<table>
<thead>
<tr>
<th>Centre name:</th>
<th>James Connolly Memorial Residential Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002502</td>
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<tr>
<td>Centre county:</td>
<td>Donegal</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Jacinta Lyons</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Stevan Orme</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>16</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>07 November 2017 09:00</td>
<td>07 November 2017 18:45</td>
</tr>
<tr>
<td>08 November 2017 08:50</td>
<td>08 November 2017 16:38</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection:
This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The centre had been previously inspected on the 8 November 2016 and as part of the current inspection, actions taken by the provider to address the findings from the previous inspection were reviewed by the inspector.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided full-time residential services to adults with
a disability.

How we gathered our evidence:
During the inspection, the inspector met with fifteen residents in a variety of group settings. In addition, the inspector met 13 staff members and had the opportunity to speak with five family members about the care and support their relatives received. The inspector interviewed the person in charge, observed practices and reviewed documents such as personal plans, risk assessments, activity logs, healthcare records and staff files.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a congregated setting located on the grounds of a community hospital on the outskirts of a town and was close to local amenities.

Overall Findings:
The inspector found that residents were supported by staff to make choices and in-line with their assessed needs. Residents participated in a range of activities both within the centre and the wider community; however, the inspector found that opportunities to access community activities were on occasions limited due to the skill mix of staff available.

Although residents received a good standard of care and support, the design and layout of the centre did not ensure that residents had adequate personal space in-line with the regulations. However, the person in charge told the inspector that no new admissions were being accepted at the centre and the provider was sourcing more suitable accommodation as part of its de-congregation programme in the local area.

In addition, the provider’s governance arrangements had not ensured that the premises’ condition was maintained to a good standard and identified risks were addressed in a timely manner or within specified timeframes.

Residents were supported to maintain relationships and family members who spoke to the inspector were complimentary about the service provided.

The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on the residents’ needs and their responsibilities under regulation.

Summary of regulatory compliance:
The centre was inspected against 18 outcomes. The inspector found compliance in eleven outcomes with positive focus on supports provided to residents in the areas such as personal plans, healthcare, and communication and safeguarding.

The inspector found major non-compliance in one outcome, moderate non-compliance was found in five outcomes and substantial compliance was found in one
outcome.

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.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>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.</td>
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| Theme: |
| Individualised Supports and Care |

<table>
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<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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| Findings: |
| Residents were involved in making decisions about the centre. However some practices had not been reviewed in-line with the residents’ right to privacy. |

Residents’ privacy and dignity was promoted through the use of privacy screening in the shared dormitories and rooms. However, staff conducted regular night-time monitoring checks in response to healthcare and safeguarding concerns. Although, risk assessments had been completed on the need for the checks, these had not taken into account the practices’ impact on residents' privacy.

The provider's complaints policy was up-to-date. Information on the provider’s complaints officer and advocacy services was displayed at the centre. Residents had access to an easy-to-read version of the policy and information on the Health Service Executive's confidential recipient. Family members from discussions with the inspector were aware of how to make a complaint if they had any concerns. The centre maintained a log of complaints which included actions taken in response and the complainant’s satisfaction with the outcome.

Residents attended regular residents' meetings and were involved in decisions on the weekly menu and social activities. Where residents were unable to communicate their choices, staff advocated on their behalf based on residents' known personal preferences and likes.

Where residents required support with their finances, their money was stored securely, with all transactions recorded and receipted in-line with the provider's policy.
Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that residents were supported to communicate their needs and wishes.

Residents’ personal plans included an assessment of their communication needs and indicated any communication aids required which reflected staff knowledge. The inspector observed the use of pictorial notice boards to tell residents which staff were working at the centre each day as well as planned activities. In addition, some residents used electronic tablets with installed communication applications to express their needs.

Residents had access to the telephone, newspapers, radio and television at the centre.

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 were supported to maintain relationships and engage in activities in their local community.
The provider had an up-to-date visitor’s policy and provided facilities for residents to meet their families and friends in private.

Families told the inspector that they regularly visited their relatives without any restrictions, and residents were supported to go on home visits by staff.

**Judgment:**
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

**Theme:**
Effective Services

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

**Findings:**
The provider had an admission and discharge policy in place with written agreements in place for residents.

The provider's admission and discharge policy was up-to-date and reflected the centre's statement of purpose. At the time of the inspection, no new admissions were being accepted to the centre.

Residents had accessible written agreements which listed the weekly rent and additional costs to be met by residents; such as community activities, clothing and personal toiletries. Written agreements reflected the services provided and were signed by the provider and the resident or their representative.

**Judgment:**
Compliant

**Outcome 05: Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.
Theme:
Effective Services

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

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

Residents’ personal plans were comprehensive and included assessments support needs in areas such as healthcare, relationships, behaviour that challenges, independent living skills and eating and drinking. Personal plans were up-to-date and reflected both staff knowledge and observed practices during the inspection.

Plans were available to residents in an accessible format and included their personal goals. Goals were agreed with residents at least every three months. Goal planning records included the goal’s outcome, named staff supports and expected date to achieve.

The previous inspection had found that residents’ progress towards personal goals was not regularly evaluated. Following the last inspection, goal progress was recorded and discussed as part of annual personal plan reviews.

Residents’ personal plans were subject to annual review which looked into its effectiveness in meeting all assessed needs. Annual reviews were attended by the resident, family members, centre staff and multi-disciplinary professionals such as psychiatrists and occupational therapists.

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 centre’s premises were not in a good state of repair and did not meet regulatory requirements.

The centre was a congregated setting located within the grounds of a community hospital on the outskirts of a town.

The centre’s design and layout did not provide adequate private space for residents’ in-line with Schedule 6 of the regulations. Although the bedrooms had screening in place to promote residents’ privacy, the majority of residents did not have their own bedroom and either shared a room or slept in a dormitory ward. The person in charge told the inspector that due to the building’s constraints, no new admissions were being received and as part of the provider’s de-congregation strategy more suitable accommodation was being developed in the local area.

The centre’s premise was not maintained to a good level of repair and decoration. The inspector observed the following during the inspection.

- Uneven, damaged and stained floor surfaces
- Damaged and cracked bathroom tiling
- Damaged and stained ceiling tiles
- Flaking and marked paint work
- Unpainted repaired plasterwork

Although, private space was limited at the centre, residents had access to communal facilities rooms’ in-line with their needs such as multiple dining rooms, activity rooms and a multi-sensory room.

The centre had a large central kitchen which the residents or staff were unable to access due to the food safety procedures, however they had access to a kitchenette for the preparation of meals, snacks and drinks.

The centre was equipped with a sufficient number of bathrooms and toilets, which included two adapted baths. Furthermore, residents had access to laundry facilities and suitable arrangements were in place for the safe disposal of general and clinical waste at the centre.

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

Findings:
Although residents were safe at the centre, the inspector found that not all risks related to the centre had been addressed by the provider.

The previous inspection found that identified risks did not include control measures to reduce their impact. Following the last inspection, the person in charge ensured that an up-to-date risk register was maintained and risk assessments included control measures implemented to reduce the risk’s impact.

Risk assessments were regularly reviewed and reflected staff knowledge. However, although escalated by the person in charge in-line with the risk management policy, not all risks such as those which related to the condition of the premise had been addressed by the provider. Furthermore, the inspector found that a fire safety report’s recommendation to upgrade the centre’s fire doors had not been implemented.

The provider’s risk management and health and safety policies were up-to-date and reflected both staff knowledge and observed practices during the inspection. Furthermore, a record of all accidents and incidents was maintained, with significant events discussed as part of regular staff meetings.

The previous inspection had found that not all staff had received manual handling training. The inspector reviewed staff records and found that all staff had now received up-to-date manual handling training in-line with the provider's policies.

Information on hand hygiene and the prevention of infectious diseases was displayed at the centre, with equipment such as hand sanitisers, protective gloves, aprons and segregated waste disposal facilities being available. Records showed that all staff had completed up-to-date hand hygiene training.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Fire safety equipment was regularly serviced by an external contractor; however, weekly internal checks on equipment had not been completed in-line with the provider's policies.

The previous inspection had found that the centre’s evacuation plan did not reflect measures to evacuate residents in the event of a fire. The inspector reviewed the centre’s evacuation plan which was up-to-date and reflected staff knowledge in regards to the compartmentalised evacuation of the centre and access to additional staff.

Regular simulated fire drills were conducted at the centre involving both staff and residents, and all staff had received up-to-date fire safety training.

The previous inspection had found that residents' individual evacuation plans did not provide clear guidance on how to support residents. The inspector reviewed residents’ ‘Personal Emergency Evacuation Plans’ (PEEPs) and found that they were up-to-date, included any equipment or assistance required by residents and reflected staff knowledge.
Judgment:
Non Compliant - Moderate

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

Findings:
Residents were protected from harm and supported to positively manage behaviour that challenges.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Staff had received 'safeguarding of vulnerable adults' training and their knowledge on what might constitute abuse and the actions to take was in-line with the provider's policy.

Information on the provider's safeguarding of vulnerable adults’ policy and designated safeguarding officer was prominently displayed at the centre.

Safeguarding plans were robust in nature and reflected staff knowledge. In addition, plans were regularly reviewed to ensure their effectiveness with additional measures being implemented if required such as 'one-to-one staffing'.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. Regularly reviewed risk assessments were in place for restrictive practices in use at the centre such as the locking of rooms and doors. The previous inspection had found that assessments had not been completed on the use of bed rails. Following the last inspection, assessments had been completed on both the use of bed rails and wheel chair lap belts by a suitable qualified person.

Residents' behaviour support plans were reviewed regularly and reflected staff knowledge. Furthermore, plans were developed by a suitably qualified person and included both proactive and reactive support strategies. Staff had also received positive behaviour management training in-line with the provider's policies.
### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**Findings:**
The person in charge maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA). However, the inspector found that not all notifications had been submitted to the Chief Inspector in accordance with regulatory timeframes.

**Judgment:**
Non Compliant - Moderate

### 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 were supported to access social activities which reflected their assessed needs, preferences and interests.

The centre had an up-to-date policy on supporting residents to access education and training which was further reflected in the statement of purpose. However, although residents accessed regular day services they were not engaged in educational or training opportunities at the time of the inspection.

Staff told the inspector that residents were supported to access a range of activities...
both at the centre and in the local community which was reflected in personal plans and activity records. For example, residents were supported to visit their families, go on holiday, access local shops and cafes and participate in therapeutic activities such as reflexology and music therapy.

**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:**
Residents were supported to manage their health in-line with their assessed needs.

The inspector reviewed residents' healthcare records and found that they had access to a range of allied healthcare professionals such as a general practitioner (GP) of their choice, psychiatrists, speech and language therapists, physiotherapists and dentists. The inspector found that where residents had specific medical conditions or dietary needs they were supported in-line with their assessed needs, and staff knowledge and training reflected protocols sampled. In addition, residents had 'end of life' plans in place which had been developed in conjunction with their families and their representatives.

Meals were provided by a full-time chef and food records showed that a choice of two meals was provided at both lunch and dinner time. In addition, special dietary requirements were catered for in-line with the recommendations of both dietitians and speech and language therapists. Further meal alternatives such as sandwiches and salads were available and residents had access to snacks and refreshments throughout the day.

The inspector found that meal times were social in nature with residents having a choice about eating as a group or separately. Where residents required staff support to eat and drink, this was provided by staff in a sensitive manner and directed by the resident’s needs.

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

**Findings:**
The centre's medication arrangements reflected the provider's policies and procedures.

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on administration times, route and dosage. In addition, a signature bank was maintained of staff trained to administer medication at the centre.

Assessments had been completed on residents' abilities to take responsibility for their own medication, although no residents' self-administered medication at the time of the inspection.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as emergency epilepsy medication and the management of behaviour and found that they were regularly reviewed and reflected staff knowledge.

The previous inspection had found that arrangements were not in place for the segregated storage of out-of-date or discontinued medication. Following the last inspection, the inspector found that all medication was securely stored at the centre, with segregated storage arrangements in place for medication to be returned to a local pharmacy for disposal.

Regular medication audits were carried out on the centre’s management team including administration records and the use of 'as and when required' medication was in-line with the provider's policies.

**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 centre’s statement of purpose was regularly reviewed and reflected the services and facilities provided. In addition, the statement of purpose was available in an accessible version to residents.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Although residents were supported in-line with their assessed needs, the provider’s governance arrangements had not ensured that all risks were suitably addressed.

The provider’s management structure was reflected in the centre’s statement of purpose and staff knowledge. The person in charge was full-time, based at the centre and suitably qualified. In addition, the person in charge was knowledgeable on residents’ needs and their responsibilities under the regulations. The person in charge was supported by a clinical nurse manager (CNM2) who was listed as a ‘person participating in management of the centre’.

The person in charge or CNM2 held regular team meeting with staff and minutes showed discussions on all aspects of the centre’s operation such as residents' needs, accidents and incidents and the provider's policies. Staff told the inspector that the centre’s management team were approachable and they would have no reservations about raising any concerns to them.

The person in charge conducted regular management audits on practices at the centre with their findings being discussed at staff meetings and actions addressed within
agreed timeframes. Where identified actions could not be addressed by the person in charge such as the condition of the premise, they had been escalated to senior management. However, the inspector found that these risks had not been addressed by the provider.

Furthermore, although following the previous inspection, the provider had commenced regular six monthly unannounced visits to the centre; they did not ensure that identified areas for improvement were addressed. For example, damaged flooring identified in the visit report in January 2017, was also identified in July 2017 and had not been addressed on the day of inspection.

In addition, a fire safety inspection report’s finding on the centre’s fire doors had not been addressed within the recommended 12 month timeframe.

The previous inspection had found that an annual review of the care and support provided at the centre had not been completed. Following the last inspection, an annual review was completed by the person in charge and available on the day of inspection.

**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:**
The provider had suitable arrangements in place in the absence of the person in charge.

The person in charge confirmed their understanding of the requirement under the regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. However, no instances of this nature had occurred to date. Furthermore, staff were aware of the arrangements in place to manage the centre in the person in charge’s absence.

**Judgment:**
Compliant
Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

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

**Findings:**
The inspector found the services and facilities provided reflected the statement of purpose and residents' assessed needs.

The inspector found that staffing levels and resources were sufficient to meet residents' needs and reflected both personal plans and risk assessments examined.

In addition, up to six suitably adapted vehicles were available to support residents to access local amenities such as shops, cafes and places of interest.

**Judgment:**
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

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

**Findings:**
Although staffing arrangements ensured that residents' assessed needs were met, the staff skill mix did not consistently facilitate both access to community activities and the management of healthcare. In addition, not all information required under Schedule 2 of the regulations was available in staff personnel files.

An actual and planned roster was in place at the centre which reflected planned staff absences, training and the use of temporary workers. The inspector noted that regular temporary workers were used at the centre to ensure consistency of care for residents.
which was further reflected in discussions with staff.

Rosters sampled showed that sufficient numbers of staff were available to met residents’ needs as described in personal plans reviewed. However, the skill mix of staff did not consistently allow for both the support of residents' healthcare needs and community activities. For example, emergency epilepsy medication could only be administered by nursing staff; however, only one nurse was available on occasions, which resulted in planned community activities being postponed.

Throughout the inspection, residents received support in both a timely manner and appeared both relaxed and comfortable with the support being provided by staff.

Staff told the inspector that they felt supported by the management team and found them to be both accessible and responsive to their needs and concerns. Staff attended regular team meetings and completed annual personal development plans (PDP) with the management team, which looked at their roles, responsibilities and future training needs.

Records showed that staff had access to mandatory training such as fire safety and manual handling, as well training specific to residents’ needs such dementia awareness and end of life care.

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

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 person in charge and provider maintained all records required under the regulations; however, the centre’s directory of residents did not reflect all the required information.

The inspector found that the centre maintained up-to-date records which related to residents as required under Schedule 3 of the regulations such restrictive practices records, healthcare records and incidents and accident reports.

However, the centre’s directory of residents did not contain all information required under regulation such as general practitioner’s contact details and the name and address of the authority, organisation or other body that arranged the resident’s admission to the centre.

The centre ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available as well as resident written agreements and records of food provided as required under Schedule 4 of the regulations.

The inspector reviewed the centre's policies and procedures and found that all policies required under Schedule 5 of the regulations were in place and reviewed in-line with regulatory timeframes.

The centre had an up-to-date insurance policy against accidents or injury to residents, staff and visitors.

**Judgment:**
Substantially 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:**

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report¹

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002502</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>07 November 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>8 December 2017</td>
</tr>
</tbody>
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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 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

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

The inspector found that monitoring arrangements for residents' needs had not assessed the practices' impact on residents' right to privacy.

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
The Provider will arrange a review of the Service Policy in terms of providing night time checks for residents within residential Services. This review will take into account individuals needs and healthcare management as well as dignity and privacy matters.

**Proposed Timescale:** 28/02/2018

**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 inspector observed that the centre had not been kept in a good state of repair by the provider.

2. **Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
Essential Works within the facility have been identified in order to keep the building in a good state of repair both internally and externally. These works have been costed and will be included in the minor capital submission for 2018. It is expected that the identified works will be completed by August, 2018. This is subject to funding being made available from the CHO1 minor capital allocation.

**Proposed Timescale:** 31/08/2017

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that the design and layout of the centre did not meet the requirements of Schedule 6 of the regulations in regards to the provision of adequate private accommodation for residents.

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:**
A De-congregation Plan is currently being developed for specific Residential Services within CHO1. This plan encompasses the de-congregation of this centre which will facilitate the transition of all residents to move to more suitable accommodation within the Community. Funding for the CHO1 de-congregation plan, of the identified priority centres, has been submitted nationally. This work will be completed by 31.12.2018 subject to funding being made available. The provider will provide regular updates to the authority with regard to de-congregation of the Centre.

**Proposed Timescale:** 31/12/2018

### 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 inspector found that not all identified risks had not been suitably addressed by the provider.

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

**Please state the actions you have taken or are planning to take:**
Essential Works within the facility have been identified and will be carried out in order of priority as identified in the Risk assessments. These works have been costed and will be included in the minor capital submission for 2018. It is expected that the identified works will be completed by August, 2018. This is subject to funding being made available from the CH01 minor capital allocation.

**Proposed Timescale:** 31/08/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector found that fire safety checks had not been completed in-line with the provider’s policies.

**5. Action Required:**
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has implemented a system of Fire safety checks which are being completed each Monday.
Proposed Timescale: 04/12/2017

**Outcome 09: Notification of Incidents**

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that not all notifications submitted to the Chief Inspector had occurred within the regulatory timeframe.

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

Please state the actions you have taken or are planning to take:
The Person in Charge or the Person participating in management of the Centre will ensure all notifications are submitted to the Authority within the appropriate timeframes.

Proposed Timescale: 04/12/2017

**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 inspector found that the provider's governance and management arrangements had not ensured that the recommendations of both internal and external reports had been implemented within agreed timeframes.

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:
1. The Person in Charge has identified the necessary works that are required via Risk Assessments. These matters have been escalated to the Estates Department.
2. Estates Department will review the works required and will provide information to the Person in Charge with regards to work to be completed and timeframes for completion of same.
3. The identified works will be completed by 31.08.2018
Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that the staff skill mix did not at all times facilitate both residents’ healthcare needs and community activities.

8. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
1. The Person in Charge and the Person participating in the management of the Centre have drafted a protocol for the handover of emergency medication to Healthcare Assistants.
2. Staff training will be completed by March 31st 2018.


Proposed Timescale: 31/08/2018

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that staff personnel files did not contain all information required under regulation.

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

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that all garda vetting documentation will be in place for staff.

Proposed Timescale: 31/03/2018
Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that the centre’s directory of residents it did not contain all information required under regulation.

10. Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 Person in Charge will ensure that the name of the referrer and the addresses of the General Practitioners will be added to the directory of Residents.

Proposed Timescale: 31/12/2017