the time of inspection.

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

Findings:
Planned and actual staff rosters were available in each house of the centre. Rosters were found to be well-maintained and showed the full name of staff who were on duty and the start and finish times of each shift. All staff had received up-to-date training in fire, manual handling, safeguarding, management of behaviours that challenge and safe administration of medications. Staff supervision was in progress by the person in charge, with only one staff member left to receive supervision. The centre used regular agency cover and the inspector observed consistency in the agency staff provided to the centre.

A sample of staff files were reviewed by the inspector and gaps were found in the maintenance of schedule two documents including gaps in employment and garda vetting. The inspector found that the HSE had provided their assurance of completion of garda vetting; however, the provider was required to submit this information to the inspector post inspection for review. This was not received within the required time frame.

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 Schedule 5 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

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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

Provider’s response to inspection report¹

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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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 had failed to maintain the designated centre and complete extensive remedial works that were identified.

1. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
constriction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
The Provider has ensured that funding has being applied for, re - Suaimhneas community Home in line with the de-congregation process. These works will be completed by the below date.

**Proposed Timescale:** 30/04/2018

**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 bathroom facilities were available and repaired to meet the residents needs and choice in the centre.

2. **Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
The Provider has ensured that funding has being applied for, re - Suaimhneas community Home in line with the de-congregation process. Bathroom facilities are in place for all residents in the current home, however further facilities will become available following decongregation.

**Proposed Timescale:** 30/04/2018

**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 19 actions identified from a fire risk report completed in 2016 were completed within the timeframes specified.

3. **Action Required:**
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
These Fire Works are part of the Decongregation Process & funding has being applied for, re - Suaimhneas community Home. We are awaiting a date for commencement of
these works. Fire orders are in place. All Fire Fighting equipment is presently maintained & Serviced in this designated centre. PEEP's are in place for all residents & regular Fire Drills are completed & Documented. All staff have completed Fire Fighting training to date.

**Proposed Timescale:** 30/04/2018

### Outcome 12. Medication Management

**Theme:** Health and Development

**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 the medication records were completed in-line with local policy.

**4. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Person in Charge has ensured that all documentation relating to medication management is in line with the medication management policy and was completed on 20/10/2017.

**Proposed Timescale:** 20/10/2017

### Outcome 13: Statement of Purpose

**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 a complete description of all areas of the designated centre was provided.

**5. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Provider has ensured the complete description of all areas within the designated
centre are in place within the Statement of Purpose.

**Proposed Timescale:** 02/11/2017

**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 update the statement of purpose to reflect changes in management structure.

**6. Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
The provider has ensured that the Statement of Purpose has been updated to reflect the current management structure.

**Proposed Timescale:** 02/11/2017

**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 failed to ensure that required actions, from three reports were completed within required timeframes. This included:

- 19 actions in fire safety,
- transitions for all residents
- remedial works for 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:**
These works are part of the De-congregation Process & funding has being applied for, re - Suaimhneas community Home. We are awaiting a date for commencement of these works.

Transition of residents is in process with 39 providers. Awaiting on further updates regarding registration for identified community homes.
Proposed Timescale: 30/04/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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 document's as required for schedule 2 were in place on the day of inspection.

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 has ensured that all documents relating to employment history staff’s files is up to date.

Garda Vetting information has been completed and is with the Data Controller Officer. Awaiting disclosures.

Proposed Timescale: 31/12/2017