<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rosses View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003368</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Sligo</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Anne Marie Byrne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>32</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

▪ to monitor compliance with regulations and standards

▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge

▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

The inspection took place over the following dates and times
From: 29 November 2017 09:00
To: 29 November 2017 18:30
From: 30 November 2017 08:50
To: 30 November 2017 13:30

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

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

Background to the inspection:

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

How we gathered our evidence:
The inspector met with nineteen residents, ten staff members, two clinical nurse managers and the person in charge during the inspection process. A number of residents were unable to communicate with the inspector; however, one resident chose to speak directly with the inspector. A number of practices and documents were reviewed as part of this inspection including residents' files, staff files, risk assessments, health and safety registers, audits, improvement plans, staff rosters and staff training records.

Description of the service:

This centre is managed by the Health Service Executive (HSE) and is part of a campus setting, located close to a town in Co. Sligo. The centre comprised of six units providing residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service is nurse-led and can accommodate male and female residents, from the age of 18 years upwards. Three of the units provide accommodation for six residents, two of the units provide residential accommodation for five residents and one unit provides accommodation to four residents. One of these units provides care for residents with late stage dementia. There were no vacancies at the time of inspection.

The person in charge had overall responsibility for the centre and is based in the centre on a full-time basis. He was supported by two clinical nurse managers and the providers' representative. The person in charge held an administrative role, was based full-time on the campus setting and regularly visited each unit to meet with residents and staff. Each unit had a communal kitchen and dining area, sitting room, shared bathroom facilities and residents' bedrooms. One shared bedroom arrangement was in place and residents also had access to two relaxation rooms and visitors rooms.

Overall judgment of our findings:

The last inspection of this centre was carried out on the 6th of June 2017, and following on from this inspection, the provider had six actions required. Of these six actions, five were satisfactorily completed, while one action was not completed. This action was in relation to the maintenance of adequate garda vetting records for staff.

Upon this inspection, the inspector found significant improvements to social care, governance and management and to the management of residents' specific risks. However, this inspection identified further improvements to complaints, the management of residents' personal finances, organisational risk management, fire safety systems, safeguarding, workforce and to the management of schedule 3 and schedule 5 documents.

Of the 18 outcomes inspected, 11 were compliant, three were substantially compliant, three were in moderate non-compliance and one was found to be in major non-compliance with the regulations. The findings and their actions are further outlined in the body of the report and the action plan at the end.
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:
This outcome was not inspected as part of the inspection of this centre in June, 2017. Overall, the inspector found the provider had systems in place for the management of complaints received; however, some improvements were required to the management of residents’ money and to the displayed complaints procedure.

Residents’ meetings were occurring on a regular basis, where residents were consulted in areas such as menu planning, activity planning and other areas of interest to them. Where residents were unable to communicate their wishes at these meetings, staff were allocated to attend to advocate on their behalf. Residents’ wishes, likes and dislikes were also found to be well-documented in the centre for staff to reference.

There was a system in place for the recording, response, management and appeal of all complaints received. A complaint was being investigated and managed at the time of inspection and the inspector observed adequate records had been maintained of the complaint process to date. Staff who spoke with the inspector were aware of their responsibility in the local management of complaints and photos of the complaints officer for the centre were displayed in each unit. There was a complaints procedure displayed within each unit; however, this did not advise on the name or contact details of the current registered provider’s representative. In addition, the easy-to-read version of the complaints did not advise on the complaints' appeals process.

Residents’ money was maintained by the centre and each resident had their own wallet and transaction record. Financial competency assessments were completed for each
resident, which clearly guided on the support each resident required with managing their money. A balance check of some residents’ personal accounts was completed by the inspector and a member of staff and no errors were found. However, the inspector observed that a daily check of residents’ personal account balances was not always completed at the end of each working shift, which was not line with the centre’s policy on the management of residents’ finances.

**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:**
This outcome was not inspected as part of the inspection of this centre in June, 2017. Some residents living in the centre had specific communication needs and the inspector found the provider had systems in place to meet these needs. Each resident had a communication profile in place which guided on each resident’s preferred communication style.

Residents had access to assistive technology, to the internet, television and radio. Some residents were also supported to use mobile phones and computer tablets, if they wished to do so.

**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:
This outcome was not inspected as part of the last inspection of this centre in June, 2017. Residents were supported to maintain contact with their family, friends and local community. Staff told the inspector that residents’ families and friends were welcomed into the centre and residents were supported to meet with visitors in private, with designated visitors rooms available to use during these visits.

Staff regularly made contact with residents’ families and representatives, where changes to a resident’s care occurred. Staff demonstrated to the inspector that this contact was recorded within residents’ daily notes.

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

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
This outcome was not inspected as part of the last inspection of this centre in June, 2017.

Residents had a written agreement in place which outlined the fee they were required to pay, the services they received and any additional costs which they may incur.

Judgment:
Compliant

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

**Theme:**
Effective Services

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

**Findings:**
The inspector found the provider made significant improvements to the social care arrangements in place for residents living in the centre. Two actions were required from the last inspection and both actions were found to be satisfactorily completed.

Since the last inspection, residents’ personal plans were updated to provide residents with personal plans which were suitable to meet their communication needs. A summary of each resident’s personal plan was displayed in word and picture format in their bedroom, which summarised the residents’ care needs and personal goals. Staff who spoke with the inspector said that they used this new format as a point of reference with residents when reviewing personal goal progression. Residents’ personal goals were found to be resident-led, suited to the interests of residents and were reviewed on a regular basis.

An additional 48 social hours was also provided to the centre each week. Staff told the inspector that these additional hours had a positive impact to the social care received by residents, with staff now available to provide one-to-one support to residents who wished to engage in activities inside and outside of the centre. Staff also told the inspector that additional transport arrangements were now in place, with various transport options available at all times to residents including taxis and provider transport.

Further improvements were also observed to the social care provided to residents with a cognitive impairment. Activity records were now in place to guide on the daily activities held with these residents, which detailed the participation, enjoyment and behaviour level of residents when they took part in activities. Staff also had the support of a specialist in the planning and review of activity schedules and designated staff members were allocated to each unit daily to support the implementation of these plans.

Some residents were preparing to transition to the community at the time of this inspection. These residents were supported to visit their new home, were involved in their individualised living options and had comprehensive transition plans in place. These residents were also supported to access various focus groups to assist in the planning of their transition.

**Judgment:**
Compliant
### Outcome 06: Safe and suitable premises

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

This outcome was not inspected as part of the last inspection of this centre in June, 2017. On the day of inspection, the inspector found that the premises was meeting the assessed needs of residents. However, some improvements were required to the floor saddle of some exit doors.

The centre comprised of six units based on a campus setting on the outskirts of a town. Each unit had its own name, staffing arrangement, resident and communal areas. Each unit comprised of resident bedrooms, shared toilet and bathroom facilities, dining areas, kitchen facilities, staff offices, sitting rooms and visitor rooms. The centre also had two relaxation rooms available to residents. Residents' bedrooms were found to be clean, comfortable and personalised with their possessions. Two residents living in the centre chose to share a bedroom, while all other residents had their own bedrooms.

Some refurbishment work was required to some units in the centre. The person in charge told the inspector that refurbishment works were on-going, and that a plan was in place for the work outstanding. The inspector also observed that timelines for these works were documented within the action plans of six monthly provider audits.

Some residents living in this centre had poor mobility and required assistance when mobilising. In the main, the inspector observed floor surfaces to be even and door frames were wide enough to provide residents who were wheelchair users, to gain access to all areas of the centre. However, some fire door exits opening onto ramped areas, had raised floor saddles which posed a hazard to residents, staff and visitors who may be use these exits.

**Judgment:**

Substantially Compliant

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

*The health and safety of residents, visitors and staff is promoted and protected.*
**Theme:**
Effective Services

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

**Findings:**
Overall, the inspector found the health and safety of staff, visitors and residents was promoted. One action was required from the last inspection and this action was completed. However, upon this inspection, further improvements were required to the fire safety, infection control and risk management systems in place.

The provider had systems in place for the regular checking of fire equipment, fire exits and emergency lighting. Fire drills were occurring on a regular basis and the records reviewed by the inspector demonstrated that staff could safely evacuate residents. However, the provider had not ensured fire drills were occurring where minimum staffing levels were present.

Staff who spoke with the inspector were found to be very knowledgeable of the fire procedure, their responsibility to safely evacuate residents and to inform emergency services in the event of a fire. However, the inspector found the fire procedures displayed did not adequately inform how each unit would be required to respond to the fire alarm, or on the safety precautions to be taken when using ramped fire exits.

Each resident had a personal evacuation plan in place which guided on the level of support each resident would require during an evacuation. However, some evacuation plans did not describe the use of ski-sheets as an evacuation method for residents who had these sheets in place. In addition, evacuation plans in place for residents with epilepsy did not advise on the measures in place to manage their epilepsy in the event of an evacuation.

Systems were in place for the risk assessment of residents’ specific risk. Since the last inspection, the provider had ensured adequate arrangements were in place to support residents who experienced frequent seizure activity at night. A staff nurse was now present full-time in this unit at night and staff told the inspector that this arrangement has greatly enhanced the safety and welfare of these residents. In addition, the inspector found improvements had been made to the risk assessments and personal plans in place for residents who experienced seizures. The inspector observed no gaps in the risk assessment of residents who presented with specific risks.

A health and safety register was in place for each unit within the centre. These registers were found to provide an organisational risk assessment system to support the management teams’ oversight of the centre. Clinical nurse managers demonstrated to the inspectors how it supported their overview of risks associated with lone-working, fire and infection control. However, the inspector observed it did not support the review of some specific risks associated with each unit in the centre, including risks associated with nutrition, management of behaviours that challenge and epilepsy.
The provider had infection control systems in place within the centre; however, the inspector found there was no systems in place for the regular cleaning of crash mats, side-rail bumpers or bed wedges.

Judgment:
Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

**Findings:**
Overall, the inspector found residents living in the centre were safeguarded from all forms of abuse. Where restrictive practices were in place, staff ensured these were used as a last resort. Systems were also in place to support residents with behaviours that challenge. No actions were required from the last inspection; however, upon this inspection, some improvements were required to safeguarding plans.

There were residents in use of restrictive practices, which were applied through the support of risk assessments and personal plans. Staff who spoke with the inspector had good knowledge of all restrictive practices in place and could tell the inspector their responsibility in ensuring residents' safety at all times.

Behaviour support plans were in place to guide staff on how to support residents with behaviours that challenge and on how to effectively respond to these behaviours. Staff had access to a behaviour specialist and informed the inspector that they maintain regular contact with her in the on-going review of these plans. The centre had experienced an increase in episodes of some behaviours that challenge and staff could tell the inspector what recent controls and interventions were put in place to support these residents. All staff had received up-to-date training in the management of behaviours that challenge.

Some safeguarding plans were in place at the time of the inspection, following incidents which had occurred in the centre. All staff had received up-to-date training in safeguarding and the inspector found staff had a good knowledge of these plans and of their role and responsibility in the safeguarding of residents following these incidents.
However, the inspector found that some safeguarding plans did not accurately guide on the specific interventions in place, as described by the staff who spoke with the inspector. For example, the inspector found that a safeguarding plan guided staff to refer to the residents' behaviour support plan. However, an up-to-date version of this behaviour support plan was not yet available to staff, as it was under review following the safeguarding incident, with no documented safeguarding arrangements available for staff to reference until all reviews were complete. This was brought to the attention of the person in charge and the clinical nurse managers on inspection.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th><strong>Outcome 09: Notification of Incidents</strong></th>
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<tr>
<td><em>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</em></td>
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</table>

**Theme:**
Safe Services

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

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

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 10. General Welfare and Development</strong></th>
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<tr>
<td><em>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.</em></td>
</tr>
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**Theme:**
Health and Development

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

**Findings:**
There were no actions required from the previous inspection. Upon this inspection, the inspector found that residents were supported to participate socially and develop skills in
activities suitable to their age, interests and needs.

Residents were engaged in social activities, inside and outside of the centre. Residents were supported to access the community regularly to go to the shops, visit friends and go on trips away. The provider had also sourced exercise classes to be held in the centre each week for residents who were unable to attend these classes in the community. There was a selection of day services available to residents, which were suited to meet the needs of all residents living in the centre.

No residents were in employment or attending courses at the time of this inspection.

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:
This outcome was not inspected as part of the inspection held in June, 2017. Upon this inspection, the inspector found residents' healthcare needs were met in-line with their personal plans and through timely access to healthcare services.

A comprehensive assessment and personal planning system was in place to support residents who had specific healthcare needs. Where residents had assessed healthcare needs, the inspector found staff could demonstrate how they support these residents each day. Personal plans for residents with assessed healthcare needs were found to provide clear guidance on the level of care and support they required. Residents also had access to a range of healthcare services including dietetic services, physiotherapy, speech and language therapy, psychologists and to a general practitioner of their choice.

Since the last inspection, each unit in the centre was provided with a fully equipped kitchen and dining facilities for residents. While some meals were still provided from a centralised kitchen, staff told the inspector that since these kitchen facilities were provided, residents now have an opportunity to help in the preparation and cooking of their evening meal. The provider also had a system in place for the storage of residents' specific foods and snacks of choice.

Judgment:
### 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:**
No actions were required from the previous inspection. Overall, the inspector found the provider had safe medication management systems in place.

All medicines were administered by a registered nurse. Residents' medicines were dispensed from their original packaging, which were labelled with residents' details. Prescription records were found to be clearly written and advised on the frequency, dosage and time all medicines were to be administered. All prescription records were signed the prescribing practitioner. All medicines were stored in a locked cupboard on each unit. The inspector reviewed a sample of medication administration records and found no gaps in the administration practices.

No residents were taking responsibility for their own medicines at the time of inspection. However, a competency assessment was completed for all residents to assess their suitability to self-administer their own medicines if they chose to do so.

**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 had a statement of purpose in place to describe the specific care needs
that the service was intended to meet. However, the inspector observed gaps in the requirements of schedule 1 of the regulations including:

- the statement of purpose references a person participating in management for the service, which is not in line with the details provided for the registration of this centre.
- the management arrangement detailed in the statement of purpose do not reflect the current management arrangement
- the staff whole time equivalents detailed in the statement of purpose do not reflect the current staff whole time equivalents
- the number, age and sex of the residents for whom accommodation is provided, is not in line with the details provided for the registration of this centre
- a description of the rooms in the centre including their size and primary function is not provided
- arrangements for residents to access education, training and employment is not provided

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

Findings:
The action required from the previous inspection was satisfactorily implemented. Overall, the inspector found improvements were made to the governance and management arrangements since the last inspection of the centre.

The person in charge had the overall responsibility for the centre and was supported in his role by two clinical nurse managers and the provider’s representative. He was found to be familiar with residents living in the centre, was aware of the operational systems in place, has over three years management experience and was very familiar with the staff working in the centre. The person in charge held an administrative role and was based on the campus setting. He told the inspector he had capacity to meet regularly with both clinical nurse managers and visit each of the units frequently each week.
The provider had systems in place to ensure the service provided to residents was safe and consistently monitored. Regular meetings were held with staff, persons in charge, clinical nurse managers and senior management. Minutes of these meetings were available to the inspector to review and were found to address areas such as staffing, risk management, complaints, audit findings and resident specific concerns.

Since the last inspection, the provider had made significant improvements towards the achievement of action plans the centre. Six monthly unannounced provider visits were occurring within the service, with the last recorded audit occurred in August, 2017. This identified ten actions required, with three of these complete within their timeframes and seven not due to be completed until February, 2018. The person in charge told the inspector of the progress being made towards the completion of these, with many actions relating to outstanding refurbishment works required. The annual review of the service was last completed in December 2016. All 29 actions identified from this review were fully completed.

**Judgment:**
Compliant

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<th><strong>Outcome 15: Absence of the person in charge</strong></th>
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<tr>
<td>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.</td>
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</table>

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The provider had arrangements in place for the management of the centre in the absence of the person in charge. The person in charge told the inspector, that in his absence, a director of nursing for the service would be responsible for the running of the centre.

**Judgment:**
Compliant

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<tr>
<th><strong>Outcome 16: Use of Resources</strong></th>
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<tr>
<td>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</td>
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**Theme:**
## Use of Resources

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

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

**Judgment:**
Compliant

### Outcome 17: Workforce

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

#### Theme:
Responsive Workforce

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

**Findings:**
Two actions were required from the last inspection, with one found to be fully completed, while one action still required to be satisfactorily completed. Since the last inspection, the inspector found an overall improvement to the staffing arrangements. However, some improvements were still required to the maintenance of schedule 2 documents.

Since the last inspection, the provider had put in place an additional 48 hours of social care support for residents. These hours were consistently provided each week and staff said it gave them the ability to provide effective and meaningful one-to-one social care support to residents. The centre was still in use of agency staff and clinical nurse managers reported to the inspector that consist staff were provided from agencies, who were familiar with the care needs of residents that lived in the centre. A planned an actual roster was also in place, which identified the names of staff on duty, the position they held and their start and finish times.

A training record was maintained for all staff. Some staff were scheduled to attend refresher training in manual handling and fire safety in December, 2017. No gaps were
found in the mandatory training of staff who worked in the centre. Arrangements were also in place for the regular supervision of all staff.

Inspectors also reviewed a sample of staff files, which identified gaps in the maintenance of appropriate garda vetting records.

**Judgment:**
Non Compliant - Major

**Outcome 18: Records and documentation**
*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**
Use of Information

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

**Findings:**
The inspector found that records and documentation supported staff to care for residents. However, some improvements were required to the maintenance of schedule 5 policies, to schedule 4 documents and to the directory of residents.

The provider had a copy of schedule 5 policies and procedures available to staff working on each unit of this centre. Although all policies were found to be up-to-date, the centre's policy on the recruitment, selection and garda vetting of staff was not in place.

There was a directory of residents in place which outlined information such as the date each resident was admitted to the centre, their address, date of birth, GP and next of kin details. However, the inspector observed gaps in the identification of the authority or person responsible for each residents admission to the centre.

The inspector observed that although records of fire drills were maintained by the centre, the time of day or night that each drill was conducted was not always recorded.

**Judgment:**
Substantially Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Anne Marie Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003368</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>29 &amp; 30 November 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 December 2017</td>
</tr>
</tbody>
</table>

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure the balance of residents' personal accounts were checked by two staff at the end of each working shift, in line with the finance policy.

1. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take: The Person in Charge has ensured the balance of residents' personal accounts were checked by two staff at the end of each working shift

Proposed Timescale: 15/12/2017

Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure
- the complaints procedure displayed adequately informed on the contact details of the registered provider
- the easy-to-read complaints procedure informed on the appeals process

2. Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The Provider has ensured that the complaints procedure is adequately displayed and contact details of the registered Service Provider is shown.
The Easy Read Complaints procedure now gives details of the Appeals procedure.

Proposed Timescale: 15/12/2017

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 provider failed to ensure door saddles exiting onto ramped areas did not pose a hazard to residents.

3. 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.

Please state the actions you have taken or are planning to take:
The provider will ensure door saddles exiting onto ramped areas will be reviewed by the maintenance team to ensure they do not pose a hazard to residents by the below date.
**Proposed Timescale:** 31/01/2018

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The provider failed to ensure all risks specific to each unit of the centre were risk assessed and regularly reviewed.</td>
</tr>
<tr>
<td><strong>4. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The provider will ensure all risks specific to each unit of the centre are risk assessed and regularly reviewed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 08/12/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The provider failed to ensure a system for cleaning crash mats, bed wedges and bed-rail bumpers was in place.</td>
</tr>
<tr>
<td><strong>5. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The provider has ensure a schedule is in place to ensure a system for cleaning crash mats, beds wedges and bed rail bumpers</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 30/11/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
</tbody>
</table>
The provider failed to ensure the following fire safety systems were in place:
- Fire drills were not conducted where minimum staffing levels were in place
- The displayed fire procedure did not adequately inform on how each unit in the centre would respond to the fire alarm
- The displayed fire procedure did not adequately inform on the safety precautions to be taken when using ramped fire exits.
- Residents’ evacuation plans did not include all evacuation measures in place for residents, or on measures in place to support residents with epilepsy

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

Please state the actions you have taken or are planning to take:
The provider will ensure that fire drills will be conducted where minimum staffing levels are in place
- The displayed fire procedure are presently being updated to adequately inform how each unit in the centre will respond to the fire alarm
- The displayed fire procedure is presently being reviewed to inform on the safety precautions to be taken when using ramped fire exits.
- PEEPs are in place for residents’ evacuation plans to include all evacuation measures in place, and to support residents with epilepsy

**Proposed Timescale:** 31/12/2017

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<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Services</td>
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</tbody>
</table>

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that safeguarding plans provided staff with specific interventions to be implemented to safeguard residents.

7. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The provider has ensured that safeguarding plans have been reviewed by the Safeguarding Team to provide staff with specific interventions to be implemented to safeguard residents.

**Proposed Timescale:** 15/12/2017

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<table>
<thead>
<tr>
<th>Outcome 13: Statement of Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
</tr>
</tbody>
</table>

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The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the statement of purpose contained all information as required by schedule 1 of the regulations.

8. 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:
The provider has ensured that the statement of purpose contains all information as required by schedule 1 of the regulations.

Proposed Timescale: 29/11/2017

Outcome 17: Workforce
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure all information as required by schedule 2 of the regulations was maintained for all staff.

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

Please state the actions you have taken or are planning to take:
The person in charge will ensure all information as required by schedule 2 will be in place for files reviewed during the inspection by the below date.

Proposed Timescale: 31/01/2018

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure all policies as set out in schedule 5 of the regulations were available to staff.

10. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The National Recruitment Service operates under the Commission for Public Service Appointments (CPSA) Code of Practice and the relevant information regarding the recruitment process on the HSE website.

<table>
<thead>
<tr>
<th>Proposed Timescale: 22/12/2017</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The provider failed to ensure the directory of residents contained all information as required by schedule 4 of the regulations</td>
</tr>
</tbody>
</table>

**11. Action Required:**
Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

**Please state the actions you have taken or are planning to take:**
The provider has ensured the Directory of Residents contains all information as required by Schedule 4 of the regulations.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/11/2017</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The provider failed to ensure that the time of day or night that each fire drill was recorded.</td>
</tr>
</tbody>
</table>

**12. Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The provider has ensured that recordings of fire drills (day or night) will be recorded.
Proposed Timescale: 31/12/2017