<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cluain Fhionnain</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003361</td>
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<td>Centre county:</td>
<td>Kerry</td>
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<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Lead inspector:</td>
<td>Gary Kiernan</td>
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<td>Support inspector(s):</td>
<td>Conor Dennehy</td>
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<td>Type of inspection</td>
<td>Unannounced</td>
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<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<td>Number of vacancies on the date of inspection:</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 unannounced and took place over 1 day(s).

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

From: 19 September 2018 08:50  
To: 19 September 2018 15:00

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

| 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 11. Healthcare Needs | Outcome 14: Governance and Management | Outcome 17: Workforce |

**Summary of findings from this inspection**

Background to this inspection:
This inspection was carried out to follow up on actions arising from a previous inspection in December 2017 and to monitor ongoing levels of compliance. HIQA had previously identified a range of significant issues in this centre and had highlighted to the provider the potential consequences of continued non-compliance. The provider had responded to these concerns and had put a plan in place which was based on the closure of the centre and facilitation of the residents to move to more suitable community homes of their choosing. Inspectors also assessed the provider's progress in implementing this plan. A number of residents had successfully moved to their new homes during 2018 while the centre now operated under a social model of care which was aimed at better supporting residents to move into their new homes and communities.

How we gathered our evidence:
Inspectors met and spoke with the four residents who remained in the centre and also spoke with staff members, the person in charge, both clinical nurse managers (CNMs) and the staff supervisor. Inspectors observed practices and reviewed documentation such as personal plans, risk assessments, audits and behavioural support documentation.

Description of the service:
The centre was located on the outskirts of a large urban centre and was set up in
2001. At the time of inspection the service supported male residents who required care and support for a range of needs but primarily in relation to mental health. As a result of a reduction in numbers, the service was now operated from one large institutional building while residents also had access to another building for hobbies and activities of interest to them. The overall physical environment was not appropriate for the service being provided.

Overall findings:
The overall governance and oversight of the centre had improved since the previous inspection. The provider demonstrated improved capacity to self identify areas of non-compliance and to implement actions to address these matters. This was reflected in better outcomes for residents remaining living in the centre who were being supported to integrate further into the community in advance of planned permanent transitional moves to the community with the current centre intended to close.

While there had been some delays, overall it was evident that the provider was implementing and adhering to their plan to de-congregate and close the centre. While the current premises remained institutional in nature, the number of residents living in the centre had reduced from 12 to four. This afforded more space for the remaining residents and also contributed to a reduction in the number of peer to peer incidents in the centre. On this occasion the centre presented as a much quieter environment and residents who required a quiet, low stimulus environment were benefiting from this.

While overall, an improved level of compliance was found, some improvement was required in relation to the provision of staff training.

The reasons for these findings are explained under each outcome in the report.
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:
As at previous inspection, it was found on this inspection that residents were experiencing a better quality of life despite living in an institutional setting.

Since 2017 this centre had moved from a medical model to a social model of care. As part of this, and in response to the nature of the institutional premises in place, a number of residents had transitioned away from the centre into the community and at the time of this inspection four residents remained living in this centre. Plans were in place for these remaining residents to transition to the community also with the current centre intended to close.

These residents had personal plans which outlined their needs and key information, such as their likes and dislikes, to guide staff in supporting them. Staff spoken to during this inspection demonstrated a good understanding of residents and their needs. All residents had goals in place which included various activities. Responsibility for supporting residents to achieve such goals was assigned to staff members along with associated timeframes. Records indicated that goals were regularly achieved and were also reviewed on a monthly basis through meetings between residents and their keyworkers.

Overall inspectors saw evidence of improved outcomes for residents at the time of this inspection. Residents continued to be supported to integrate into the community by visits to the local town and maintaining contact with families. In addition since the previous inspection some residents had taken up new activities such as gardening while other residents were supported to attend regular weekly music events which they clearly enjoyed. Residents were also being supported in advance of their proposed transitions.
to the community, for example, residents were facilitated to visit their future homes and the locality they were based in.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
The designated centre was comprised of one large single storey type dwelling and the provider had a plan to eventually close the centre. The previous inspection had found that the premises provided was institutional in design and presentation nor did it provide an environment where residents could be cared for appropriately and where residents could be comfortable. This inspection found that the provider had made some improvements to the physical environment to present it in a more homely manner, for example posters and artworks had been put on display. Residents continued to be supported to personalise their bedroom spaces and furnish and decorate them according to individual preferences. The reduction in resident numbers also had a beneficial impact for the remaining residents as they were now provided with additional space for their comfort. However, residents’ needs were not adequately provided for within their current environment as the premises continued to be institutional in design and presentation.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

**Findings:**
The health and safety of residents was being promoted while the overview of incidents and risks in the centre had improved since the previous inspection.

A fire alarm system, emergency lighting and fire fighting equipment including fire extinguishers were present in the centre. These were being serviced by external contractors at regular intervals. Fire drills were also being carried out and residents had personal evacuation plans in place which were noted to have been reviewed during 2018. The fire evacuation procedures were on display throughout the centre. A fire safety audit had been carried out in July 2018 by a person who was independent of the centre and who was competent in the area of fire. This audit provided assurance to the provider that fire safety risks were being managed appropriately and it was seen that any areas identified for action were being addressed by the provider.

The previous inspection had highlighted the need for improvement in the risk management systems and the review of incidents in centre. These were found to have been sufficiently addressed at the time of this inspection. For example, issues relating to risks, such as smoking and incidents which occurred in the centre were reviewed regularly and were also discussed by the centre’s overseen by the centre’s governance committee.

A comprehensive centre wide risk register was in place. This risk register contained risk assessments which described the risk in question and the various control measures to respond to the identified risk. Risk assessments relating to individual residents were also in place and, in a sample of these reviewed by inspectors, it was noted that all risk assessments had been reviewed recently by the person in charge and outlined the controls in place to respond to identified risk.

Staff spoken with also demonstrated a good awareness of risks in the centre and the controls to respond to identified risks were observed as being followed. For example, the previous inspection had found that the risks associated with residents smoking was not being appropriately managed. On this inspection it was noted that relevant risk assessments were in place and recently reviewed while staff were following the controls identified to reduce associated risks such as injury or burns to clothing.

**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:
Inspectors saw evidence that residents were appropriately safeguarded within the designated centre at the time of this inspection.

Residents were provided with behaviour support plans which outlined the support to be provided to residents. Such plans had been developed with input from relevant allied health professionals, including substantial input from the psychologist, and had been recently viewed. Staff members spoken to during this inspection demonstrated a good understanding of how to assist residents manage their behaviour. Training records reviewed also indicated that all staff had received training in de-escalation and intervention.

The number of restrictions within the centre had significantly decreased since previous HIQA inspections. The recent reduction in resident numbers had also helped to reduce this further and the current residents had increased access throughout the designated centre. This included improved access to kitchen areas for some residents. Inspectors were also satisfied that appropriate arrangements were in place for the review of any restrictive practices where required.

The reduction in resident numbers also had a benefit in ensuring that residents were appropriately safeguarded while living in the centre. Residents now had increased space and there had been a reduction in peer to peer incidents in the centre as evidenced by a decrease in statutory notifications received by HIQA in the months before this inspection. Since the previous inspection the provider had also improved the review procedures for any safeguarding incidents.

Staff members spoken to on inspection demonstrated a good understanding of how to respond to any safeguarding concerns if they arose and reported that there were no barriers to raising concerns. Residents were observed to be comfortable in the presence of staff members present on the day of inspection.

Intimate care plans were also in place for residents to guide safe and standardised staff practice in this area.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible
Theme: Health and Development

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

Findings:
Overall inspectors saw evidence that residents’ healthcare needs were being provided for but some improvement was required to ensure staff were carrying consistent monitoring of one resident’s healthcare needs.

Residents were reviewed by allied health professionals where necessary and had corresponding health care plans to direct care in identified areas where required. Although the centre had moved to a social model of care, nursing support was available in the centre and in general staff displayed a good knowledge of residents’ healthcare needs.

Following a recent hospital admission, one resident was subject to increased monitoring of their healthcare needs. A care plan was in place to direct how this resident was to be monitored but it did not clearly set out the frequency of such monitoring. This was queried with staff who confirmed that the resident was monitored daily but gave varying descriptions as to the frequency of relevant checks. As a result inspectors were not assured that staff had been provided with sufficient guidance to ensure that consistent care was being delivered in this area. From documentation reviewed it was also noted that the consistency of recoding monitoring checks of this resident required improvement.

This was highlighted to management during the course of the inspection and before the close of the inspection, a revised care plan was shown to inspectors which more clearly set out the frequency of monitoring while a new monitoring chart was also put in place.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that the governance systems in place provided for the satisfactory oversight of the centre.

There was a defined management structure in place. The person in charge was supported by two CNMs and a team leader. This helped to ensure ongoing oversight and supervision of the centre on a day to day basis. There was also clear lines of accountability from the person in charge to senior representatives of the provider. As part of this the provider had put in place an overall governance committee.

Clear terms of reference were in place for this committee which had been established to monitor and support the service provided within the centre. This committee had met regularly during 2018 with minutes maintained of such meetings. These minutes indicated that issues such as compliance, complaints, risks, accidents and incidents were discussed and reviewed. Attendance at such meetings included the person in charge, the CNMs and representatives of the provider. This committee had been fully implemented since the previous inspection and contributed to enhanced oversight in the centre.

The provider had also ensured that two unannounced visits to monitor the quality and safety of care in the centre, had been carried out within the previous 12 months, most recently in July 2018. An annual review, as required under the regulations, had also been carried out in March 2018 and identified areas for improvement which were acted upon. The annual review also included consultation with residents as required. A system of audits was also in place to monitor the service provided and inspectors saw a sample of these in areas such as medicines. The medicines audit provided for comprehensive oversight of medication management practices, including stock control and prompt action was seen to be taken when any medication errors were identified.

This designated centre had undergone a number of changes since 2017 including moving from a medical to a social model of care along with the transition of a number of residents into alternative living arrangements. While this was an ongoing process, overall inspectors were satisfied that there was improved governance in the centre at the time of this inspection which was reflected in improved outcomes for the remaining residents and an improved level of compliance since previous inspection.

Judgment:
Compliant

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

Theme:
Responsive Workforce

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

Findings:
Inspectors were satisfied that appropriate staffing arrangements were in place at the time of this inspection. Some improvement was required in relation to the provision of staff training and the maintenance of staff files.

The number and skill mix of staff was in keeping with residents' needs on the day of inspection. Sufficient staff numbers were available to accompany residents on trips out of the centre and one to one support was available for residents if required. The previous inspection had found that staffing arrangements at night time required review to ensure residents were safe and appropriately supported. Since then the number of residents living in the centre had reduced from 12 to four but nighttime staffing levels were found to have been maintained. As such inspectors were satisfied that this action was addressed at the time of this inspection.

Planned and actual rosters were maintained in the centre. These indicated that a core staff team was in place although, as acknowledged by the person in charge, there had been some recent changes in the relief staff working in the centre due to ongoing changes related to the reduction in resident numbers in the centre. Staff members spoken with during the course of this inspection demonstrated a good understanding of residents' needs and the supports to be provided to meet these. Throughout the inspection staff members present were also seen to engage in positive and warm manner with residents.

A wide range of training was provided for staff however, as at the previous inspection, not all staff had received training in key areas at the time of this inspection. For example, the provider had identified that;
- 48% of staff required training in fire safety
- 34% required training in behaviour support
- 36% of staff required training in risk management
- 44% of staff required training in hand hygiene
- 4% of staff required training in safeguarding.
These figures were largely comprised of the new relief staff who had commenced working the centre during the previous months.

Inspectors also reviewed a sample of staff files which were found contain most of the required information such as evidence of Garda vetting and photographic identification. However, it was noted in some files that they did not contain a full employment history and this indicated that the system for ensuring that appropriate checks were carried out
prior to commencing work required review..

**Judgment:**
Non Compliant - Moderate

## 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:**

Gary Kiernan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Health Service Executive
Centre ID: OSV-0003361
Date of Inspection: 19 September 2018
Date of response: 24 October 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 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 premises continued to be institutional in design and presentation.

1. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:

A robust plan has been put in place to effect the complete closure of the centre by March which will see the remaining four residents transitioned out to more appropriate accommodation in the community.

**Proposed Timescale: 31/03/2019**

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

Some staff members gave varying descriptions as to the frequency of some healthcare monitoring. The monitoring of one resident's healthcare monitoring was not consistently recorded.

2. **Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

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

An appropriate health care plan which was in place has been updated to include regular monitoring with frequency as prescribed by the GP

**Proposed Timescale: 20/09/2018**

### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Some staff files reviewed did not have a full employment history. This indicated that the system for ensuring that appropriate checks were carried out prior to commencing work required review.

3. **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 agency have been asked to include full CVs which details of work experience both abroad and in Ireland
• The current procedure is that the files are delivered to the PIC when new staff are engaged or there are updated training certificates. The new system put in place is that all new staff files will be reviewed by the Home Instead Manager and PIC to ensure that all staff files have the mandatory documentation and that staff training and experience meet the criteria and skills mix required to provide appropriate care to meet the needs of each resident.
• The gaps in staff files identified on inspection have been addressed.

**Proposed Timescale: 21/09/2018**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
At the time of inspection all staff had not received training in key areas such as fire safety, behaviour support and safeguarding.

**4. Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
A training plan is in place to address any deficits currently identified within the complement of staff and continues to be a priority. The adequacy of the training plan will next be reviewed on 14 November 2018 at the next Governance, Quality and Safety Committee, or sooner by the management team if required.

Training sessions in relation to fire safety, behaviour support and safeguarding are scheduled. Dates are confirmed for and took place the 29/09/18 and 10/10/18 for fire safety, 22/10/18 PCP Development, 23/10/2018 for individual behaviour support training, 13/11/2018 for safeguarding training 24/10/18 Manual Handling, 24/11/18 Risk Management Training (Provisional) and 30/10/18, 06/11/18 and the 27/11/18 hand hygiene.

**Proposed Timescale: 14/11/2018**