Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Raphael's Residential Centre
Centre ID:	OSV-0003999
Centre county:	Cork
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Anne Marie Byrne
Support inspector(s):	Jackie Warren
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was Enforcement 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:
21 May 2018 12:10	21 May 2018 19:20
22 May 2018 10:00	22 May 2018 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
In November 2015, the Health Information and Quality Authority (HIQA) applied to the district court under Section 59 of the Health Act 2007 for specific conditions to be placed on the registration of this centre. This centre was intended to close in June 2018. The provider was seeking an extension of this closure date at the time of this inspection.

This was an unannounced inspection to identify if the provider was operating the centre in line with the district court conditions, to assess if the provider was making progress towards the transitions of residents to the community and to monitor overall compliance with the regulations as set out in the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013.

Description of the service:
The centre was based in a campus setting on the outskirts of a town in Co. Cork. The centre was divided into two units and intended to provide full-time residential care to male and female adults who present with an intellectual disability and who may have healthcare and behavioural support needs. In line with the district court conditions, no new admissions were accepted into this centre. At the time of the inspection, 14 male residents were living in this centre.

Each unit within this centre provided shared residents' accommodation, staff offices, a kitchenette, sitting room or conservatory area, recreational spaces and shared bathroom facilities. Each unit had ramped exits and residents had access to enclosed garden spaces to use if they wished.

How we gathered our evidence:
Over this two day inspection, the inspectors met with 11 residents who lived in the centre and with nursing and healthcare staff who worked in the centre. Due to the communication needs of residents living in this centre, inspectors did not speak directly with residents. All staff who spoke with the inspectors were knowledgeable in the care and support needs of each resident living in the centre and the inspectors observed staff to engage well with residents.

The inspectors also observed various care practices and reviewed documentation such as risk assessments, complaints records, fire safety records, residents' personal plans, residents' transition plans and various staffing records.

Overall judgment of our findings:
The plan that was agreed during court for the closure of this centre was that it should close by June 2018. However, the provider failed to achieve this, and while the provider did submit a revised plan to the Chief Inspector prior to this inspection with new closure date, this date was not agreed with the courts at the time of this inspection. As part of this inspection, the inspectors reviewed the progress that the provider was making towards the new closure date and found that the provider was working in accordance with the actions outlined within this revised plan. At the time of this inspection, 14 residents were preparing to transition to the community.

Overall, inspectors found residents were supported by staff to ensure their social and healthcare needs were met. Residents safety and welfare was maintained in this centre through effective risk management and safeguarding systems, improved healthcare arrangements, increased staff supervision and effective governance and management systems. Actions identified from the last inspection in November 2017 were addressed by the provider.

Of the 13 outcomes inspected, six were found to be compliant, three were substantially-compliant and four outcomes were in moderate non-compliance with the regulations. Improvement was required to the assessment and delivery of social activity in the centre and to the premises which also impacted on the privacy of residents. Minor improvement was also required to recruitment documents, and some aspects of healthcare and safeguarding.

The rationale for these findings are explained under each outcome in the report and the action plan at the end.

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

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

Theme:
Individualised Supports and Care

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

Findings:
Inspectors found that residents' rights, dignity and consultation needs were promoted in the centre, some improvements were required to consultation with residents, catering arrangements and food choices. Furthermore, residents' privacy could not be assured due to the design and layout of the centre.

Weekly residents meetings took place in the centre where staff shared information with residents. Inspectors reviewed a sample of meeting minutes which indicated that staff shared a range of information, such as fire safety and incident management with residents. Staff had also established also residents' views through consulting with them on a one-to-one basis and through their on-going knowledge and observation of residents.

Although residents' privacy and dignity arrangements was regularly monitored and reviewed by the person in charge, some of these arrangements required improvement. Sleeping accommodation was a mixture of single rooms and two multi-occupancy dormitories. One of these was four-bedded and the other was five-bedded, with curtains in place to segregate each resident’s sleeping space. In one single room there was an unscreened internal window looking into room. These arrangements reduced the privacy of residents, and noise levels in the dormitories interfered with some residents’ sleep.

The provider had storage arrangements in place for residents; however, some residents did not have sufficient space to store a reasonable amount of personal belongings. Although all residents had individual wardrobes, these were very small and did not give residents the option of keeping any more than a minimal amount of personal belonging

and clothing. However, efforts had been made to make residents' areas as personalised as possible and they were decorated with photographs, pictures, and personal belongings. The provider was acutely aware of how the premises was impacting on residents' privacy, dignity and lifestyle choices, and there were measures in progress to address this. The person in charge explained that the move to alternative accommodation in September 2018 would resolve the privacy and dignity issues that residents were experiencing at the time of inspection. She stated that all residents would have single bedrooms with ample storage space, and that they would be involved in choosing colour schemes and furniture for their rooms. Personal plans for intimate care had been developed for all residents to ensure privacy and dignity was being respected during the delivery of intimate care and that maximum independence was promoted.

There was a kitchenette available to residents to access in each unit of this centre, where residents could access light snacks and refreshments. However, these catering arrangements required improvement to ensure residents had the choice and facilities available to support them to be involved in the preparation of their own meals. There was a central kitchen and dining hall in the complex. Some residents went to the dining hall for their main meals while others had their meals delivered to the centre in heated units. Residents had two choices for each meal daily. Consequently residents did not have the option of being involved in their own meal planning and food preparation.

Laundry arrangements were also institutional in nature. Residents did not have access to laundry facilities in the centre and did not have the option to carry out, or take part in, laundering their own clothes if they wished to. The person in charge explained that when residents moved to their new homes in the community that domestic kitchens and laundry facilities would be available to them. Some residents were attending training in independent living skills in preparation for this move.

Residents' spiritual and civil rights were respected and supported. Their religious preferences had been established and were being supported. Residents who chose to, had been registered to vote. Information about a forthcoming referendum taking place later in the week was made available to residents in a user friendly format.

There was a system for recording and reviewing complaints. There had been a very low level of complaints in the centre. The inspector reviewed the complaints recording system and found that complaints had been suitably recorded, investigated and resolved. The complaints procedure was displayed and it identified the person nominated to manage and record complaints. There was an up-to-date complaints policy, which included an appeals process. There were also arrangement in place for residents to access advocacy services if required and details of this service was displayed.

The inspector reviewed a sample of residents' finances and found that they were managed in a safe and transparent manner. Residents' money was securely stored, transactions were clearly recorded and residents could access their own money when required. There were frequent checks and audits of financial transaction being carried out by staff and both internal and external auditors.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
The person in charge confirmed that written agreements for the provision of services had been made with, or on behalf of, all residents. The inspector viewed a sample of these agreements and found that they were informative, stated the service provided and the fee to be charged, and were signed by residents' representatives.

As this centre had been identified for closure, no further new admissions were being accepted.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
Inspectors found that residents' assessed needs were being met in accordance with their

personal plans, although improvement was required to the assessment of activity interests and opportunities in the centre and the achievement of some residents' goals.

There were records of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences, both at nearby supported day services and in the community. Each resident had a personal plan which contained personal information about their backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals. There was an annual meeting for each resident to discuss and plan around issues relevant to his life and wellbeing. These meetings were attended by residents if they chose to attend, their families, and their support workers.

Progress in achieving goals throughout the year was mixed. In a sample of files viewed, inspectors found that some current goals had been achieved or were being progressed, while others had not been progressed and reviews had not been carried out to assess and record progress.

There were activities taking place in nearby day services and residents' involvement was supported by staff. Staff also supported residents' access to the amenities in the local community such as shopping, eating out, meeting their families, and leisure outings. On the day of inspection residents took part in activities such as attending day service, taking walks with staff, and going to the cinema. However, while assessments of residents' interests and preferences had informed their involvement outside the centre, assessments had not given rise to comprehensive activity programmes within the centre when residents were not out. Inspectors observed that there were many times when residents sat in communal areas with nothing to do and no interaction or communication with staff.

Considerable work was in progress to manage the transfer of residents from the centre to alternative accommodation in September 2018. The management team and the person in charge were aware of the importance of suitable assessment prior to transition from the centre and admission to new accommodation. As part of this process compatibility assessments had been carried out, and transition plans had been developed to support a smooth transition for residents.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Overall, the design and layout of the centre was institutional in nature, did not meet the needs of residents, and did not support privacy and dignity of residents. The provider was acutely aware of the unsuitability of the building and there was a plan to close the centre by the end of September 2018. In addition, the person in charge regularly reviewed the impact the layout of the centre was having on the quality of life for residents through the centre's risk register. Alternative accommodation had been sourced and plans for the transition of residents to these houses were in progress. Although the centre remained unfit for purpose, inspectors found that considerable improvement had taken place to improve the level of comfort for residents. There had been no new admissions to the centre for the past three years and the numbers of residents had been reduced.

The centre was a large building in a campus setting close to a coastal town. All residential accommodation was on the ground floor. Residents' bedrooms were a combination of two dormitory rooms and several small single bedrooms. The dormitories were four and five bedded. Sleeping spaces in the dormitories were segregated by dividing curtains, and these spaces were personalised with residents' belongings. These rooms did not provide residents with privacy and they were also a thoroughfare for reaching other parts of the centre.

There were a range of communal areas including a large dayroom and a sun room, both with dining tables and seating, and several other seating areas. There were sanitary facilities located close to the residential areas and these were well equipped and laid out. There were two kitchenettes in the centre where snacks could be prepared for residents, although there were no fully equipped kitchens where residents could prepare their own food. While laundry services were provided to residents, they did not have access to facilities to carry out their own laundry.

Overall, the centre was kept in a clean and hygienic condition. There were supplies of hand sanitising gels throughout the building for staff, residents and visitors to use. There were wash hand basins with liquid soap and paper towel dispensers in each of the bedrooms and in all of the bathrooms and toilet areas.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Overall, the inspectors found the provider had adequate arrangements in place to ensure effective fire safety and risk management systems were in place within the centre.

A well-maintained fire alarm system within each unit ensured that staff would be alerted to the occurrence and location of fire within the centre. Each unit within the designated centre had fire doors in place, ensuring the containment of fire and smoke in the event of a fire. However, the inspectors observed one fire door required some maintenance work which was responded to by the person in charge by the close of the inspection. Following the inspection, the person in charge provided written assurance to inspectors that a plan was put in place to complete this maintenance work. Each unit within the centre had multiple fire exits available and regular fire drills were occurring which demonstrated that staff could evacuate residents in a timely manner. Each resident had a personal evacuation plan in place which guided staff on how they were to support residents to evacuate. Staff had received up-to-date fire safety training and staff who spoke with inspectors knew their role and responsibilities in the event of a fire in the centre. Emergency lighting was available both inside and outside the centre and regular fire checks and maintenance works were carried out. Although there was a displayed fire procedure within each unit, it did not adequately guide staff on how they were to respond to fire in the centre. This was brought to the attention of the person in charge, who rectified this prior to the close of the inspection.

The provider had arrangements in place to ensure residents' specific risks were identified, assessed, managed and regularly reviewed. Risk assessments were found to be clearly documented and accurately described the controls in place to manage identified risks, which had a positive impact on the residents living in this centre. For example, the inspectors observed that through the regular review of specific falls management control measures, one resident who was identified as being at high risk of falls, had not had a fall since 2015. Staff who spoke with the inspectors said that this reduction in the occurrence of falls for this resident was attributed to the falls management equipment available to the resident and to the increased staff supervision arrangements in place within the units. A risk register was in place for the assessment and review of organisational risks and this was regularly reviewed by the person in charge. Inspectors found the person in charge to have good knowledge of the risk management system and she had an escalation pathway available to her, which supported her to report high-rated risks to senior management to review.

Each unit within the centre had a separate incident reporting system in place. All incidents were documented by staff and reported to the person in charge to review. The inspectors observed a sample of incidents which had occurred in the centre and observed a good culture of reporting near misses and incidents, which had a positive impact on informing the centre's risk management activities.

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:
The inspectors found the provider had adequate arrangements in place to ensure residents were safeguarded from abuse and that restrictive practices were managed in line with the centre's policy. Where residents presented with behaviour that challenges, they received regular review and support from staff working in the centre.

There were some safeguarding plans in place at the time of this inspection and since the introduction of these plans, the inspectors observed that no further safeguarding incidents had occurred in the centre. Safeguarding meetings were held on a daily basis to review incidents which had occurred in the centre to determine if they required further screening by the person in charge. Safeguarding plans were found to be clearly documented and guided staff on their responsibility to safeguarding residents from abuse. Staff had received up-to-date training in safeguarding and staff who spoke with the inspectors were aware of the safeguarding plans in place and of their responsibility to safeguard these residents.

There were some restrictive practices in place and these were regularly assessed and reviewed. Documentation was available to staff to guide them on the appropriate application of these practices. However, records were not always maintained in accordance with Schedule 4 of the regulations for any occasions on which restrictive practices were used in the centre.

Where residents experienced behaviour that challenges, these residents received regular assessment and had clear behaviour support plans in place. All staff had received up-to-date training in the management of behaviour that challenges and a behaviour support therapist was available to support staff in the management of behaviour that challenges in the centre. The behaviour support therapist met with one inspector over the course of the inspection and told them of how there has been a significant decline in the occurrence of behaviour that challenges in the centre, which was attributed to

environmental changes which have been implemented by the provider.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
Inspectors observed that the person in charge had given the chief inspector notice in writing within three working days of adverse incidents occurring in the designated centre in accordance with regulation 31.

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

Findings:
Residents' healthcare needs were well met and they had access to appropriate general practitioner (GP) and other healthcare services as required.

All residents had access to GP services. Records showed that residents had consultation with GPs as required and all residents had an annual health check carried out by the GP. Referrals to other medical consultants were also made, when required, for residents. Appointments with medical consultants were also arranged as required. Residents had access to the services of health professionals, including physiotherapy, speech and

language therapy and occupational therapy. Referrals to these professionals were being made as the need arose. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice. In addition, other external healthcare services were arranged, such as visits with opticians, chiropodists and dentists.

Individualised support plans were developed for all residents' assessed healthcare needs, such as bowel care and skin integrity. These plans were clear, were up to date, and provided detailed guidance to direct staff. However, while the majority of the care interventions viewed in a sample of files were comprehensive and informative, there were some plans which did not include sufficient specific information to guide staff. For example, a sleep management plan was focused on recording sleep patterns and did not provide guidance on how to alleviate the problem, and in a bowel management plan the guidance on fluid and fibre intake was unclear.

Meals were prepared for residents in a central kitchen and were eaten either in the centre or in an adjacent dining room. Consequently, residents were not provided with the options and facilities to choose, buy and prepare their own food if they wished to as required by the regulations. Residents' nutritional needs and weights were kept under review and plans were developed to address any identified issues. For example, referrals to the speech and language therapist were made as required, recommendations were recorded and these were being implemented. During the inspection the inspector saw residents eating meals that had been prepared to meet their needs. Special aids such as adapted crockery and cutlery were supplied when required to support residents with dining independently. However, a weight management plan for a resident had not been suitably reviewed and updated as required when it became evident that the plan in place had not been effective.

Judgment:
Substantially Compliant

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

Theme:
Health and Development

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

Findings:
There were safe medication management practices in place to safeguard residents.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was

present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of 'as required' medications was prescribed with clear guidance on administration. All medication on prescription sheets, including discontinued medication, had been reviewed and signed by a GP. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify their identity if required.

There were suitable arrangements for the ordering, storage and return of unused and out-of-date medications.

Training records indicated that all staff involved in the administration of medication had received medication management training, although administration of medication was generally carried out by nursing staff.

Various audits were carried out to review the quality and safety of medication management in the centre.

At the time of inspection, none of the residents required medication to be administered crushed or medication requiring strict controls. All residents had been assessed for suitability to administer their own medication, although none of the residents were found to be suitable for this process.

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):

Findings:
The registered provider had prepared a statement of purpose outlining the services they intended to meet and this document was available in the centre and was regularly reviewed. However, upon inspection it was identified that it did not adequately describe all information as set out in schedule 1 of the requirements. Subsequent to the inspection, a revised copy of the statement of purpose was provided to the Chief Inspector.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Overall, the inspectors found that the systems were in place to ensure that the quality and safety of care delivered to residents was effectively monitored and regularly reviewed.

The person in charge held a full-time role and she was present in the centre regularly each week to meet with staff and residents. She held an administrative role which supported her to have the capacity to fulfil her role and to have regular oversight of care practices in the centre. She was supported by a team of clinical nurse managers and by the provider's representative in the management of this centre. Effective meeting structures ensured that regular staff and management team meetings were occurring to discuss issues arising in the centre. Overall, the inspectors found the person in charge to have good knowledge of the residents' needs and of the operational systems in place within the centre.

An annual review of the centre was completed prior to this inspection and the person in charge was awaiting the report to be finalised. Six-monthly unannounced provider-led visits were occurring in line with the regulations and where improvements were identified, actions were put in place by the provider to address these. A new audit programme was being implemented at the time of this inspection which planned to give additional oversight of areas such as medication management and care planning.

The plan that was agreed during court for the closure of this centre was that it should close by June 2018. However, the provider failed to achieve this timeframe and had submitted a revised plan to the Chief Inspector prior to this inspection to seek an extension of this date. Although plans were in place to consider this extension, no revised date of closure was agreed upon with the courts at the time of this inspection. The inspectors did review the provider's revised plan to close on the proposed date and found that the provider was working in accordance with the actions outlined within this plan. To ensure the works within this revised plan were completed in line with specified

time frames, the provider had identified various groups with the responsibility for overseeing the safe delivery of care residents up until the closure of this centre. However, this date was not the intended date of closure agreed for this centre at the time of this inspection.

Judgment:
Non Compliant - Moderate

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):

Findings:
The provider had a system in place to ensure that where the person in charge was absent for more than 28 days, persons were identified to be appointed to the role of person in charge.

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:
There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection, and staff had received training appropriate to their

roles. However, inspectors found that some improvement was required to the staff recruitment process.

There was a planned and actual staff roster which inspectors viewed and found to be accurate. Staff were in the centre to support residents at all times when residents were present, including during the night. Records viewed by inspectors showed that there were enough staff on duty to ensure that residents' healthcare needs were met and that personal care was delivered. There was always at least one nurse on duty in each unit of the centre during the day and evening and there was additional nursing support available at night if required. There was also a clinical nurse manager based in the centre to support staff and oversee the quality of care.

There were staff available to support residents to do things in the local community, and there were separate staff to support residents who attended projects at day services.

Inspectors found that staff had not been recruited, selected and vetted in accordance with all the requirements of the regulations. Inspectors reviewed a sample of staff files and noted that they contained most of the required documents as outlined in Schedule 2 of the regulations such as vetting disclosures, suitable references and photographic identification. However, in a sample of files viewed there some unexplained gaps in employment histories.

Training records indicated that staff had received training in fire safety, safeguarding, behaviour management and manual handling, all of which were mandatory in the organisation. In addition, staff had received a range of other training relevant to the needs and safety of residents, such as food safety, respiratory care and dysphagia care.

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[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003999
Date of Inspection:	21 and 22 May 2018
Date of response:	13 July 2018

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Facilities were not available for residents to prepare their own meals if they wished to.

1. Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

Please state the actions you have taken or are planning to take:
The facilitation of residents to prepare their own meals will be put in place when the residents have moved to a more home like environment where kitchen facilities will be available. This is planned to take place by 30th Sept in line with the HSE policy on 'Time to move on from Congregated settings' and 'Transforming Lives'.

Proposed Timescale: 30/09/2018

Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The privacy and dignity of some residents was not supported by the design and layout of the building.

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

Please state the actions you have taken or are planning to take:
The privacy and dignity of residents will be increased when the residents have moved to a more home like environment where privacy and dignity will be paramount. The service has made improvements in recent years with the addition of pods, personalisation of bedroom area etc however the lack of single rooms means that it is challenging to provide for optimum levels of privacy and dignity in a dormitory style setting. Residents will have their individual bedrooms, improved access to transport and a more homely environment. This is planned to take place by 30th Sept in line with the HSE policy on 'Time to move on from Congregated settings'.

Proposed Timescale: 30/09/2018

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to laundry facilities in the centre and did not have the option to carry out, or take part, in laundering their own clothes if they wished to.

3. Action Required:
Under Regulation 12 (3) (b) you are required to: Ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.

Please state the actions you have taken or are planning to take:
In line with the HSE policy ' A time to move on from Congregated settings' the

transition of residents to a more home like environment which will have access to laundry facilities will be in place by 30TH Sept.

Proposed Timescale: 30/09/2018

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents did not have sufficient space to store a reasonable amount of personal belongings.

4. Action Required:
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

Please state the actions you have taken or are planning to take:
In line with the HSE policy 'A Time to move on from congregated settings' , the residents will be moving to a new more spacious environment with adequate space to store clothes and belongings.

Proposed Timescale: 30/09/2018

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments of residents' interests and preferences had not informed the development of meaningful activity programmes within the centre when residents were not out.

5. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
A meaningful activity audit has been completed and deficits have been identified. Staff meetings have been carried out and a daily planner has been put in place in conjunction with the OT where each resident now has a daily meaningful activity plan in place which includes morning and evening activities.

Proposed Timescale: 10/06/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Progress in achieving some goals had not been made, and reviews had not been carried out to assess and record progress.

6. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
A monthly audit has been carried out on all goals and same have been reviewed and updated.

Proposed Timescale: 30/05/2018

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:
The design and layout of the centre did not meet the needs of residents.

7. 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 design and layout of the premises will be changed to a more home like environment when the residents are moved to another more spacious homelike environment.

Proposed Timescale: 30/09/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the use of restrictive practices were recorded in line with the requirements of regulation 4.

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

Please state the actions you have taken or are planning to take:
A daily log of restrictive practices is now in place.

Proposed Timescale: 24/05/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some healthcare plans which did not include sufficient specific information to guide staff.

A weight management plan for a resident had not been suitably reviewed and updated as required when it became evident that the plan in place had not been effective.

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

Please state the actions you have taken or are planning to take:
A dietary review has been organised for this resident with the dietician. Additionally the Nutritional Assessment has been updated and a follow up plan has been put in place. The weight management plan has been updated and reviewed with more specific information included to support staff to follow this plan. Staff continue to monitor weight closely and implement the support plan. Furthermore an audit has been carried out on all weight management plans in this Des Centre and they have been updated where necessary.

Proposed Timescale: 02/07/2018

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not provided with the options and facilities to choose, buy and prepare their own food if they wished to.

10. Action Required:
Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

Please state the actions you have taken or are planning to take:
Residents will be supported to purchase their own groceries and prepare and cook their own meals when they have moved to a more home like environment in the houses in the community where everyday kitchen facilities will be available. This is planned to take place by 30th Sept in line with the HSE policy on 'Time to move on from Congregated settings'.

Proposed Timescale: 30/09/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the closure of this centre was occurring in line with the district court conditions of registration.

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

Please state the actions you have taken or are planning to take:
The HSE while not adhering to the original closure date has successfully opened four houses in 2017, which allowed a reduction in numbers from 30 to 14 on the Ground Floor Designated Centre. In line with comprehensive updates which have been submitted to both the courts and the HIQA inspectorate an additional 5 houses will be open by the 30th Sept. The opening of these houses will facilitate the relocation of all residents on the Ground floor to ensure its closure by 30th Sep. As agreed by the inspectorate the registration process for these new houses will run concurrently with the refurbishment process.

Proposed Timescale: 30/09/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not been recruited, selected and vetted in accordance with all the requirements of the regulations. There were some unexplained gaps in employment histories of some staff.

12. 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:** A comprehensive review has commenced to review all staff documentation. This is expected to be completed by Sept 30th 2018.
Proposed Timescale: 30/09/2018