<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Abode Doorway to Life CLG</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002411</td>
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<td>Centre county:</td>
<td>Cork</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Doorway to Life Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mary Kieran</td>
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<tr>
<td>Lead inspector:</td>
<td>Cora McCarthy</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Type of inspection</td>
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<tr>
<td>Number of residents on the</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal 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:
18 October 2017 11:00 18 October 2017 17:30
19 October 2017 08:00 19 October 2017 15:00

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

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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 15: Absence of the person in charge</td>
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Summary of findings from this inspection
The designated centre provided full time accommodation to six residents and a respite service was available for up to four residents. There were six full time residents accommodated in the centre on the days of inspection and four residents availing of respite.

As part of the renewal inspection, the inspector met with five residents, the person in charge, the person participating in management and staff members. The person representing the provider was on leave. The inspector met with residents prior to them going out for the day and with residents who were on respite or who were
going out at a later time. Residents were aware of the inspection, why it was being carried out and stated that they had been involved in meetings where the imminent inspection was discussed. The inspector sought residents’ permission to view their private accommodation and documentation pertinent to them. Where possible the resident accompanied the inspector to their living quarters. Practices were observed and documentation reviewed included personal files, medical and nursing records, the range of activities available for residents, satisfaction surveys, the menus, staff training records, staff files, minutes of meetings, policies and procedures and complaints.

The centre, constructed in 2010, was a purpose built facility. The centre was well maintained, bright and homely. Furnishings, décor and general cleanliness were of a high standard. Residents stated they enjoyed living there and being able to attend third level college, enjoyed being able to go out to activities and spoke in a positive manner of all the staff.

The action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. These were discussed with the person in charge at the end of the inspection.
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:
Residents were consulted with and participate in the decisions about their care and about the organisation of the centre. Residents had access to advocacy services and information about their rights. However the inspector was not provided with records that showed how each complaint was investigated in line with organisational policy.

It was evident that staff had in-depth knowledge of the residents and their backgrounds. Staff were observed interacting with the residents in a respectful and warm manner. The privacy and dignity of the residents was respected, for example there was discreet signage used which indicated that a resident was receiving support with personal care. Residents were supported and facilitated to exercise their rights, to make choices and to maximise their independence. However it was not clear to the inspector when a resident made a complaint how this was acted upon. Appropriate records were maintained of complaints. However it was not indicated if the complaint was investigated in line with organisational policy and if the complainant was satisfied with the outcome or not.

The centre had a policy on residents’ finances and personal property. Each resident controlled their own financial affairs. Inventories of residents’ personal property were recorded and dated.

The residents had adequate storage for their belongings and retained control over their own possessions. A residents’ meeting was convened on a monthly basis and it was evident from the minutes reviewed that residents were consulted with and participated in discussions regarding meal choices and activities. A member of the governing board of directors attended this meeting at least bi-annually.
Residents had opportunities to engage in meaningful activities that they were interested in. One resident who regularly attended the centre on a respite basis brought their guitar and played for other residents; the resident stated that they enjoyed this and it was important to them. Local amenities were located within a short distance of the centre.

The inspector viewed feedback questionnaires completed by residents and/or their relatives. The feedback was very positive, reflected a satisfaction with the service provided and were complimentary of the staff.

The person in charge was knowledgeable about the residents and it was evident that the residents were very familiar with and engaged well with the person in charge.

All residents had their own bedroom which was personalised and decorated to a high standard. All residents had a locking mechanism on their bedroom doors.

A large day-room, sitting room with a television, DVD and radio, an activity room, a private meeting room and four activity rooms were available for residents’ use.

Laundry facilities were provided and while staff attended to the residents’ laundry, some residents attended to their own laundry.

Telephone services were available in the centre. Residents had access to computers, the internet, information on local events and media.

**Judgment:**
Non Compliant - Moderate

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**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:**
Residents were supported and facilitated to communicate at all times. There was a policy on communication with residents.

Staff were aware of the different communication needs of the residents and there were effective supports in place to enable residents to communicate. There was evidence that residents’ access to assistive devices was facilitated. For example, one resident used an electronic communication notebook to interact with staff and residents. However
Residents required an assessment of their communication needs.

Residents had access to televisions, radio, internet, and computers. Staff were observed communicating with residents in a respectful manner.

An information pack for residents was viewed and noted to include a brochure about the service, application forms, residents’ book, consent forms and a satisfaction survey form. Residents availing of respite were encouraged to bring in any assistive equipment or technology they used and had access to such technology available in the centre.

**Judgment:**
Substantially Compliant

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**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 and encouraged to develop and maintain personal relationships. Family members attended review meetings in accordance with the wishes of the residents.

There was a policy in relation to visitors. There was evidence of good communication between the centre and residents’ families. Residents had access to their own general practitioner (GP). Open visiting was facilitated and encouraged and residents were able to meet visitors in private. A visitors’ book was located at the reception and the inspector noted that there were regular visitors to the centre and residents were supported to maintain links with the wider community.

**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

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

**Findings:**
Residents had a written agreement which dealt with the support, care and welfare of the resident in the centre and details of the services to be provided for that resident. A sample of contracts reviewed were signed, dated and included the fees and details of any service that may incur an extra cost. The centre had a policy to guide staff on prospective admissions which included transfers, discharge and the temporary absence of residents. This information concurred with the centre's statement of purpose.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Each resident's wellbeing and welfare was maintained by a high standard of evidenced based care and support. Residents had opportunities to participate in activities, internally and externally appropriate to their interests and preferences. External activities included attending social gatherings, meals out, cinema and seasonal events. Residents chose either to organise their own daily schedule or attend day services. However while there was evidence of input from an allied health professional there was no indication of regular multidisciplinary input and review of the effectiveness of the care plan.

It was evident from personal files reviewed that efforts were made to capture the residents' individual needs and choices. There was evidence of review and updating of personal files. The inspector viewed the minutes of residents' meetings which indicated that residents were offered choice around activities and meal choice and discussed any
matters of interest to them. There was evidence of family involvement in the care planning process. There was an accessible residents' handbook, statement of purpose and information about rights and advocacy. The staff members with whom the inspector spoke demonstrated an indepth knowledge of the residents, their lives, hopes and goals. The inspector observed the residents being treated with warmth and respect by staff members.

There was evidence of input from an allied health professional. For example, a recommendation for a physical support for a resident was implemented and had a positive outcome for the resident. However there was no indication of regular multidisciplinary input and review of the effectiveness of the care plan.

The person in charge described how residents were supported on moving onto more independent living. Residents had access to an independent living officer based on-site who with the person in charge developed, planned and implemented supports for residents prior to transferring to new accommodation and adapting to life in a new environment. There was an on-site independent living course which a resident had undertaken.

**Judgment:**
Non Compliant - Moderate

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**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 centre was purpose built to facilitate both long term and respite breaks for residents. The centre was located adjacent tenanted properties managed by the provider. Access to the centre was indirectly off the main road and ample car parking was provided. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There was appropriate equipment for use by residents or staff and evidence that equipment was regularly serviced and maintained. The premises was clean, well maintained with suitable heating, lighting and ventilation. There was evidence of a continuous programme of general upkeep and décor renewal.

Closed circuit television (CCTV) with a supporting policy on it's use, was used in the
**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):**

**Findings:**
The health and safety of residents, visitors and staff was promoted and protected. Documents reviewed reflected that a weekly safety and maintenance audit was carried out by staff and reviewed by the person in charge. The centre had policies and procedures relating to health and safety. The centre had a risk register inclusive of an individual risk assessment for residents. The risk register identified various risks and outlined the measures in place to mitigate the risk. The centre had an emergency plan. A visual procedure for the safe evacuation of residents and staff in the event of fire was displayed at various locations in the centre. Training for staff in fire safety was completed and records maintained. Staff and a resident voiced their knowledge of what to do in the event of a fire. Residents were included in fire evacuation training. There were regular fire drills carried out and documented. A fire evacuation chair was located at each stairwell and an evacuation sheet was located on each resident's bed. There were documented records of regular servicing of the fire alarm and fire equipment. All fire exits were unobstructed.

The centre had procedures in place for the prevention and control of infection. Alcohol hand gels, disposable aprons, hair nets and disposable gloves were provided and stored in a safe manner. The centre had a comprehensive policy to guide staff on the prevention and control of infection.

Housekeeping duties were carried out by designated staff. Guidance for staff in regard to regular deep cleaning of the centre was in place and the décor, painting or general maintenance was under regular review. Waste (domestic and recycling) was stored in designated bins in an external yard and an arrangement was in place for the regular collection by an external agency.

Admission to the centre was via a front door accessible via a fob key. A visitors' signature book was available in the reception area.

The centre had ample provision of moving and handling equipment for residents. Equipment was regularly serviced and staff had attended up-to-date training on the use...
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 centre had a policy on residents' finances and personal property and evidence that residents responsible for their own finances signed that they chose to manage their finances. There was a policy on and procedures in place for the prevention, detection and response to abuse which staff were trained on.

Staff members spoken with were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse and who to report it to. Staff had attended training on:
- the prevention of the vulnerable adult
- managing behaviours that challenge and the use of restrictive practices.

One resident reported a concern to the inspector and although it was noted that her complaint had been recorded by staff members the inspector was not provided with records that showed how each complaint was investigated in line with organisational policy. This is addressed under outcome 1.

The centre had a policy on the use of restrictive practices and also on personal intimate care. Most residents went out by day; either to a day service, to work, to college or elsewhere. Residents stated that they felt safe in the centre and spoke in a positive manner about staff and stated that they were treated with respect by staff members.

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:**
A record was maintained of all incidents and accidents that had occurred in the centre. There had been no incidents which required reporting to the Chief Inspector. A quarterly report had been provided to the Authority as required by the Regulations.

**Judgment:**
Compliant

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**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:**
Residents had opportunities for new experiences and some were attending third level colleges, attending day service facilities or had secured employment. There was a policy on education, training and employment. The residents’ files identified the employment and or training goals of each resident. Residents had the opportunity to attend the day service facilities from Monday to Friday and returned to the centre each evening. A range of activities were on offer in the day activation service and these activities included attending clubs, social gatherings, out for lunch or a coffee, social outings and seasonal events. The individual preferences of residents in relation to activities were facilitated, particularly in the evenings and at weekends. Bus trips were organised at the weekends and residents could avail of the centre's transport and bus driver for their own use. Residents also had access to the in-house day activation service where activities, for example, pottery, drama club, chess games, card games, computers, cooking, aromatherapy and hand massage were facilitated by designated staff.
**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:**

Residents were supported on an individual basis to achieve and enjoy best possible health. Residents' health care needs were met through timely access to general practitioner (GP) services, including out-of-hours. Access to appropriate treatments and allied therapies were available to residents. There were no records of multidisciplinary input although some residents have access to allied health professional through their day service. Documents reviewed reflected the active engagement of the resident in their plan since moving to the centre.

Residents who attended day services had their lunch in the day centre and their main meal on their return to the centre. Residents confirmed that they had regular meetings to discuss menu choice and activities both internal and external and discussed matters of importance to them. All meals in the centre were prepared by the staff under the tutelage of the head chef. The menu depicting the choice of the day was displayed in a prominent place. All staff had attended training on basic food hygiene and preparation and cooking of raw food. The dining room was a bright and spacious room and accommodated height adjustable tables, set in an attractive manner. Residents who were going out for the day had their breakfast in the dining room. Snacks, home baking, hot and cold drinks including fresh drinking water were readily available throughout the day. Assistive cutlery or delph was available for residents with reduced dexterity. All residents had access to an occupational therapist who regularly attended the centre. Records of resident meetings and satisfaction surveys were reviewed and they reflected that the residents were very complementary of the food on offer and happy with the centre in general. The inspector met with the head chef who confirmed she met the person in charge and staff on a daily basis. The head chef demonstrated in-depth knowledge of the residents’ dietary requirements and how she accommodated these. There was evidence that choice was available to residents for breakfast, lunch and evening dinner.

**Judgment:**

Compliant
**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

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<th>Health and Development</th>
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**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre had up-to-date operational policies relating to medication management. Medication was administered by nursing staff and social care staff. Social care staff had attended training on the safe administration of medication.

There was a comprehensive medication management policy guiding practice. Staff spoken with were knowledgeable regarding medication management policies and practices.

The inspector reviewed a sample of prescription and administration charts and noted that they contained all the information required to enable staff to safely administer medications. The administration time for medication required to be more specific, for example instead of 'morning', a specific time was required. Staff in the centre addressed this immediately. All medications were individually prescribed. The inspector noted that the maximum dosage of medicines taken as required (PRN) was prescribed and all medications were regularly reviewed by the GP.

There were no medications requiring refrigeration at the time of inspection. There were no residents self administering medication at the time. The provider in conjunction with a medical professional was undertaking to complete a risk assessment to determine the residents’ capacity and ability to self medicate.

Systems were in place for checking medications on receipt from and return to the pharmacy. Systems were also in place to record medication errors and staff spoken with were familiar with them.

Regular medication management audits were carried out by the area manager. The inspector noted that issues identified in the audits had been addressed. The centre had processes in place for the handling and safe disposal of unused medicines.

The centre had a designated fridge to store medication that required storage at a particular temperature. Daily records of the temperature of the fridge were maintained.

| 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 statement of purpose consisted of a statement of the aims of the centre and the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by Schedule 1 of the Regulations.

The statement of purpose was kept under review and was available to the residents and their relatives. The inspector found that the statement of purpose was clearly implemented in practice and reflected the ethos of providing a comfortable and safe environment.

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The person in charge worked full-time and had the skills and experience necessary to manage the centre. It was evident that the person in charge had in-depth knowledge of the residents and their backgrounds. However, there was no evidence of a record of an annual review of the quality and safety of care in the centre undertaken by the provider.
There was evidence that an unannounced inspection had taken place in the centre and evidence of learning from the inspection. The person in charge explained and demonstrated the systems and processes that were in place to ensure that services provided were monitored. These included for example, health and safety audits, staff appraisals and satisfaction surveys, review of the staff roster and staff training. However, there was no evidence of a record of an annual review of the quality and safety of care in the centre undertaken by the provider.

Minutes of staff meetings were reviewed. The minutes reflected an active engagement with staff and topics discussed ensured that the residents' welfare was on the agenda, for example, food, outings, likes and dislikes and particular needs addressed.

The person in charge regularly met with the board of management. The person in charge demonstrated a commitment to ensure that systems were in place so that the service provided was safe and appropriate to the residents' needs.

Staff were observed interacting with the residents in a warm and respectful manner. Staff stated that the centre was a happy place to work in and that they had a very positive relationship with and were supportive of the person in charge. Residents were familiar with the person in charge and staff and had engagement with members of the board of management.

**Judgment:**
Non Compliant - Moderate

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**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:**
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. A shift leader was identified to all staff on a daily basis.

**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:**
There was evidence that the person in charge monitored the centre’s resources and evidence that budgetary and finance meetings were held regularly. There was evidence of ongoing maintenance and décor.

The centre was resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

This was evident from:
- the comfortable home provided
- access to transport through the provision of a mini bus
- the good staffing levels and skill mix
- the provision of adequate and suitable equipment
- the provision of an ongoing training programme for staff.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector noted that there were adequate staffing levels and skill mix to meet the needs of residents and the safe delivery of services at the time of inspection.
There was a planned rota system and residents received continuity of care.

There was a comprehensive staff recruitment policy based on the requirements of the regulations.

The management team were committed to providing ongoing training of staff which reflected the statement of purpose. Staff spoken with confirmed that they had attended ongoing training and records of training were maintained in staff files. Training included safe administration of medications, epilepsy and rescue medication, hand hygiene and fire safety training.

**Judgment:**
Compliant

**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that records as required by the regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly. All policies as required by Schedule 5 of the Regulations were available and up to date.

**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:*

Cora McCarthy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Centre name: A designated centre for people with disabilities operated by Doorway to Life Ltd

Centre ID: OSV-0002411

Date of Inspection: 18 & 19 October 2017

Date of response: 07 December 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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
The following documents are already in place:
• A Complaints Log detailing the date, type of complaint, action taken and resolution.
• Records of verbal and informal complaints detailing the date, name of Complainant, outcome sought, action taken and outcome achieved. This document also records if the Complainant was satisfied with the outcome and if any further action is required. It is signed by the Complainant and the Complaints Officer or member of staff dealing with the issue.
• Complaint reports of formal complaints
• Complaint statistics which are forwarded twice yearly to the HSE.

**Proposed Timescale:** 07/12/2017

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**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Residents require communication assessment in order to meet their assessed needs

2. **Action Required:**
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

**Please state the actions you have taken or are planning to take:**
Abode will request the most recent communication needs report from the relevant therapist.

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

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Ensure that there is regular multidisciplinary input of residents' care plans.

3. **Action Required:**
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.
Please state the actions you have taken or are planning to take:
Abode will convene a multidisciplinary team to ensure the personal plan reviews are multidisciplinary.

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

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Ensure that there is review of the effectiveness of the residents' care plans.

**4. Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The processes for this which are already in place are that all achievements and progressions are documented to ensure the effectiveness of the care plans. These care plans have been and are reviewed on a quarterly basis.

**Proposed Timescale:** 07/12/2017

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**5. Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
An annual review of the quality and safety of care and support will take place at Abode.

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