

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ballytrim House
<b>Centre ID:</b>	OSV-0002523
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
30 January 2018 09:15	30 January 2018 19:20
31 January 2018 09:00	31 January 2018 16:45

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

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

**Summary of findings from this inspection**

Background to the inspection:

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 30 May 2017 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 residential, shared and respite care to

adults and children aged 14 years and upwards with a disability.

How we gathered our evidence:

During the inspection the inspector met with eight residents and four family members. In addition, questionnaires had been submitted to the Health Information and Quality Authority (HIQA) by families on behalf of their relatives and these were reviewed as part of the inspection.

The inspector also spoke with four staff members and interviewed the person in charge during the course of the inspection. The inspector observed practices at the centre and reviewed documents such as personal care plans, risk assessment, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations. However, the inspector found that although the document reflected services and facilities observed during the inspection of the centre, it did not give sufficient detail on how services would be provided in-line with the different assessed needs of children and adults who accessed the centre.

In addition, the provider had not submitted to the Chief Inspector an application to register the centre which reflected the service being provided at the time of inspection. The provider had applied to register a nine bedded centre for adults with a disability. The provider had previously informed the Chief Inspector of their intention to reconfigure the centre and transition the adults residing at the centre to alternative accommodation by the 28 February 2018. However, the provider's representative informed the inspector that the reconfiguration had not been completed to date, which was reflected by at the time of the inspection, with the service continuing to operate a twelve bedded service for both children and adults with a disability.

At the time of the inspection, the inspector found that the centre comprised of a sixteen bedded single-storey building; of which the provider had applied to register only twelve of the premises' bedrooms for the use of residents. The centre was located in a housing estate in a rural town close to local amenities such as shops and cafes. The centre had a suitably equipped vehicle which enabled residents to access facilities and activities in the surrounding area.

Overall Findings:

Where able to, residents told the inspector that they enjoyed living at the centre. Where residents were unable to tell the inspector about the care and support they received, the inspector observed that they appeared relaxed and comfortable with the supports they received from staff. Furthermore, family members told the inspector that they felt their relatives were safe and happy while at the centre.

Residents were involved in making decisions about the running of the centre and regular weekly meetings were facilitated by staff to make choices on social activities and weekly menus. However, the inspector noted that meetings involved both children and adults and minutes showed that residents were supported as a group

rather than as adults and children separately with different assessed needs due to their age. Furthermore, records and discussions with staff reflected that adults and children would access activities together and separate support was not provided in-line with their assessed needs.

The inspector further observed that the design and layout of the centre did not provide separated accommodation for children and adults living at the centre as required under the regulations. Although, each resident had their own bedrooms with ensuite facilities, children and adults bedrooms were located adjacent to each other on a shared corridor. In addition, separate communal facilities were not provided for children and adults at the centre. Although staffing arrangements showed that children and adults were supervised when together, due to the design of the premise, there were no separate sitting room and dining room facilities in place for the children and adults. The inspector did observe that arrangements were in place for the children to eat at separate times to adult at the centre; however, both groups accessed the communal sitting rooms together.

The inspector found that residents were supported to attend school and day service placements as well as access social activities both at the centre and in the community which reflected their needs and interests. However, although a sufficient number of day-to-day staff were employed to meet residents' needs, an insufficient number of suitably trained staff were available on a regular basis to enable residents with an assessed healthcare need to access either the centre or community-based activities at the same time.

The inspector found that staff were knowledgeable on residents' assessed needs and received training in-line with the provider's policies. The centre's person in charge was suitably qualified and demonstrated knowledge of the residents' needs and their responsibilities under the Regulations. The person in charge was also responsible for another designated centre in the local area and was a 'person participating in management' of a further three designated centres. However, the inspector found that the person in charge was regularly present at the centre and involved in its governance and management. Furthermore, the person in charge was supported by a senior staff nurse and team of staff nurses who undertook delegated management roles at the centre.

#### Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found major non-compliance in one outcome which related to the skill mix of staff and staff records. Moderate non-compliance was found in five outcomes and related to residents' rights, personal plan reviews, the premises, the submission notifications and the centre's statement of purpose. Compliance was found in 11 outcomes along with substantial compliance in one outcome which related to residents' written agreements.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents were involved in making decisions about the running of the centre, although resident meetings did not reflect the different needs of children and adults at the centre.

The provider's complaints policy was prominently displayed along with information on the centre's nominated complaints officer and advocacy services available to residents at the centre. The complaints policy was up-to-date and comprehensive in nature, with an easy read version available to residents.

The person in charge maintained a record of all complaints received which included a description of the complaint, actions taken in response and a record of whether or not the complainants' was satisfied with the outcome of their complaint. Residents who spoke with the inspector said that they were happy at the centre and throughout the inspection residents appeared relaxed and comfortable with support they received from staff. In addition, family members who spoke to the inspector were aware of how to make a complaint if they had a concern about the centre.

Residents participated in regular weekly residents' meetings. Minutes showed that residents made decisions about the weekly menu and planned social activities. Minutes and discussions with staff indicated that the meetings were used to inform residents about their rights such as access to advocacy services and how to make a complaint as well as provide information on the centre's health and safety arrangements such as fire safety. However, the provider did not facilitate separate meetings for children and adults on the centre's operations in order to reflect the different provision of service for the adults and children, and to ensure that meetings reflected residents' different needs and

wishes.

The provider had an up-to-date visitor's policy. Both staff and families told the inspector that they were able to visit the centre without restrictions. The centre further provided facilities for residents to meet their families in private.

The inspector reviewed arrangements for supporting residents with their personal finances. Residents had access to their money as and when required from records reviewed. In addition, residents' money was securely stored and all transactions were recorded by staff and receipts maintained. In addition, the person in charge or a designated nurse completed regular audits of residents' financial records to ensure compliance with the provider's policy.

**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:**

Residents were supported to communicate their needs and wishes in-line with their assessed needs.

Residents' personal plans included an assessment of their communication needs and indicated any communication aids required such as picture exchange communication systems (PECS) to support residents who were non-verbal. Furthermore, personal plans included communication dictionaries which described how the resident communicated their needs and the appropriate response to be given by staff when supporting them. The inspector found that staff practice reflected residents' communication needs as described in their personal plans.

In addition, pictorial information was displayed at the centre informing resident of the centre's weekly menu, planned activities and staff working each day. The provider also made easy-to-read versions of key documents available to residents such as their personal plans and written agreements and the provider's policies on safeguarding and complaints.

The inspector noted that residents had access to radio, television and the internet 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 personal relationships and engage in activities in the local community.

The provider had an up-to-date visitor's policy and provided facilities for residents to meet their families in private at the centre. Furthermore, records showed that residents were regularly visited and received phone calls from their families which were reflected in discussions with staff and family members during the inspection.

In addition, records showed that families were kept up-to-date on their relatives' welfare and attended annual personal plan review meetings.

**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 up-to-date admissions and discharge policy and residents had written agreements in place; however, not all agreements had been signed by the resident or



their representatives.

The provider's admissions and discharge policy was up-to-date and reflected the centre's statement of purpose.

Residents had accessible written agreements in place, which included details on total charges as well as any additional costs to be met such as the cost of community activities, clothing and personal toiletries. In addition, agreements included information on services and facilities provided which reflected the centre's statement of purpose.

However, the inspector found that not all written agreements had been signed by residents or their representatives.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Residents' needs were assessed, regularly reviewed and reflected in their personal plans. However, the inspector found that annual reviews had not consistently looked at the effectiveness of all aspects of residents' personal plans.

The inspector looked at a sample of residents' personal plans, which were comprehensive in nature and included assessments on support needs in areas such as healthcare, keeping safe, communication, behaviours of concern, independent living skills and relationships. Personal plans were up-to-date and reflected both staff knowledge and observed practices during the inspection. In addition, accessible versions of individualised personal plans were available to residents.

Personal plans included residents' annual goals which reflected their likes and preferences such as planned social activities. In addition, residents' goal records included information on the stages to be completed to achieve each goal, named staff

supports, expected timeframes for achievement and residents' progress towards their goals was regularly recorded by staff.

The previous inspection had found that residents' personal plans had not been subject to an annual review. Following the last inspection, the inspector found that resident's personal plans had been reviewed annually, with records showing that the review meeting was attended by residents' families. In addition, multi-disciplinary professionals such as social workers, psychologists and psychiatrists were invited to attend annual review meetings. However, records showed that the effectiveness of all aspects of personal plans had not been reviewed for all residents, such as the outcomes from annual goals.

**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):**

No actions were required from the previous inspection.

**Findings:**

The provider had submitted a plan to the Chief Inspector in February 2017, which had identified the need to move adults into separate accommodation as a priority as the centre was not suitable as a mixed centre. In August 2017, the provider notified the Chief inspector that they had not addressed the plan and advised the Chief inspector that this would now be completed by the end of February 2018. During this inspection the inspector was advised that the plan had not been implemented and while each resident had their own bedroom with en-suite facilities, the inspector noted that there was insufficient separation between children and adults rooms, which were located next to each other in the same corridor. In addition, the inspector found that there were no separate communal areas for children provided in the centre and that areas of the centre were not being maintained in a good state of repair and condition.

The centre comprised of a sixteen bedded single-storey building located in a housing estate in a rural town. However, the inspector was informed by the provider that they intended to only register twelve bedrooms for resident use at the centre. The centre was located close to local amenities such as shops and restaurants. In addition, the centre had access to a vehicle to enable residents to access further services and facilities in the local area.

The inspector observed that residents' bedrooms were of an adequate size with their own ensuite facilities and suitable storage for personal clothing and possessions. Residents' bedrooms were decorated and personalised in-line with their choices and assessed needs.

However, the inspector observed that the design and layout of the centre did not provide separate areas for children within the centre with all communal areas being shared between adults and children. The inspector found that both adult and children's bedrooms were located either next door to or opposite each other on a shared corridor. Furthermore, although children were supported to eat at separate times to adults at the centre they did not have their own separate dining room. The inspector also found that although the centre provided two communal sitting rooms for residents these were being used by both children and adults at the same time. The inspector observed that a secure play area had been provided to the rear of the centre's premises which contained swings and a trampoline. However, no separate internal area had been made available for children to play in.

The centre had additional toilet facilities as well as a communal bathroom with an adapted bath which were sufficient for the number of residents living in the centre. However, these facilities as with the other communal rooms, were being used by all residents, and no separate arrangements had been made for children at the centre.

The inspector observed that aspects of the centre were not being kept in a good state of repair. The inspector observed evidence of the effects of damp in residents' ensuite facilities such as flaking paint and rust to radiators. In addition, general wear and tear to communal and residents' bedroom walls was observed by the inspector.

The inspector found that suitable arrangements were in place for the safe disposal of general and clinical waste and residents had access to laundry facilities 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:**

The provider ensured that residents were kept safe at the centre.

The provider had up-to-date policies on risk management and health and safety. In addition, the centre's safety statement was up-to-date and provided guidance to staff on procedures to follow in the event of an emergency as well as for example infection control, the storage of chemical substances and manual handling practices. The inspector found that staff knowledge and observed practices were in-line with guidance reviewed in the centre's safety statement.

The person in charge maintained an up-to-date risk register, with associated risk assessments in place which related to the centre's health and safety practices and residents' needs. For example, an up-to-date risk assessment had been completed in relation to the accommodation of both children and adults at the same time in the centre. The risk assessment included measures put in place by the provider to mitigate the identified risks such as children's bedrooms being located in close proximity to the staff office and communal areas; where staff would be present at all times during the day and night. Risk assessments were regularly reviewed and reflected staff knowledge and observed practices during the inspection. For example ,

A record of accidents and incidents were maintained at the centre, with regular monthly audits completed by the person in charge. Furthermore, incidents and accidents of concern were discussed with staff as part of the centre's team meetings.

The previous inspection had found that not all staff had received up-to-date manual handling training. However, records reviewed by the inspector showed that following the last inspection all staff had received training in-line with the provider's policies.

Information on hand hygiene practices and the prevention of infectious diseases was displayed at the centre along with the availability of hand sanitisers and segregated waste disposal facilities. The previous inspection had found that not all staff had received hand hygiene training. Records examined by the inspector showed that following the last inspection all staff had received up-to-date training in this area. Furthermore, records showed that staff who prepared food at the centre had received up-to-date training in food hygiene.

The centre's fire evacuation plans was prominently displayed along with a pictorial version for residents. Staff knowledge reflected the centre's fire evacuation plan and all staff had received up-to-date fire safety training.

Residents had up-to-date 'personal emergency evacuation plans' (PEEPs) which assessed their ability to evacuate in the event of fire and any supports required. Staff knowledge reflected residents' PEEPs and staff were able to tell the inspector which residents required additional equipment to evacuate in the event of a fire such as access to a wheelchair.

The previous inspection had found that not all fire doors at the centre were effective in the containment of fire. During this inspection, the inspector observed that all fire doors had now been repaired or replaced to ensure their effectiveness in the event of a fire.

In addition, the centre was equipped with suitable fire equipment such as fire extinguishers, fire alarms, fire call points, smoke detectors fire exit signage and

emergency lighting. Records showed that all fire equipment was being serviced regularly by an external contractor as well as checked regularly by staff, to ensure it was in good working order in-line with the provider's policies.

Records showed that regular simulated fire drills were carried out and included drills conducted under minimal staffing conditions to assess the effectiveness of the centre's fire arrangements. Records further showed that all residents at the centre had participated in a fire drill and fire safety arrangements were regularly discussed with them as part of weekly residents meetings.

**Judgment:**  
Compliant

### **Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**  
Safe Services

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

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

### **Findings:**

Residents were protected from harm and supported to positively manage behaviours of concern.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Information on the provider's safeguarding of vulnerable adults' policy and named designated safeguarding officer were prominently displayed throughout the centre. In addition, as the centre supported children, information was displayed on the designated liaison person for children.

Training records examined by the inspector showed that all staff had received safeguarding of vulnerable adults and children first training. In addition, staff were knowledgeable on what type of incidents might constitute abuse and the actions they would take, which were in-line with the provider's policy.

Where safeguarding incidents had occurred at the centre, records showed they were fully investigated and acted upon by the person in charge; who was also the centre's designated safeguarding officer. Safeguarding plans put in place following incidents sampled were robust in nature, regularly reviewed and reflected staff knowledge.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. The inspector found that up-to-date risk assessments were in place for restrictive practices in use at the centre such as locked external doors and window restrictors. The inspector found that risk assessments were subject to regular review and provided a rationale for their use which reflected staff knowledge.

Behaviour support plans were in place for residents with behaviours of concern. The inspector found that behaviour support plans were subject to regular review and had been approved by the provider's senior clinical psychologist. Furthermore, the behaviour support plans reviewed by the inspector included a description of the behaviour of concern as well as proactive and reactive strategies to be used to support residents. The inspector found that staff knowledge and observed practices reflected the recommendations in the behaviour support plans reviewed during the inspection.

The previous inspection had found that not all staff had received positive behaviour training in-line with the provider's policies. Records examined by the inspector showed that following the last inspection all staff had received up-to-date behaviour management training.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The centre maintained a record of all notifications submitted to the Chief Inspector.

A record of all notifications submitted to the Chief Inspector under the requirements of Schedule 4 of the regulations was maintained by the person in charge. However, the inspector found that not all notifications had been submitted within the required 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 participate in social activities of their choice and attend school and day services placements when at the centre.

The provider had policies on access to education and training for both adults and children. Residents' educational and training needs were assessed as part of their personal plan. Records showed that children and adults were supported to attend both their school and day service placements when at the centre. Furthermore, the inspector found that where suitable external day services were not available to residents in the local area, additional staffing resources had been allocated by the provider to facilitate a structured day activity programme at the centre.

Records showed that regular communication occurred between the centre and either the residents' school or day service placements. In addition, records showed that representatives from the school or day service placement attended residents' annual personal plan review meetings.

Residents participated in activities both at the centre such as massage, baking and arts & crafts, as well as in the local community. Daily activity records showed that residents participated in community activities such as personal shopping, meals in cafes and visits to neighbouring towns and places of interest which was further reflected in discussions with staff.

### **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 were supported to access a range of allied healthcare professionals in-line with their assessed needs. Records showed that residents were supported to attend appointments with healthcare professionals such as a General Practitioner of their choice, psychiatrists, medical consultants, physiotherapists, dieticians and dentists.

Residents with specific dietary needs were supported in accordance with their assessed needs. Residents' personal plans reflected the dietitian's recommendations.

Meals provided at the centre were chosen by residents as part of their weekly residents meetings. Residents were not involved in preparing the centre's meals due to their assessed ability to do so. However, records showed that some residents were involved in grocery shopping and were being facilitated to participate in baking sessions at the centre.

Food records showed that meals were varied, nutritious and healthy in nature and that residents had access to snacks and drinks throughout the day. In addition, records showed that residents enjoyed having meals out in local cafés and would order takeaways.

The inspector observed meal times at the centre and found that these were sociable in nature. Staff ate their meals with residents and provided support in-line with the residents' personal plans. Meal times were relaxed in nature with residents being supported to tell staff about their day at either their school or day centre where able to. The inspector observed that arrangements were in place for children to eat at separate times to adults who resided at the centre, due to their assessed 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):**

No actions were required from the previous inspection.



**Findings:**

Medication arrangements at the centre were in-line with the provider's policies and procedures.

The inspector reviewed residents' medication administration records and found that they reflected prescription records, included residents' personal details and information on each medication's administration times, route and dosage.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as emergency epilepsy medication and found that they were being regularly reviewed by the residents' general practitioner and kept up-to-date. In addition, the protocols described the rationale for the administering of the medication including the maximum daily dosage.

The provider had arrangements in place for the secure storage of medication, which included the segregated storage of out of date or discontinued medication. Records further showed that all out of date or discontinued medication was returned to a local pharmacy for its safe disposal.

Regular medication audits were carried out by nursing staff to ensure that the centre's medication arrangements were 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 provider's statement of purpose did not reflect the services and facilities provided at the centre.

The inspector found that the centre's statement of purpose for the centre was reviewed regularly and available in an accessible format to residents.

However, the information provided on the services and facilities at the centre as required under Schedule 1 did not provide sufficient information on how the different needs of children and adults were to be met.

Furthermore, the statement of purpose did not reflect the service to be provided by the provider as described in their application to register the designated centre. The provider had applied to the Chief Inspector to register the centre as a service for 9 adults with a disability. At the time of the inspection, the provider was providing a service, both full-time and respite, for up to 12 residents at a time who were either adults or children with a disability.

**Judgment:**

Non Compliant - Moderate

**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 provider's governance and management arrangements ensured that residents were supported in-line with their assessed needs.

The provider's management structure was reflected in the centre's statement of purpose and staff knowledge.

The person in charge was full-time and a qualified nurse. The inspector noted that the person in charge was also employed as an Area Coordinator for the provider and under this role was a person in charge for another centre in the neighbouring area as well as a 'person participating in the management' in a further three designated centres.

However, records showed that the person in charge had a regularly weekly presence at the centre and was actively involved in its governance and management which was reflected in discussions with staff. In addition, the person in charge was supported in the daily management of the centre by a senior staff nurse and team of staff nurses.

The person in charge facilitated regular team meetings. Meeting minutes showed discussions were occurring on all aspects of the centre's operations including residents' needs, accidents and incidents and the provider's policies. In addition, staff told the inspector that they were able to raise topics for discussion at the team meetings, and found the person in charge to be both approachable and supportive.

Records showed that the person in charge and designated nursing staff completed audits on the centre's practices in-line with the provider's policies. Audits were completed on practices such as medication management, health and safety, residents' finances and residents' personal plans. Team meeting minutes also reflected that the findings of audits were discussed with staff.

The person in charge attended the provider's mandatory training courses as well as accessing training opportunities in-line with their role. The person in charge also received regular supervision from their line manager and attended local governance meetings facilitated by senior management.

The provider had ensured that six monthly unannounced visits to the centre were completed as well as an annual review of the care and support provided at the centre. Records showed that where areas for improvement had been identified following the six monthly visits and annual review, an associated action plan had been developed and updates showed that actions had been completed within agreed timeframes.

**Judgment:**

Compliant

**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 person in charge had not been absent from the centre for over 28 days; however, they were aware of the requirement to inform the Chief Inspector of this event.

In addition, staff were aware of arrangements be put in place in the event of the person in charge's absence, which reflected those described the centre's statement of purpose.

**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:**

Services and facilities provided at the centre ensured that residents' assessed needs were met.

The inspector found that staffing levels and resources at the centre were sufficient to meet residents' needs and reflected assessed needs as described in sampled resident personal plans and risk assessments.

Throughout the inspection, the inspector observed that residents received support in a timely and respectful manner in-line with both their assessed needs and preferences.

In addition, residents had access to a suitable vehicle to enable them to access activities of their choice and other amenities in the surrounding area.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found that staffing arrangements at the centre ensured that residents' assessed needs were met. However, the skill mix of staff did not at all times facilitate both residents' access to community activities and healthcare needs. In addition, staff personnel records maintained by the provider did not contain all information required under Schedule 2 of the regulations.

The person in charge ensured that both an actual and planned roster was in place at the centre. The inspector examined rosters and found that staffing arrangements reflected residents' assessed needs as described in their personal plans and risk assessments.

The previous inspection had found that the daily skill mix of staff did not ensure that residents' health needs in relation to the administration of emergency epilepsy medication could be met when residents were engaged in activities at the centre and in the local community at the same time. During this inspection, the inspector found that although residents' epilepsy management plans had now been reviewed, the majority of residents still required suitably qualified and trained staff when at the centre and engaging in community activities. Records showed that adequate numbers of suitably qualified staff with the appropriate skill mix were not available to facilitate both centre and community activities at the same time for residents. For example, from the 15 January to the 28 January 2018, rosters showed that two suitably qualified staff members were only available on 4 occasions to meet residents needs. The inspector's finding was further reflected in discussions with staff and the person in charge, who stated that the current daily staff skill mix had an impact on residents' access to community activities when two qualified staff were not available.

In addition, the inspector noted that staffing arrangements were affected by current vacancies and long term absences at the centre. However, records and discussions with staff showed that the person in charge ensured that sufficient staff numbers were available to meet residents assessed needs through the use of regular temporary workers.

Staff told the inspector that they received regular support from the person in charge. Staff attended regular team meetings and had completed annual personal development plans with the person in charge. These included discussions on their roles and responsibilities at the centre as well as their future training needs.

The previous inspection found that staff had not received training in manual handling, food hygiene and hand hygiene. During this inspection, the inspector found that staff had now received up-to-date training in these areas. In addition, records and discussions with staff showed that up-to-date training was being provided in-line with the provider's policies as well as residents' assessed needs such as eating and drinking support.

The previous inspection had found that staff records did not contain all information required under Schedule 2 of the regulations. The inspector reviewed a sample of staff records during this inspection, and found that while the personnel files now contained information such as proof of identity and employment references they continued to not contain copies of vetting disclosures as required under the Regulations.

**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:**

The provider and person in charge maintained all records required under the Regulations.

The inspector found that records which related to residents were in place at the centre as required under Schedule 3 of the regulations such as a directory of residents, healthcare records and incidents and accident reports.

The provider ensured all notifications submitted to the Chief Inspector were available at the centre as required under Schedule 4 of the regulations. In addition, a record of all complaints received and food provided at the centre were maintained in accordance with the regulations.

The provider's policies as required under Schedule 5 of the regulations were regularly reviewed, up-to-date and available at the centre.

The provider ensured that an up-to-date insurance policy against accidents or injury to residents, staff and visitors was in place for the centre.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Stevan Orme  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002523
<b>Date of Inspection:</b>	30 & 31 January 2018
<b>Date of response:</b>	26 February 2018

### 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 inspector found that residents meetings did not capture and facilitate the different needs of children and adults at the centre.

#### 1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

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



accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

The PIC has amended the documentation for residents meetings to ensure it captures the opinions and needs of young persons and adults separately.

This has been implemented in the Centre.

**Proposed Timescale:** 20/02/2018

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The inspector found that not all written agreements had been signed by residents or their representatives.

**2. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1. The PIC has made contact with the representatives of the 2 residents who do not have a signed written agreement
2. The PIC will arrange to meet both representatives to discuss any issues/concerns they have in relation to the written agreements
3. The PIC will endeavour to ensure that all residents have a signed written agreement in place.

1. Completed 20/02/18 2. 31/03/18 3. 30/04/18

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

**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 inspector found that annual reviews had not consistently looked at the effectiveness of all aspects of the support provided to residents .

**3. Action Required:**

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

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

1. The PIC has discussed this with all nursing staff to ensure that they are familiar with the annual review documentation and to ensure that all aspects of the care and supports required by residents are discussed at annual reviews.
2. The PIC will discuss this again at the next staff governance meeting and the PIC will ensure that all annual reviews follow this documentation and are completed fully.

1. Completed 20/02/18 2. 20/03/18

**Proposed Timescale:** 20/03/2018

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The inspector found that the centre's premise did not provide separate areas for children such as the location of bedrooms and access to communal facilities.

**4. Action Required:**

Under Regulation 17 (2) you are required to: Where the designated centre accommodates adults and children, ensure that sleeping accommodation is provided separately and decorated in an age-appropriate manner.

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

1. The PIC had developed a plan to ensure that sleeping accommodation for the children is separated from that of the adults
2. The PIC will liaise with the maintenance department in relation to the work that will be required to facilitate the plan
3. The plan will be implemented and the children will have separate sleeping accommodation

1. 21/02/18 2. 02/02/18 3. 30/06/18

**Proposed Timescale:** 30/06/2018

**Theme:** Effective Services

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

The inspector observed damage to bedroom and communal walls and the effects of

damp in residents' ensuite bathrooms.

**5. 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:**

1. The PIC has contacted maintenance with regard to maintenance and repair issues.
2. The maintenance department will call to the unit to assess the damage to the walls and dampness in the en suites
3. A plan will be developed by the maintenance department to make the required repair's and treat the dampness
4. All relevant works will be completed

1. Completed 20/03/18 2. 09/03/18 3. 31/03/18 4. 30/06/18

**Proposed Timescale:** 30/06/2018

**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 provider had not ensured that all notifications submitted to the Chief inspector had occurred in-line with regulatory timeframes.

**6. Action Required:**

Under Regulation 31 (1) (c) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

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

The PIC will ensure that all notifications are submitted in a timely manner.

**Proposed Timescale:** 20/02/2018

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The provider's statement of purpose did not reflect the services and facilities being provided.

**7. Action Required:**

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

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

1. The PIC has reviewed the statement of purpose to reflect the services and facilities being provided.
2. The revised Statement of Purpose will be submitted to the Chief Inspector, with the revised application form for the Centre.

1. Completed 21/02/18 2. 2/03/2018

**Proposed Timescale:** 02/03/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The provider had not ensured that all documentation required under Schedule 2 of the regulations was available in staff personnel records.

**8. Action Required:**

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

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

1. The PIC has interviewed for staff nurses to fill the 2 existing vacancies
2. 2 staff nurses will be appointed
3. The PIC will have discussions with GP's regarding the residents epilepsy and Updated Risk Assessments & Management Plans will be completed.

1. Completed 20/02/18 2. 30/04/18 3. 15/03/18

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

**Theme:** Responsive Workforce

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

The provider had not ensured that suitably skilled staff were available at all times to met residents' assessed needs.

**9. 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 PIC has interviewed for staff nurses to fill the 2 existing vacancies
2. 2 staff nurses will be appointed
3. The PIC will have discussions with GP's regarding the residents epilepsy and Updated Risk Assessments & Management Plans will be completed.

1. Completed 20/02/18 2. 30/04/18 3. 15/03/18

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