Centre name: Rosenheim Services
Centre ID: OSV-0005330
Centre county: Sligo
Type of centre: The Health Service Executive
Registered provider: Health Service Executive
Lead inspector: Anne Marie Byrne
Support inspector(s): Ivan Cormican
Type of inspection: Announced
Number of residents on the date of inspection: 20
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 to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 22 November 2017 09:00
To: 22 November 2017 19:10

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

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

Summary of findings from this inspection
Background to the inspection:

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

How we gathered our evidence:

Inspectors met with twelve residents, ten of whom spoke with inspectors, with three
choosing to speak directly with inspectors about the service they receive. Inspectors also met with four staff members, the person in charge and the director of nursing for the service during the inspection process. The centre consists of five houses in close proximity to each other and all five houses were visited by inspectors during the course of the inspection. Inspectors reviewed practices and documentation, residents' files, staff files, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This centre is managed by the Health Service Executive (HSE) and is located outside a town in Co.Sligo. The centre provides residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service can accommodate male and female residents, from the age of 18 years upwards. Three of the houses provide accommodation for four residents, one of the houses provides accommodation for three residents and one of the houses provides accommodation for five residents. There were no vacancies or planned discharges at the time of inspection.

The person in charge had overall responsibility for the centre and is based in the centre on a full-time basis. The person in charge visits each house regularly each week to meet with residents and staff. All houses are two-storey dwellings and have a communal kitchen and dining area, sitting room area, bathroom facilities and single and shared bedrooms for residents.

Overall judgment of our findings:

Overall, the provider had made some improvements since the last inspection in March 2017. Of the eight actions that were required from the previous inspection, five of these were found completed, with three actions not satisfactorily implemented. Of the 18 outcomes inspected, Inspectors found ten outcomes compliant, three outcomes substantially compliant and four outcomes in moderate non-compliance. A major non-compliance was found in relation to workforce.

The findings and their actions are further outlined in the body of the report and the action plan at the end of this 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):
No actions were required from the previous inspection.

Findings:
No actions were required from the previous inspection. Upon this inspection, inspectors observed that residents were consulted in decisions about their care and in the daily operations of the centre. However, some improvements were required to the complaints procedure, privacy and dignity arrangements for residents in shared accommodation and to the arrangements in place to support residents to manage their finances.

Residents were regularly consulted about how they wished to spend their day and each house held weekly residents’ meetings. The person in charge told inspectors that the centre had recently changed the structure of residents' meetings, to ensure residents had regular opportunities to discuss areas such as complaints, activity planning, menu planning, safeguarding and any other issues residents wished to raise. Residents were involved in the planning and review of their care, with residents' signatures observed by inspectors on various personal plans and personal goals. Residents had access to advocacy services through an external service and information about this service was displayed in each house. Residents who spoke with inspectors said that staff regularly ask them how they wish to spend their day and over the course of the inspection, inspectors observed staff interacting respectfully with residents. Although the provider had arrangements in place to ensure residents’ privacy and dignity was respected within the centre, inspectors observed there was inadequate bed screening available in shared bedrooms, to ensure residents privacy and dignity was maintained.

Residents' had personal bank accounts which were maintained in the centre, with each resident have their own personal wallet, account statements and transaction record. Copies of residents' purchase receipts were also maintained and a sample of these were
reviewed by the inspector and found to correspond with residents' transaction records. Some residents' balances and purchase receipts were spot checked by the person in charge and an inspector. These were found to correspond with the residents' transaction records. Financial capacity assessments were completed for each resident. However, some guidelines which were in place to inform staff how to support residents' to manage their finances, were unclear and did not correspond with the recommendations from some financial capacity assessments.

A complaints officer was identified for the centre and his photograph was displayed in each house for residents to identify. There were no complaints being investigated at the time of this inspection; however, the provider had systems in place for the recording, response, management and appeal of complaints received. The provider had a complaints policy in place; however, this procedure was not prominently displayed in each house. This was brought to the attention of the person in charge who ensured a copy was displayed in each house by the close of the inspection. An easy-to-read version of this policy was available to residents; however, it did not include the provider representative's details, how their complaint would be responded to, managed, or on the appeals process available to them.

**Judgment:**
Non Compliant - Moderate

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
On the day of inspection, inspectors found that the communication needs of residents were being met.

Inspectors reviewed a sample of personal plans which contained a communication profile for each resident. These plans were reviewed on a regular basis and contained information on how residents' communication needs would be met.

Many of the residents could verbally communicate their thoughts and feelings and residents who were unable to communicate verbally had been referred to, and reviewed by, a speech and language therapist. Following these reviews a communication system had been devised which incorporated various communication methods such as sign language, objects of reference and picture exchange. Staff had a good knowledge of these plans and were observed using these methods of communication to interact with
The centre also had information in regards to rights, complaints and safeguarding on display in easy-to-read formats.

**Judgment:**
Compliant

### Outcome 03: Family and personal relationships and links with the community

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
On the day of inspection, inspectors found that residents were supported to maintain links with their families and their local communities.

Each of the houses in the designated centre contained photos of residents enjoying social events with their family and friends. Communication diaries indicated that residents were in regular contact with their families and some residents were supported to contact their families on a daily basis.

Residents were also supported to return home for visits and video calling had been explored to assist some residents to interact with family members who were no longer living in the country.

**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:**
On the day of inspection, inspectors reviewed a sample of written agreements which were signed by the resident, their next of kin and a representative from the organisation providing the service. Written agreements were found to contain the services to be provided, the fees to be charged for these services and any additional charges which the resident may incur.

**Judgment:**
Compliant

---

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

**Theme:**
Effective Services

---

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

**Findings:**
The actions required from the previous inspection were satisfactorily completed. Inspectors observed personal goals now identified the person responsible to support each resident to achieve their goals.

Since the last inspection of this centre, the provider had allocated an additional 39 social care hours to support residents to engage in social activities. The person in charge told inspectors these hours were predominately allocated for social care at weekends, but were flexible to support residents with social activities during the week if required. Inspectors noted that residents engaged in activities such as day trips, day services, visits to the cinema, attending local games, attending concerts and visiting local coffee shops and restaurants. On the day of the inspection, staff were supporting some residents to attend an art class, while other residents told inspectors they were going to exercise classes that evening.

A comprehensive assessment process was in place for each resident, which included an assessment of their needs. These assessments were found to be reviewed annually or more frequently if required. Personal plans were developed for each resident, and were found to provide very specific guidelines to staff on the support they were required to
give to residents. Residents and their representatives were found to be involved in the assessment and personal planning process and all personal plans and assessments reviewed by inspectors were found to be up-to-date. Personal goals were developed with residents and inspectors observed a variety of goals including breaks away, booking tickets for gaelic games, visiting family graves and event planning. The person in charge told the inspector that some residents were also being supported by staff to book a holiday for next year. Inspectors observed each goal had an action plan in place, which detailed the names of those responsible for supporting residents with their goals, the actions required to achieve goals and the progress being made towards their achievement.

No residents were transitioning to or from the service at the time of this inspection.

**Judgment:**
Compliant

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

**Theme:**
Effective Services

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

**Findings:**
On the day of inspection, inspectors found that the premises was meeting the assessed needs of residents. However, some improvements were required to the maintenance of some houses.

The centre comprised of five houses which were located in housing estates on the outskirts of a large town. Each house was two-storeys and were located within walking distance of each other. Each house was warm, clean and had medium sized kitchens and reception rooms. However, inspectors observed traces of mildew in the kitchen, bathroom and office area of one of the houses.

Some residents had their own medium sized bedroom which they had decorated and furnished. Residents had keys for their bedrooms and could lock them as they so wished.

Residents in three of the houses shared a double bedroom. These bedrooms were large enough to accommodate both beds and the personal belongings of each resident. Inspectors met with all residents who shared a bedroom and discussed their views on
sharing their personal space. The majority of resident stated that they had been consulted about sharing a bedroom and also stated their satisfaction with these arrangements. One resident was unable to voice their views about sharing a bedroom; however, they appeared relaxed in the company of the resident with whom they were sharing and they also appeared happy to show inspectors their bedroom.

Judgment:
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
</tr>
</tbody>
</table>

| Theme: |
| Effective Services |

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

| Findings: |
| On the day of inspection, inspectors found that the health and safety of residents, staff and visitors was promoted in the designated centre. One action in relation to partitioning between two houses had been satisfactorily addressed with the installation of fire doors. However, two actions were found not to be satisfactorily implemented since the last inspection, with improvements still required to the risk assessment of residents who wished to smoke and to displayed fire procedures. Upon this inspection, inspectors also found that further improvements were required to the centre's risk management system. |

All staff had received up-to-date training in fire safety and staff who spoke with inspectors knew how to evacuate residents from the centre. Each resident also had a personal emergency egress plan (PEEP) which was reviewed on a regular basis. Each house had fire doors, emergency lighting, fire extinguishers and a fire alarm in place. Staff were conducting regular checks of these precautions and all fire equipment was serviced as required. Although staff could tell inspectors how they would evacuate residents from upstairs accommodation, inspectors observed that the displayed fire procedures still did not guide on the upstairs evacuation arrangements in place. In addition, these procedures did not guide staff on the management of oxygen in the centre, should a fire occur. Although the provider had a minimum of two fire exits available to residents in each house, the provider failed to ensure adequate means of escape were available from the back garden of one of the centre's houses, should the back door fire exit be used in the event of a fire.

The centre had systems for the monitoring and review of adverse events. Inspectors found that staff had a good understanding of this system and all recorded adverse events had been addressed in a prompt manner by the person in charge.
The centre had arrangements for infection control and hand washing was actively promoted.

Each resident had a primary risk rating score completed and subsequent risk assessments were completed in areas such as falls and epilepsy. However, risk assessments had not been completed for residents who required modified diets or who were deemed at an increased risk of bruising. Since the last inspection, the person in charge developed risk assessments for residents who wished to smoke, but these assessments were not risk rated and failed to adequately describe the current controls in place to guide on the next date of review. In addition, some residents living in the centre wished to participate in positive risk taking, including spending time alone in the centre. Although the person in charge, staff and residents could tell inspectors what safety arrangements were in place when this occurs, not all residents who participated in this practice had a risk assessment in place. The provider had a risk register in place, which was regularly reviewed and contained identified risks such as lone working, fire, slips, trips and falls and welfare. However, the provider had not included safeguarding as part of their risk management assessments.

**Judgment:**
Non Compliant - Moderate

---

**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

**Findings:**

On the day of inspection, inspectors found that the provider had systems in place to protect residents from potential abuse.

Residents were observed to be relaxed and enjoyed the company of staff members on duty. Residents who met with inspectors stated that they felt safe in the centre and could approach any member of staff if they had a concern. Information on reporting and responding to allegations of abuse were on display and staff had a good knowledge of these reporting procedures.

Staff were guided in the care of residents who presented with behaviours that may
challenge by behavioural support plans, which were regularly reviewed by the staff team, psychology and a behavioural support specialist. Staff had a good knowledge of these plans which contained both proactive and reactive strategies for supporting residents.

The centre had two active safeguarding plans in place, which had been implemented to good effect by the staff team. Staff had good knowledge of these plans which were also reviewed on a regular basis. All staff had received up-to-date training in safeguarding.

Information on reporting and responding to allegations of abuse were on display and staff had a good knowledge of these reporting procedures.

Judgment:
Compliant

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

Theme:
Safe Services

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

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

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
There were no actions required from the previous inspection. Upon this inspection, inspectors found that residents were supported to participate socially and develop skills in activities suitable to their age, interests and needs.

Residents were engaged in social activities, inside and outside of the centre. Various courses were available for residents to attend such as advocacy courses and living skill courses. The person in charge told inspectors that some residents had graduated from these courses, while others were commencing these courses. The person in charge also told inspectors that some residents were supported to participate in volunteer work with various volunteer organisations involved with the centre. Residents were also supported to access the community regularly to go to concerts, the shops, group exercise classes and go on overnight trips away.

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

Judgment:
Compliant

Outcome 11. Healthcare Needs
Resident are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
No actions were required from the previous inspection. Upon this inspection, inspectors found that each resident was supported to achieve and enjoy the best possible health. Residents' healthcare needs were met in-line with their personal plans and through timely access to healthcare services.

Residents had access to allied healthcare services and a clear recording system was in place to demonstrate which healthcare professionals were involved in each residents' care. Where residents had specific healthcare needs, inspectors found the required personal plans were in place, which identified the specific supports required by residents. For example, where residents were identified with specific nutritional, recommendations from the speech and language therapist were incorporated within residents' nutritional support plan to guide staff on the use of modified diets.

Each house in this centre had a fully equipped kitchen and dining facilities available to residents. Residents were involved in the planning of weekly meals, weekly grocery shopping and in the preparation and cooking of meals as they wished. Residents were
also supported to dine out in local restaurants if they wanted to. During the inspection, the inspector observed residents to freely access the kitchen for snacks and refreshments.

**Judgment:**
Compliant

---

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

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

**Findings:**
No actions were required from the previous inspection. However, upon this inspection improvements were required to some prescription records and to the assessment of residents who wished to take responsibility for their own medicines.

Where medicines were administered by healthcare assistants, training in the safe administration of medicines was provided to these staff members. The provider had arrangements in place to oversee safe medication practices including regular medication audits and regular stock takes of as-required medicines. Medicines were stored in a locked cupboard, with some dispensed using a compliance aid and others in their original packaging. Medicines were clearly labelled with the residents' details and medicines dispensed using compliance aids detailed the names and photographs of medicines to allow staff and residents to identify the medicines.

Inspectors reviewed a sample of medication administration records and found no gaps in the administration practices. A culture of reporting medication errors was promoted within the centre and the inspector observed that where errors occurred, these were recorded and actioned in a timely manner. Prescription records included details of the residents' identity, residents' photographs and medicines prescribed were signed by the residents' general practitioner (GP). However, inspectors observed some medicines prescribed did not provide clear instructions on the frequency of their administration.

All residents were taking partial responsibility for the storage and administration of their medicines. Residents were provided with lockable storage for their medicines and held the key to access their own medicines. They were supported by staff to administer their medicines and staff had the responsibility to record all administrations. Assessments were completed on all residents to assess their capacity to take responsibility for their own medicines; however, inspectors observed these assessments did not provide guidelines on whether residents' assessment scores met the criteria for safe self-
administration. In addition, some residents’ capacity assessments were not reviewed where medication errors had previously occurred.

**Judgment:**
Non Compliant - Moderate

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The provider had a statement of purpose in place for the centre to outline the services the centre intended to meet. However, inspectors observed the statement of purpose did not inform on the following:
- the current registered provider representative’s details
- the specific care and support needs the service intends to meet
- the age range and gender of the residents for whom it is intended that accommodation should be provided
- arrangements in place for residents to access education, training and employment

**Judgment:**
Substantially Compliant

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
The actions required from the previous inspection were satisfactorily implemented. Upon this inspection, improvements were required to the provider's systems for the review of safe and quality care to residents.

The person in charge had overall responsibility for the centre and was supported in her role by the provider's representative and director of nursing for the service. She was familiar with the service, had over three years management experience, was very knowledgeable of residents' needs and was familiar with the staff working in the centre. The person in charge held an administrative role and visited each house in the centre regularly each week to meet with residents and staff. Regular staff meetings and management meetings were occurring within the centre. The person in charge met regularly with the director of nursing and told the inspector that she had good over-the-phone communication with the director of nursing between meetings.

The provider had systems in place to monitor the delivery of safe and quality care to residents. A six monthly unannounced visit was last completed in February, 2017 and the person in charge told the inspector that plans were in place to complete a further audit on the 29th of November, 2017. Where actions were outstanding from the last audit report, the person in charge demonstrated to the inspectors that these actions were under regular review to ensure they were progressing towards completion. The annual review of the service was completed in November, 2017 which identified a number of actions which were not yet due for completion at the time of this inspection. Internal audits were also occurring on a regular basis including audits of residents' finances, medication management, personal plans, environmental and incident reviews. Inspectors reviewed the annual review and although it identified improvements in areas such as shared bedrooms, structural works, staff recruitment, policy development and staff training, it failed to identify other areas of non-compliance with the regulations and standards. For example, the review failed to identify the improvements required to risk management and fire safety management.

**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):**
No actions were required from the previous inspection.
Findings:
No actions were required from the previous inspection.

The provider had arrangements in place that in the absence of the person in charge, the director of nursing for the service would have the overall responsibility for the centre.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
On the day of inspection, inspectors found that the centre was adequately resourced to meet the needs of residents.

Since the last inspection an additional 39 hours of social care had been deployed in the designated centre. Inspectors noted that these hours were deployed throughout the week to facilitate residents to engage in further social activities and events. Staff also reported that these hours have had a positive impact on the social lives of residents. Residents had access to local transport and provider transport as required.

Judgment:
Compliant

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

Theme:
Responsive Workforce

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

**Findings:**
Since the last inspection, inspectors found overall improvements to staffing arrangements and to the completion of staff training. However, some improvements were still required to the maintenance of schedule 2 documents, including adequate garda vetting records and gaps in employment.

Overall, inspectors found the provider had adequate staffing arrangements in place to meet the assessed needs of residents. The provider had allocated an additional 39 social care hours to the service since the last inspection. Inspectors observed consistency in the provision of these hours to the service each week, with staff also telling inspectors that these hours had made a positive impact on the social care of residents who required this level of support. These additional hours were found to be flexible and could be rostered as required to meet the social care needs of residents. There was a planned and actual roster for the service which clearly outlined the names of staff on duty and their start and finish times. The centre was using agency staff at the time of this inspection and there was consistency in the agency staff provided.

The person in charge had completed supervision with all staff and she also had received supervision from her line manager. Training records were maintained at the centre and staff had received up-to-date training in areas such as behaviour support, hand hygiene, safe administration of medication, safeguarding and fire safety. Refresher training dates were also available for all staff working in the centre.

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

**Judgment:**
Non Compliant - Major

---

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

**Theme:**
Use of Information

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

**Findings:**
On the day of inspection, inspectors found that records and documentation supported the delivery of care in the designated centre.

Inspectors reviewed Schedule 5 policies within the centre and found that one policy in regards to recruitment, selection and Garda vetting of staff was not in place. All other policies were in place and review dates of these policies were in line with the regulations.

Inspectors also reviewed Schedule 3 records and found that these were in line with the regulations.

**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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005330</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>22 November 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>9 January 2018</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure adequate bed screening was available in shared bedrooms.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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


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 provider has requisitioned appropriate privacy curtains to be installed in shared bedrooms. This will be in place by the below date.

Proposed Timescale: 31/01/2018
Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure financial competency assessments provided staff with clear guidelines on the support to be provided to residents to manage their own finances.

2. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
The Person in Charge has reviewed the financial competency assessments and amended the corresponding financial guidelines for each resident to ensure they clearly guide staff on the level of support each resident requires.

Proposed Timescale: 28/11/2017
Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the easy-to-read complaints procedure informed residents of the current provider representative details, the process of how their complaint would be managed and on the appeals process available to them.

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

Please state the actions you have taken or are planning to take:
The provider has amended the easy read complaints procedure to ensure it includes the details of the current provider representative and the process available to residents for managing and appealing complaints. A copy is now on display in each house.
**Proposed Timescale:** 28/11/2017

**Outcome 06: Safe and suitable premises**
**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure arrangements were in place to prevent the presence of mildew in the centre

4. **Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
The provider will ensure that the premises will have a deep clean completed and treatment carried out to prevent the presence of mildew in the centre by the below date. Mildew in kitchen cleaned, treated and painting of kitchen completed on 5/12/17

**Proposed Timescale:** 14/01/2018

**Outcome 07: Health and Safety and Risk Management**
**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The registered provider failed to ensure adequate risk management systems were in place for the following:
- adequate risk assessment for residents who wished to smoke to include dates of review, accurate control measures and overall risk rating
- risk assessment for positive risk taking practices within the centre
- risk assessment for safeguarding, the use of modified diets and the increased risk of bruising.

5. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The provider has ensured that the risk assessments for residents who wish to smoke has been completed.
The risk assessments for positive risk taking practices within the centre has been complete.
The risk assessments for safeguarding, the use of modified diets and the risk of bruising have been completed.

**Proposed Timescale:** 28/11/2017

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to provide adequate means of escape from the back garden of one of the houses in this centre

6. **Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
The provider has made arrangements with the adjacent property owner to have a gate installed in the fence of the adjoining garden to ensure that the residents have a means of escape from their back garden. The evacuation procedure will be amended to reflect the changes when the work has been completed.

**Proposed Timescale:** 31/01/2018

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge failed to ensure the fire procedure displayed adequately guided:
- on the upstairs evacuation arrangements for each house within the centre
- the management of oxygen therapy within the centre, should a fire occur

7. **Action Required:**
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has reviewed and amended the fire procedure for each house to include the evacuation arrangements from upstairs and the management of oxygen should a fire occur.

**Proposed Timescale:** 28/11/2017

**Outcome 12. Medication Management**
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge failed to ensure that residents prescription records clearly guided on the frequency of administration for all medicines.

8. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has ensured that the prescription chart has been amended to include clear instruction on the frequency of administration of medicines.

**Proposed Timescale:** 28/11/2017

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge failed to ensure capacity assessments provided clear guidelines following assessment findings for residents who wished to take responsibility for their own medicines.

9. **Action Required:**
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has reviewed and amended the capacity to administer medication assessment for a resident to ensure it provides clear guidance on the level of capacity and support required.

The Person in charge will ensure that capacity to administer medication assessments are updated in a timely manner.

**Proposed Timescale:** 28/01/2018

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the statement of purpose contained all information as set out in schedule 1 of the regulations

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

Please state the actions you have taken or are planning to take:
The Provider has ensured that the statement of purpose has been reviewed and updated to ensure it contains all information required under schedule 1 of the regulations.

**Proposed Timescale:** 14/12/2017

**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 the annual review of the service identified all areas of improvement required in accordance with the regulations and standards.

11. **Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The provider representative has reviewed and amended the annual review of the service to ensure all areas identified for improvement post inspection have been included.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure all information as required by schedule 2 of the regulations was maintained for all staff.
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:**
The Person in Charge has ensured that gaps in the employment history in relevant files have been completed.

The Person in Charge has updated the employment history. Garda vetting for staff will be completed by January 31st 2018.

**Proposed Timescale:** 31/01/2018

---

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that the policy on recruitment, selection and Garda vetting of staff was available for review.

13. **Action Required:**
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

**Please state the actions you have taken or are planning to take:**
The National Recruitment Service operates under the Commission for Public Service Appointments (CPSA) Code of Practice and you will find relevant information regarding the recruitment process on the HSE website. This document is presently within the Schedule 5 policy folder in each area across the centre.

**Proposed Timescale:** 09/01/2018