**Health Information and Quality Authority Regulation Directorate**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cill Aoibhinn Group Home and Ballydevitt Group Home</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002503</td>
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<tr>
<td>Lead inspector:</td>
<td>Anne Marie Byrne</td>
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<tr>
<td>Support inspector(s):</td>
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<td>Type of inspection</td>
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<tr>
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<td>Number of vacancies on the date</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 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:
05 December 2017 10:00 05 December 2017 19:30
06 December 2017 08:30 06 December 2017 13:30

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

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

Summary of findings from this inspection

Background to the inspection:

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

How we gathered our evidence:
The inspector met with eight residents, four of whom spoke directly with the inspector about the service they receive. The inspector also met with four staff members, a family member, the person in charge and the provider's representative during the inspection process. The centre consists of two houses in close proximity to each other and both houses were visited by the inspector during the course of the inspection. The inspector reviewed practices and documentation, residents' files, staff files, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This centre is managed by the Health Service Executive (HSE) and is located outside a town in Co.Donegal. The centre provides residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service can accommodate twelve male and female residents, from the age of 18 years upwards. One of the houses provides accommodation for eight residents while the second house provides accommodation for four residents. There were no vacancies or planned discharges at the time of inspection.

The person in charge had overall responsibility for the centre and is based in the centre on a full-time basis. He visits each house regularly each week to meet with residents and staff. Each house had a kitchen and dining area, sitting rooms, a relaxation room, shared bathroom facilities and single and shared bedrooms for residents. Ramped garden access was also available to residents who were wheelchair users.

Overall judgment of our findings:

Of the nine actions that were required from the previous inspection, nine were found to be satisfactorily completed. Of the 18 outcomes inspected on this inspection, nine outcomes were compliant, two outcomes were substantially compliant and six outcomes in moderate non-compliance. A major non-compliance was found in relation to workforce.

The findings and their actions are further outlined in the body of the report and the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
Overall, the inspector observed that residents were consulted with, and participated in decisions about their care and in the operations of the centre. Advocacy services were available to residents and information on how to access these services were displayed in the centre. Throughout the inspection, staff were observed to interact well with residents and spoke very respectfully of them with the inspector. The provider also had systems in place for the management of complaints received; however, some improvements were required to the systems in place for the monitoring of residents’ personal finances.

There were no complaints being investigated at the time of this inspection. The provider had a system in place for the recording, response, management and appeal of all complaints received. Records of previous complaints received were reviewed by the inspector and were found to detail the nature of complaints, their management and outcome and the satisfaction level of the complainant. An easy-to-read complaints procedure was displayed in the centre for residents to reference.

Residents' meetings were occurring on a weekly basis, where residents were consulted in areas such as menu planning, activity planning and other areas of interest to them. Residents were involved in the planning of their care, with some residents’ signatures observed on agreed personal plans. Of the twelve residents living in this centre, two residents chose to share a bedroom. Although these bedrooms had bed screening in place, the inspector observed it did not allow for adequate privacy arrangements. In addition, one shared bedroom had a wall protector, which was previously put in place to meet the needs of a previous admission to the centre. However, residents who were
now sharing this bedroom, were not consulted with to identify if they wished to keep this feature or have it removed.

Residents’ money was maintained by the centre and each resident had their own money box and transaction record. Financial competency assessments were completed for each resident, which clearly guided on the support each resident required with managing their money. The management and monitoring of residents’ finances was supported by a local procedure which guided on the frequency of balance checks to be completed by staff and on the maximum sum of money that the centre could maintain for residents. However, the inspector observed that the guidance on the maximum sum to be maintained was not always adhered to. Furthermore, the frequency of balance checks were also not occurring in line with this procedure.

Judgment:
Non Compliant - Moderate

**Outcome 02: Communication**

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

**Theme:**
Individualised Supports and Care

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

**Findings:**

Some residents living in this centre had assessed communication needs and the inspector found the provider had systems in place to enable these residents to effectively communicate their wishes. Communication guidelines were in place for residents who required them and were found to guide on residents' preferred communication style.

Residents had access to local newspapers, television and radio. Some residents were also supported to use their mobile phone. Easy-to-read versions of the complaints procedure and fire procedure were available in the centre for residents to reference. The inspector observed some residents' personal plans and personal goals were supported by photographs for residents with specific communication needs, which enabled one resident to show the inspector her personal goal progression through the use of photographs.

However, internet access was not available to residents in the centre.

**Judgment:**
Substantially Compliant
### Outcome 03: Family and personal relationships and links with the community

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents were supported to maintain contact with their family, friends and local community. Staff told the inspector that residents’ families and friends were welcomed into the centre and residents were supported to meet with their visitors.

Staff regularly made contact with residents’ families and representatives where changes to residents' care occurred. The inspector met with one family member during the inspection, who spoke highly of the communication the centre maintained with her about her relative.

Residents were regularly supported to access the local community, with residents frequently visiting local amenities in the nearby town and surrounding areas.

**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:**
Residents had a written agreement in place which outlined the fee each resident was required to pay, the services they received and any additional costs which they may incur.
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):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found the provider had adequate arrangements in place to meet the social care needs of residents. However, some improvements were required to the development of residents' personal goals.

The inspector found adequate staffing arrangements were in place to meet the social care needs of residents. Many residents living in the centre attended day services five days a week. Residents also had a variety of activities available to them in the evening and at weekends including attendance at local events, trips to the cinema, aqua aerobic classes and they regularly attended the local drama society. Internal activities were also provided including weekly art and music therapy sessions. Residents who spoke with the inspector told of their upcoming party plans, past summer holidays and of their regular visits to their family home. One resident told the inspector how staff provide residents with the local newspaper each week to see if they want to attend advertised local events. Staff who spoke with the inspector stated that they had sufficient staffing levels, supports and transport arrangements in place to enable them to consistently meet the social care needs of residents.

A comprehensive assessment and personal planning process was in place for each resident, with reviews occurring on an annual basis. Each resident had a copy of their personal plan in their bedroom and each resident had an allocated key worker available to them. Personal plans had photographs for residents to reference and residents' signatures were observed on agreed personal plans. A system for the development, review and achievement of personal goals was in place, however, the inspector observed gaps in ensuring personal goals were identified for all residents.

No residents were preparing to transition from the centre at the time of this inspection.
Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The action required from the last inspection was found to be satisfactorily completed. Overall, the inspector found both houses in this centre to provide residents with a comfortable, homely environment to live in.

The centre comprised of two houses which were located in close proximity to each other on the outskirts of a town. One house was a bungalow and the other was a two-storey house, with office space on the upstairs floor of the building. Each house was warm, clean and tastefully decorated. Each house had a kitchen and dining area, sitting rooms, shared bathrooms, shared toilets and bedroom spaces. Two residents shared one bedroom and all other bedrooms were single occupancy bedrooms. Ramped access was provided to the front and back door of one house to meet the mobility needs of the residents who lived there. Resident had access to paved garden spaces both to the front and rear of each house.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Overall, the inspector found the health and safety of staff, visitors and residents was
promoted. However, some improvements were required to the fire safety and risk management systems in place.

The provider's representative told the inspector that senior management of the service had plans in place to conduct a re-assessment of the centre's fire safety arrangements. During this inspection, the inspector observed inadequate fire doors were in place to allow for the containment of fire. In addition, inadequate emergency lighting was provided to safely guide towards all fire exits. These non-compliances were brought to the attention of the provider representative, who assured these areas would be addressed as part of the fire assessment of the centre.

The provider had systems in place for the regular maintenance and checking of fire equipment, fire exits and emergency lighting. A zoned fire alarm system was in place to assist staff to identify the location of fire. Staff who spoke with the inspector were knowledgeable of the fire procedure and of their responsibility in safely evacuating residents from the centre in the event of a fire. Some residents who spoke with the inspector told of their involvement in fire drills and knew where the fire assembly point was located. However, some staff were unclear as to the support arrangements available to them at night should they require assistance with evacuating residents. Although the fire procedure was displayed in the centre, it did not advise staff on where they could access support in such circumstances.

Fire drills were occurring on a regular basis and the records reviewed by the inspector demonstrated that staff could evacuate residents. Since the last inspection, the provider had conducted fire drills with minimum staffing levels present, with the last such drill recorded in March 2017. However, this drill was not successful as not all residents wished to take part in this drill, but these residents agreed to take part in subsequent fire drills. However, the inspector observed these subsequent drills did not involve minimum staffing levels. This was brought to the attention of the person in charge on the day of the inspection.

Each resident had a personal evacuation plan in place which guided on the level of support each resident would require during an evacuation. However, some evacuation plans did not describe the use of ski-sheets or guide on responding to residents who may resist attempts to evacuate the premises, as identified in previous fire drills. In addition, personal evacuation plans did not identify if the retrieval of emergency medicines was required as part the safe evacuation of residents with specific healthcare needs.

Systems were in place for the risk assessment of residents' specific risk. A health and safety register was in place for the management and review of organisational risk, however; improvements were required to the organisational fire risk assessment. The inspector observed the provider failed to ensure this risk assessment adequately described the controls in place to mitigate the current risk posed to fire containment.

Although staff had received manual handling training, some staff required refresher training.
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):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found residents living in the centre were safeguarded from all forms of abuse. Systems were in place to support residents with behaviours that challenge. No actions were required from the last inspection; however, upon this inspection, some improvements were required to the risk assessment of some restrictive practices.

Where residents experienced behaviours that challenge, behaviour support plans were in place. Staff who spoke with the inspector were very knowledgeable of residents' behaviours and of how they were required to respond and support residents with these behaviours. Although training records identified staff had received training in the management of behaviours that challenge, a number of staff required refresher training. This was brought to the attention of the provider representative, who told the inspector that plans were in place to provide refresher training to these staff members.

There were no active safeguarding plans in place at the time of this inspection. Staff and residents who spoke with the inspector were aware of who to report safeguarding concerns to. One staff member required training in safeguarding and the person in charge told the inspector that this was scheduled to occur in the coming weeks.

There were a number of restrictive practices in place including chemical, environmental and physical restraints. Staff who spoke with the inspector were aware of the appropriate application of these and regular resident checks were in place while these restrictions were in use. During the inspection, the inspector observed that some restrictive practice protocols were not in place for the use of physical restraints. However, while the person in charge rectified this before the close of the inspection, the inspector also observed up-to-date risk assessments were not in place for some residents in use of bedrails.
**Judgment:**
Non Compliant - Moderate

**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:**
On the day of inspection, the inspector found that the person in charge maintained an accurate record of events which are required to be notified to the chief inspector.

**Judgment:**
Compliant

**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:**
Upon this inspection, the inspector found that residents were supported to participate socially and develop skills in activities suitable to their age, interests and needs.

Residents were also supported to access the community regularly to go to local events, the shops and local amenities. On the day of inspection, a group of residents were preparing to attend the anniversary mass of a friend of theirs. Many of the residents living in the centre attended day services five days a week, and here some residents were allocated roles and responsibilities such as head of recycling. Residents who spoke with the inspector told of other personal development activities they were involved in as part of their day service. Other residents were observed to be supported by staff in writing their Christmas cards to family and friends.
No residents were in education at the time of this inspection.

**Judgment:**
Compliant

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**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:**
Upon this inspection, the inspector found residents' healthcare needs were met in-line with their personal plans and through timely access to healthcare services.

Residents had access to allied healthcare professionals and records of which professional were involved in residents' care were maintained. A comprehensive assessment and personal planning process was in place to support residents who had specific healthcare needs. Where residents had assessed healthcare needs, the inspector found staff could demonstrate how they support these residents each day. Personal plans for residents with assessed healthcare needs were found to provide clear guidance on the level of care and support they required.

Each house had kitchen and dining facilities for residents. One house had a purpose built kitchen, where meals were prepared by an appointed cook. Kitchenette facilities were also available to residents in this house if they wished to avail of snacks and refreshments. Residents were supported by staff to bake and assist in the preparation of meals, with one resident observed by the inspector to help with the unloading of the dishwasher. Daily picture format menus were available to residents and residents' menus were determined by the likes, dislikes and personal requests of residents.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

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

Findings:
The action required from the previous inspection was found to be satisfactorily completed. However, upon this inspection improvements were required to some prescribing and administration practices.

Medicines were administered by staff nurses and healthcare assistants working in the centre. Where medicines were administered by healthcare assistants, training in the safe administration of medicines was provided to these staff members. Since the last inspection, medicine storage cabinets were relocated to ensure they were not stored close to radiators. Medicines were found to be securely stored in each house, with some dispensed using blister packs and others using original packaging. Medicines were clearly labelled with the residents' details.

Prescription records provided details on the residents' identification, displayed residents' photographs and medicines prescribed were signed by the residents' general practitioner (GP). However, prescription records did not contain all information as set out in the centre's medication policy including residents' allergies and residents' address. The inspector also observed that not all discontinued medicines were appropriately discontinued on prescription records, which was not line with the centre's medication policy.

There was a separate system in place for the prescribing of 'as required' medicines. However, the inspector observed further gaps in the adherence to the centre's medication policy in the administration of these medicines. Some 'as required' medicines were observed to be administered on very regular basis, with some administered 30 times in a 31 day period. Although the medication policy guided that the administration of these medicines required prior review by a staff nurse, or in the event that the staff nurse was unavailable to review, healthcare assistants were to reference an associated care plan for guidance on administration. However, this did not always occur. Furthermore, there was no system in place to review the frequency of administration of 'as required' medicines to ensure residents received a review from their GP, in line with the medication policy.

The inspector also reviewed medication administration records and observed that some skin dressings were prescribed on a regular basis, however; these were being administered on an 'as required' basis. These findings were brought to the attention of the person in charge who informed the inspector that plans were in place from the 11th of December, 2017 to review these practices.

No residents were taking responsibility for the administration of their medicines. Some residents had assessments completed to assess their capacity to take responsibility for their own medicines, with four assessments commencing the week starting the 11th of December, 2017.
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<th><strong>Judgment:</strong></th>
<th>Non Compliant - Moderate</th>
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### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The provider had a statement of purpose in place which accurately described the services it intended to meet. The inspector found this document contained all information as required by schedule 1 of the regulations.

**Judgment:**
Compliant

### Outcome 14: Governance and Management

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The actions required from the previous inspection were satisfactorily implemented. Upon this inspection, improvements were required to the provider's systems for the review of safe and quality care to residents.

The person in charge had overall responsibility for the centre and was supported in his role by the provider's representative. He was very familiar with the service, had
over 20 years management experience, was aware of residents' needs and was familiar with the staff working in the centre. The person in charge held an administrative role and visited each house in the centre regularly each week to meet with residents and staff. Regular staff meetings and management meetings were occurring within the centre and the person in charge met regularly with the provider's representative. Staff who spoke with the inspector said they felt supported by the current governance and management arrangements.

The provider had systems in place to monitor the delivery of safe and quality care to residents. Since the last inspection, arrangements had been put in place for the completion of the annual review and six monthly unannounced visits. Internal audits were also completed on a three monthly basis including restrictive practices, medication management, fire safety, residents' finances, complaints and infection control. The inspector reviewed the findings of some recently completed audits and although they did identify areas of improvement, the audits failed to identify other areas non-compliances with the regulations with regards to fire safety, medication management and restrictive practices. For example, the inspector reviewed a recent audit of restrictive practice and the six monthly unannounced visit audit, which failed to identify gaps in the assessment of some restrictive practices. A recent fire safety audit was also found by the inspector to fail to identify areas of non-compliance.

**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 arrangements in place for the management of the centre in the absence of the person in charge. The person in charge told the inspector, that in his absence, another person in charge for the service would be responsible for the running of the centre.

**Judgment:**
Compliant
### Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

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

**Findings:**
The inspector found no gaps in the resources provided by the provider to meet the needs of the residents living in the centre. Adequate resource arrangements were in place with regards to staffing, transport and facilities.

**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 action required from the last inspection was found to be satisfactorily completed. However, some improvements were required to the maintenance of schedule 2 documents and to staff training.

Overall, the inspector found the provider had adequate staffing arrangements in place to meet the assessed needs of residents. There was a planned and actual roster for the service which clearly outlined the names of staff on duty and their start and finish times.

The person in charge had a process in place for the supervision of staff and staff training records were maintained at the centre.

The inspector also reviewed a sample of staff files, which identified gaps in the maintenance of appropriate garda vetting records.
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:  
On the day of inspection, the inspector found that records and documentation supported the delivery of care in the designated centre.

The inspector reviewed Schedule 5 policies within the centre and found that one policy in regards to recruitment, selection and garda vetting of staff had not been reviewed on a minimum three yearly basis. All other policies were in place and review dates of these policies were in line with the regulations.

The person in charge and staff working in the centre informed the inspector that some residents had refused to receive treatment for a condition they were diagnosed with. Although personal plans were in place to support staff to care for this resident, there was no record maintained of this residents' decision not to receive medical treatment.

The inspector also reviewed Schedule 3 records and found that these were in line with the regulations.

Judgment:  
Substantially 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:**

Anne Marie Byrne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
## Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002503</td>
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<tr>
<td>Date of Inspection:</td>
<td>05 &amp; 06 December 2017</td>
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<tr>
<td>Date of response:</td>
<td>15 January 2018</td>
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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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that residents in shared accommodation were consulted with about the design features of their bedroom.

**1. Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
and participates in the organisation of the designated centre.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will consult with both residents in shared accommodation with regard to some design features and take appropriate action following the outcome of these consultations.

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

**Theme:** Individualised Supports and Care

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure adequate bed screening was available to residents in shared accommodation.

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

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure there is additional privacy screening provided for residents in shared accommodation.

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

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge failed to ensure balance checks of residents' finances were occurring in line with the local finance procedure.

**3. Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
The Provider will complete a review of the local Financial Procedure with regard to the guidance on the maximum amount of money to be stored at the centre for each resident and the frequency of balance checks. The reviewed Procedure will be circulated within the Centre to ensure all staff are made aware of same.
**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

The registered provider failed to ensure residents had access to internet.

**4. Action Required:**

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

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

The person in Charge will arrange the installation of Internet access for the residents in the Centre.

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

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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:**

The person in charge failed to ensure personal goals were identified for each resident.

**5. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The Person in Charge will ensure that Personal Goals are identified for each resident in the designated Centre.

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

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

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to put effective risk management systems to ensure:
- all staff receive refresher training in manual handling
- organisational risk assessments clearly demonstrate the controls in place and additional controls required to mitigate risk in the centre

6. 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:
1. The Person in Charge will complete a review of the Fire Risk Assessment to ensure it contains all existing and additional controls in place to mitigate the risk.
2. The Person in Charge will review the Centres’ emergency evacuation plan to ensure that it provides additional information for all staff to access supports in the event of an emergency evacuation at night.
3. The Person in Charge will discuss the reviewed Risk Assessment and the Centres’ emergency Evacuation plan at the next Staff Meeting to ensure all staff are made aware of same.
4. The Person in Charge will ensure that all staff working in the Centre receives refresher training in manual handling.


Proposed Timescale: 14/02/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the following fire safety measures were in place:
- fire doors were in place for the containment of fire
- adequate emergency lighting to guide to all fire exits

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

Please state the actions you have taken or are planning to take:
1. The Provider will ensure that a Full Fire Risk Assessment is completed for the Centre.
2. The Fire Risk Assessment will identify all work that is required to comply with Fire Safety Regulations.
3. The Provider will provide the Person in Charge with a timeframe within which all the identified Fire Safety Work will be complete.
4. The Person in Charge will provide updates to the Authority with regard to the progress made on Fire Safety Measures within the Centre as they occur.
**Proposed Timescale: 30/04/2018**

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure personal evacuation plans contained all information that would be required by staff to effectively evacuate residents from the centre.

**8. Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge will ensure that Personal Emergency Evacuation Plans are reviewed to ensure that they contain information with regard to aids that are used to assist evacuation.
2. The Person in Charge will ensure that Personal Emergency Evacuation Plans are reviewed which outline how to manage residents who may resist evacuation.
3. The Person in Charge will link with the General Practitioner to discuss the necessity for the retrieval of emergency medication in the event of an emergency evacuation.
4. The Person in Charge will link with the Fire Safety Officer with regard to advice received from the General Practitioner with regard to the retrieval of emergency medication in the event of an emergency evacuation.
5. The Person in Charge will arrange a Review of Personal Emergency Evacuation Plans to incorporate advice from the General Practitioner and the Fire Officer with regard to residents who are prescribed emergency medication.

**Proposed Timescale: 07/02/2018**

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure fire drills were occurring with minimum staffing levels

**9. Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably
practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
The Provider will ensure that Fire Drills are completed with minimum staffing levels and maximum residents to demonstrate that this can be completed safely.

Proposed Timescale: 31/01/2018

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure the displayed fire procedure adequately guided staff on how to access additional support if required during an evacuation

10. Action Required:
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:
The person in Charge will review the Centres Fire Procedure Notice and Fire Policy to include additional information for staff with regard to accessing additional supports in the event of a night time emergency evacuation.

Proposed Timescale: 20/12/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure that all staff had received refresher training in the management of behaviours that challenge.

11. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
The Person in Charge has arranged training for Staff on the management of behaviours of Concern. Dates planned are: Jan 11th, Jan 18th & Feb 8th 2018.
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure risk assessments were in place for all residents in use of bedrails

**12. Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
The Named Nurse will complete an up to date assessment for the resident who uses bedrails in the centre.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge had failed to ensure that all staff had up-to-date refresher training in safeguarding.

**13. Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure that Staff who requires Safeguarding training will complete same.

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<td>Theme: Health and Development</td>
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**Outcome 12. Medication Management**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge failed to ensure safe medication management practices were in place in relation to:
- the discontinuation of medications
- administration of medications in accordance with the frequency prescribed
- prescribing records to contain all information as set out in the centre's medication policy
- system for the review of frequently administered as-required medicines

14. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge will ensure that all medication Cardexes’ contain allergy information and residents addresses.
2. The Person in Charge will ensure that all discontinued medications are clearly identified as discontinued on the medication Cardexes’.
3. The Person in Charge will ensure that as required medications are reviewed and that staff follow instructions as per the Care Plans in place for the administration of as required medications.
4. The Person in Charge will ensure that all as required medication is monitored in the Centre.
5. The Person in Charge will ensure that a review of Skin Dressings is completed that staff follow instructions as per the administration of skin dressings.
6. The Person in Charge will ensure that all residents have an assessment completed with regard to their capacity to self-administer medications.


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

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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:**
The provider failed to ensure the management systems in place to oversee the care delivery to residents were effective in identifying all areas of improvement.

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

**Please state the actions you have taken or are planning to take:**
The Provider will complete a review of the Audit systems in place to ensure that they are more effective in identifying areas for improvement within the Centre.
Proposed Timescale: 28/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure adequate garda vetting records were maintained for all staff working in the centre.

16. 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 continue to follow up on Garda vetting Records to ensure they are available for Inspection at the Centre.

Proposed Timescale: 31/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure all schedule 5 policies were reviewed on a minimum three yearly basis.

17. Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The Provider will ensure all schedule 5 Policies are reviewed within a minimum three year period and made available for Staff in the Centre.

Proposed Timescale: 31/01/2018

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure a record was maintained where residents refused treatment

18. **Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that records are maintained where residents refuse treatment.

**Proposed Timescale:** 06/12/2017