### Centre Information

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Liffeyvale Farmleigh Respite Service</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003375</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 20</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Lead inspector:</td>
<td>Marie Byrne</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
23 January 2018 09:20 23 January 2018 17:00

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</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 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</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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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the third inspection of the centre by the Health Information and Quality Authority (HIQA). The purpose of the last inspection was to inform a registration inspection. The majority of actions outlined by the provider in the action plan following the last inspection were satisfactorily implemented.

This inspection was a 15 outcome, two day unannounced inspection carried out by one inspector. The purpose of the inspection was to monitor compliance with the regulations and standards.

How we gathered our evidence:
The inspector met and spoke with two residents, one family member, the person in charge, two agency health care assistants, one senior staff nurse, two social care
workers and a member of household staff during the inspection. The provider representative attended feedback at the end of the inspection. Documentation such as personal plans, policies and procedures, minutes of meetings, risk management plans, medicines records, rosters, staff files and staff training records were reviewed during the inspection.

Description of the service:
The service provided was outlined in the centres statement of purpose. The centre provides respite care on a rotational basis for 46 children both male and female. The centre offers specialised respite care for young people with autism. The maximum number of children accommodated by the service at one time is nine. Four children were availing of a respite break during the inspection.

The centre consisted of two houses both of which were located close to a selection of local amenities and good public transport links. One premises consisted of five single bedrooms with four en suite bathrooms with a toilet and a shower, one bedroom with an en suite with a toilet and bath. It also contained a kitchen, dining area, two sitting rooms and an activity room. The other premises consisted of four bedrooms, one of which had an en suite. It also contained two bathrooms, a kitchen, dining room, sitting room, playroom and multisensory room.

Overall judgment of findings:
Overall the inspector found that the residents were well cared for. There were arrangements in place to promote residents' rights and safety.

15 outcomes were inspected against, ten outcomes were found to be complaint, two outcomes were found to be substantially compliant and three outcome moderately non-compliant. Good practice was identified in areas such as residents' rights, dignity and consultation, communication, health and safety and medication management amongst other areas.

The inspection findings are discussed in the body of this report and the regulations which are not being met in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
Overall, the inspector found that residents were consulted with and participated in decisions about their care and the running of the centre. Residents’ meetings had just commenced in the centre. At the first meeting topics such as food preferences, activity planning, computer schedule, and views and opinions of residents were discussed.

A respite care satisfaction survey was completed at intervals in the centre. The latest surveys were reviewed by the inspector, they consisted of surveys which were completed by residents and surveys completed by parents. The surveys indicated high levels of satisfaction by both residents and parents.

Staff members were observed to treat residents with dignity and respect during the inspection. There were privacy locks in place on bathrooms throughout the centre. There were rooms available in both premises in the centre for residents to have private contact with friends and family. Residents personal information was respected throughout the centre.

There was CCTV in use externally both front and back of both premises, and at the front gate of one premises. There was a policy in place for the use of CCTV.

Resident’s’ personal property including their money was kept safe in the centre. There was a policy in place on residents’ personal property, personal finances and possessions. There was a locked box available to keep money safe. There were accounts books maintained for resident’s spending. Two staff review and check receipts and balances and then the person in charge reviews and signs these records. Some residents brought
Residents had opportunities to engage in meaningful activities of their choice while in respite. Residents were observed by the inspector to plan activities of their choice for the evening once they returned from school, and to choose what meals they wanted. There was an activity chart in place which detailed activities residents took part in during their respite break.

There was a complaints policy and procedures available in the centre. The complaints procedure was available in an accessible format for residents. It was displayed in a prominent place in both premises in the centre. The inspector reviewed the complaints log in the centre and it was evident that the complaints officer had been consulted and that all complaints had been followed up on. There was a compliments log in the centre which contained many compliments from family members and members of the multidisciplinary team.

Residents in the centre had access to advocacy services. There was information available in an accessible format and on display in the centre. Information about advocacy and rights was also available in the accessible complaints procedure and in the residents guide. There was also a children’s charter in place in an accessible format.

**Judgment:**
Compliant

**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:**
Overall, the inspector found that residents were provided with all necessary supports to ensure their communication needs were being met.

There was a policy in the centre on communication with residents. Staff in the centre demonstrated an awareness of the different communication needs of residents.

Individual communication requirements were highlighted in residents’ personal plans and they had an 'all about me' document and a communication passport in place. There were picture schedules, social stories, picture exchange communication systems and sign language in use in the centre.
Residents had access to radio, television, and the internet. There were computers and games centres in both premises. Some residents brought their tablet computers and mobile phones with them to use during their respite break.

There were a number of easy read leaflets and booklets available for residents in the centre on a range of topics including child protection, rights, advocacy, what we thought of respite and complaints. A summary of the six monthly unannounced visit by the provider was also available in an accessible format.

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:
There was a policy and procedures in place in the centre for admission, transition and discharges.

Residents’ admissions were in line with the statement of purpose. The admissions process in the centre considered the wishes, needs and safety of the residents and their families.

There was a signed contract of care in place for residents which detailed the philosophy, aims and objectives, and services provided in the centre. It detailed the admissions procedure. It also contained information relating to policies that inform practice in the centre. It detailed child protection procedures, what to do if a child was sick in respite, the complaints procedure and the policy on personal belongings and personal finances. There was no charge for children availing of respite care.

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

**Findings:**
Overall, the inspector found that each residents’ wellbeing and welfare was maintained in the centre.

Residents had a comprehensive assessment of their health, personal, social care and support needs completed. An assessment of need was in place and then care plans developed in line with identified needs. Each resident had a circle of support document which outlined the key people in the residents’ life, and the people who support them. There was a “My Map” document which detailed their story so far, who’s important to them, their dreams, fears, needs, and strengths and talents.

The personal plans were made available in an accessible format. There was evidence that personal plans were reviewed and updated regularly by staff in the centre. Residents were supported to transition into the centre, and supported to move to new services. A number of new residents were transitioning into the centre. There were transition plans in place and evidence that transitions were completed at a pace dictated by residents and their representatives.

Residents who were approaching 18 years old had transition care plans in place. There was evidence of goals in place to support them to prepare for adulthood and support and guide them with life skills required for the transition.

There was a care plan evaluation sheet in place which showed evidence of review, update, and comments on each care plan, when it was due for review and who was responsible for reviewing it. There was a respite review sheet in place which was filled out at the end of each admission, or the end of the month.

There was evidence of the involvement of residents and their family in the development and review of their personal plans. Personal plans were discussed with families during respite admissions and discharges. Once a year a letter was sent to residents and their families to arrange review of personal plans. After this key workers were responsible for following up with families.

There was evidence of multidisciplinary team input in some residents’ personal plans.
However, this was not consistently completed in a systematic way in the centre. It was evident that some progress had been made since the last inspection by HIQA, and that efforts had been made to involve members of the multidisciplinary team in the review of personal plans.

There was evidence of respite meetings for some residents every six weeks during term time. These meetings were held with social workers to discuss groupings of resident for respite breaks, resident’s welfare, issues identified during respite breaks and waitlists.

**Judgment:**
Substantially 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:**
Overall, the inspector found that the location, design and layout of both premises in the centre were suitable for their stated purpose. There was adequate private and communal accommodation for residents. Rooms were of a suitable size and layout to meet the needs of residents. There were suitable storage facilities in the centre.

Both premises were clean and homely. One of the houses had just been freshly painted both inside and out. There were household staff employed in both premises in the centre. There was a list of daily, weekly and fortnightly cleaning duties in place.

There was suitable ventilation, heating and lighting in the centre and there were suitable arrangements in place for the safe disposal of general and clinical waste.

Maintenance logs were maintained in the centre and there was evidence that the maintenance department were responsive when incidents occurred. Overall the centre was well maintained. However, there were pieces of furniture throughout the centre which were worn and some were in need of repair. These pieces of furniture were discussed with the person in charge during the inspection. A gate in the back garden of one of the premises was in need of care and attention.

There were suitable cooking facilities, equipment and tableware throughout the centre. Baths, showers and toilets were available in sufficient numbers to meet the needs of
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 that the health and safety of residents, visitors and staff was promoted and protected in the centre.

There were policies and procedures in place for risk management and emergency planning. The risk management policy was implemented throughout the centre. There was a risk register in place in the centre which was detailed, and there were risk assessments developed in line with risks identified on the risk register.

There were arrangements in place for investigating and learning from incidents and adverse events in the centre, and there was a procedure in place for escalation of serious incidents. Incidents were discussed at staff meetings. Incident reports were forwarded to the quality and safety team in the organisation including monthly returns on accidents and near misses, and quarterly returns with a summary of events and actions taken. The inspector reviewed a number of incident reports in the centre. There was evidence of actions, follow ups and review of actions taken. A trend analysis was also completed.

Appropriate procedures were in place for the prevention and control of infection in the centre. There were colour coded chopping boards for food preparation and colour coded mops for cleaning. Cleaning products were stored securely in the centre. There was adequate hand-washing facilities in the centre.

There was an up-to-date health and safety statement in the centre. There was a staff signature page in place with the health and safety statement where staff signed when they had read and understood the safety statement.

Suitable fire equipment was provided throughout the centre. There were adequate means of escape and prominently displayed procedures for the safe evacuation in the event of a fire. There was a fire safety register in place which detailed daily checks completed, servicing of equipment, and staff training and refreshers. There was evidence of fire alarm servicing on a quarterly basis and fire safety equipment on an
annual basis. There was evidence of regular fire drills by day and night which detailed the names of those who participated in the drill. There was evidence of learning and follow up from fire drills.

There were social stories in place for residents in relation to evacuation of the centre. Each resident had a personal emergency evacuation plan (PEEP) in place. They were detailed and reviewed regularly. On each admission staff were assigned to particular residents and had a list of specific responsibilities in relation to fire safety. A log was maintained of all residents and staff present in the centre by day and night.

There were policies and procedures in place relating to incidents where a resident goes missing. A bag was brought by staff when they were accompanying residents outside the centre. It contained a missing person profile for each resident which included their picture. A note was taken in a book in this bag of what each resident was wearing when they left the centre.

Records were maintained in relation to servicing and maintenance of the vehicle in the centre. Daily checks were completed by staff for the bus, and weekly checks completed by the person in charge.

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:
Overall, the inspector found that there were measures in place to protect residents in the centre from being harmed of suffering abuse. However, there was no documentary evidence of appropriate follow up on a number of incidents relating to peer-to-peer incidents in line with national guidance or the organisations' policies and procedures.

There was a policy and procedures in place for the prevention, detection and response to abuse which staff had been trained on in the centre. There was an easy read child protection policy in place and on display in the centre. Staff were observed to treat
residents with respect and warmth throughout the inspection.

Staff who spoke with the inspector demonstrated their knowledge on what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. They described their responsibilities in relation to Children First.

However, the inspector reviewed a number of peer-to-peer incidents in the centre and there was no documentary evidence that they had been followed up on or investigated in line with national guidance or the centres policies on child protection or peer-to-peer incidents. There was no documentary evidence that the Designated Liaison Officer had been contacted.

There was a policy in place for the provision of intimate care. The inspector reviewed a number of intimate care plans in the centre. They were detailed and clearly guided staff to support residents.

There was a policy in place for the provision of behavioural support and the use of restrictive procedures. Some residents had positive behaviour support plans in place. The plan identified early warning signs, predisposing factors, and proactive and reactive strategies. There was a restrictive practice log book in place in the centre which was kept up-to-date and audited every quarter by the person in charge.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
A record of all incidents occurring in the centre was maintained.

However, as outlined in the body of this report the inspector reviewed three peer-to-peer incidents during the inspection which were not reported to HIQA within the time frame set out in the regulations.

**Judgment:**
Non Compliant - Moderate
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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Overall, the inspector found that residents in the centre were supported to achieve and enjoy best possible health.

Residents health needs were appropriately assessed in the centre and care plans were developed in line with these assessments. There was evidence that care plans were implemented and reviewed regularly.

Emergency consent forms were in place describing what happens if a resident becomes unwell in respite. Parents usually collect children and bring them to their general practitioner or hospital. However, parental consent and arrangements were in place for staff in the centre to take residents to the hospital or call emergency services if required.

Food in the centre was nutritious, appetising, varied and available in sufficient quantities. Diet sheets were completed daily. Picture menus, I want charts, and lists of foods each child likes were in place. Food allergies were highlighted and a dietary needs chart in place. There was a rotation of food checklist, and temperature cooking and reheating food logs kept in the centre. Labels were available for when foods were opened or cooked.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Overall, the inspector found that each resident was protected by the medication management policies and procedures in place in the centre.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines. Each resident had individual medication plans which were reviewed as necessary. There were protocols in place for as required (PRN) medicines. A record was kept of PRN medicines administered including the reason for administering, and the residents' response to the medicine.

A system was in place in the centre for reviewing and monitoring safe medication management practices. There was a medication in and out book completed on admission and discharge. There was a weekly medication audit completed by two staff.

Medicines were stored appropriately. There was a separate storage area for out of date/medicines for return to the pharmacy. Staff were observed to adhere to appropriate medication management practices during the inspection.

A letter and a risk assessment had been sent to residents over 16 and their representatives in relation to self-administration of medicines. There were no residents self-administering medicines at the time of inspection.

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

Findings:
The centre had a written statement of purpose which accurately described the services and facilities in the centre. It outlined the aims, objectives, and ethos of the centre and contained all the information required by Schedule 1 of the regulations.

The statement of purpose was reviewed at least yearly and was available in a format that was accessible to residents.

Judgment:
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:
Overall, the inspector found that the quality of care and experiences of residents was monitored in the centre. There were appropriate management systems in place to support and promote the safe delivery of care.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person in charge who had the authority, accountability and responsibility for the provision of services in the centre.

The person in charge demonstrated sufficient knowledge of the legislation and their statutory responsibilities. They provided good leadership and were fully engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The residents could clearly identify the person in charge.

There was an annual review of the quality and safety of care in the centre. The provider or their representatives had completed visits to the centre at least six monthly and a report on the quality and safety of care and support provided in the centre had been produced. This report was made available in an accessible format. It clearly identified necessary actions and there was evidence of follow up and completion of these actions. There was evidence of the involvement of resident, their representatives and staff in the review.

Staff meetings were held in the centre at least quarterly. There was good attendance recorded at these meetings. Agenda items included discussion in relation to incidents, quality and safety, HIQA action plan, personal plans, annual leave planning, audits and residents' meetings.

A number of audits were completed in the centre. Audits included those relating to food, supervision, person centred planning, medication management, quality and safety, health and safety and restrictive practices.
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 28 days or more. There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge should they have a planned or emergency absence.

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

Findings:
Overall, the inspector found that the number of full time staff in the centre was not appropriate to meet the assessed needs of residents. There was a heavy reliance on the use of agency staff and staff working extra hours in the centre.

There were a number of staffing vacancies in the centre. The recruitment process to fill these vacancies was in progress. The staff shortage was identified on the risk register in
the centre and has been escalated to the relevant departments. The person in charge and the provider representative both described steps and actions they had taken to highlight staff vacancies to the relevant personnel. They were currently working with the human resources department in the organisation to fill the vacancies.

There were planned and actual rosters in place. The inspector reviewed actual rosters in the centre for a three month period. A panel of regular agency staff were being used to fill the necessary shifts in the centre and staff were completing extra hours to ensure that there was always a full time member of staff on every shift.

The inspector met and spoke with seven staff in the centre over the two days of inspection including social care workers, household staff and agency healthcare assistants. All staff who spoke with the inspector demonstrated a good knowledge of their responsibilities and the support needs of residents in line with their personal plans. The inspector observed a thorough handover given to staff commencing shift by the person in charge on two occasions during the inspection. There was documentary evidence of induction for new and agency staff.

The education and training provided to staff in the centre was in line with the statement of purpose. Training records for all staff including agency staff were maintained in the centre. There was a system in place to track when staff require refresher training. Certificates of attendance at courses were maintained in the centre.

Staff supervision was in place and completed every four to six weeks. There was a professional supervision recording sheet used during supervision to record discussions held, decisions made, and dates for completion of actions. An audit of supervision was completed in the centre annually.

The inspector reviewed a sample of staff files in the centre and they contained all the information required by schedule 2 of the regulations.

**Judgment:**
Non Compliant - Moderate

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

Findings:
Records were maintained and most were accurate and up-to-date and stored securely in the centre. The policies listed in schedule 5 of the regulations were available during the inspection.

There was a residents' guide to the centre which was available in an accessible format.

The policies in the centre reflected the centre's practices. Overall, staff demonstrated a good understanding of the key policies relating to residents' general welfare, and how to implement them into practice. The policies and procedures reviewed by the inspector had been reviewed within the time frame identified in the regulations.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

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

<table>
<thead>
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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003375</td>
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<tr>
<td>Date of Inspection:</td>
<td>23 &amp; 24 January 2018</td>
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<tr>
<td>Date of response:</td>
<td>12 March 2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no systems in place to ensure personal plans were reviewed by members of the multidisciplinary team.

1. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are

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

Please state the actions you have taken or are planning to take:
List of residents attending respite to be sent to Heads of Disciplines with a view to planning scheduled meetings with members of the MDT.
The P.I.C. will take responsibility for ensuring meetings for each young person takes place at least annually. The P.I.C. will ensure that this is carried out in a consistently, and completed in a systematic process.

Proposed Timescale: 01/05/2018

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:
There were pieces of furniture in the centre which were worn and in need of repair.
A gate in the back garden of one of the premises was in need of care and attention.

2. Action Required:
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
Maintenance notified re garden door and funding has been granted for new door. Maintenance have inspected the back door and are in the process of replacing and putting new door in place.
Quotes have been sought for replacement of furniture, including TV unit and bed.

Proposed Timescale: 30/03/2018

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no documentary evidence that the organisations Designated Liaison Officer had been contacted following a number of incidents in the centre.

3. Action Required:
Under Regulation 08 (5) you are required to: Ensure that the requirements of national
guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

Please state the actions you have taken or are planning to take:
The P.I.C. will communicate in writing any incident, allegation or suspicion of abuse or neglect in relation to a child, including Peer to Peer incidents. The P.I.C. will discuss with the D.L.O. any incidents that occur including further referral to Tusla if appropriate, plan of action to prevent incidents occurring and follow through on any investigation as appropriate. All actions will be documented.

Proposed Timescale: Immediate or as incidents occur.

Proposed Timescale:

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no documentary evidence of follow up on a number of incidents in line with national guidelines or the organisations policies and procedures.

4. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
The P.I.C. will in line with national guidelines and organisations policies and procedures. Notify and document HIQA inspector on the 3 day notification forms, Designated Liaison Officer will be notified of any Peer to Peer incidents and action plan for incidents to be discussed.
All actions and investigations will be notified in writing to the regulator and Designated Liaison Officer. Documentation will include, Incident report, Action Plan, ABA Chart, ABA analysis, Documentation in young person’s chart, referral to MDT if appropriate, Referral to TUSLA if appropriate. System Analysis and follow up with HIQA within 20 days outlining outcomes following plan of action.

Proposed Timescale: Immediate or as Incidents occur.

Proposed Timescale:

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:
Some incidents were not reported to HIQA within the time frame set out in the regulations.

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

Please state the actions you have taken or are planning to take:
The P.I.C. will ensue as per regulations 31 (1) (f) to notify the Chief Inspector within 3 working days of any occurrence of Peer to Peer incidents and of allegations, suspected or confirmed of abuse of any resident.

Proposed Timescale: Immediately and as incidents occur

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The number of full time staff in the centre was not appropriate to meet the assessed needs of residents as outlined in the body of the report. There was a heavy reliance on the use of agency staff and staff working extra hours in the centre.

6. 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:
Arrangements are in place to convert agency staff to HSE full time staff. Following recruitment drive interviews are taking place 15th March with a view to addressing skill mix of staff and appropriate number of staff to care for the number of residents in the designated centre.

Proposed Timescale: 30/03/2018