

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003363
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Teresa Dykes
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	PJ Wynne
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	3

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 3 day(s).

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

From:	To:
09 June 2014 17:00	09 June 2014 20:00
16 June 2014 17:00	16 June 2014 23:00
17 June 2014 10:00	17 June 2014 13:30

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 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority (the Authority). Part of this monitoring inspection was to assess if five residential houses could be considered for registration under the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, as one single designated centre.

The provider nominated the three houses in Tubbercurry, Co. Sligo, one house in Carrick on Shannon Co. Leitrim and one house in Rooskey, Co Leitrim as a single designated centre in its return to the Authority. Having completed a monitoring inspection of all 5 houses the Authority does not consider that this is a single designated centre as the residential services do not meet the following criteria:

The services are not within the same geographic area. The Person in Charge does

not have adequate capacity to ensure the proper governance and oversight of the services. Each residential service does not provide a similar type of service that can be described within a common statement of purpose and function.

It is the view of the Authority that the five houses are more appropriately operated as four separate centres. The provider needs to consider PIC arrangements for the centres and ensure that arrangements that are forwarded to the Authority comply with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

The inspectors inspected the five houses nominated as a single centre. The person in charge and her assistant facilitated the inspection. As part of the inspection, inspectors met with the person in charge, visited the centres and met with service users and staff members on duty. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures in each house. Staff confirmed that the service users were informed of the inspection and this was confirmed by some of the service users who were able to communicate their views to the inspectors. The inspectors requested the consent of the service users to enter their home. The inspectors viewed the bedrooms in the company of the service users or with the consent of the service user accompanied by the Person in Charge (PIC) and reviewed the person centred plans of the service users who were in residence on the day of inspection. All houses were clean and appropriately furnished.

On the day of each inspection there was sufficient staff to meet the needs of the service users. All service users had personal centred plans and there was evidence of communication with significant others for example family members in some personal plans reviewed. Systems were in place including risk management, health and safety policies and fire systems to support staff to provide safe care to service users. Staff were familiar with residents and could inform inspectors of their likes and dislikes with regard to food and activities service users enjoyed. Staff stated that they supported and assisted the service users to be involved in making decisions and in engaging in meaningful activities of their choice.

The areas that require review post inspection include ensuring that the risk management policy complies with Regulation 26 and that risk assessments are comprehensive with a person responsible and a review date included, ensuring that the premises meet the needs of the residents, protection of privacy and dignity of residents, completion of fire drills to include mock evacuation during night time hours to ensure that service users can be safely and swiftly evacuated at all times, review of the statement of purpose, development of picture timetables and a non verbal communication system, the use of assistive technology by way of DVD's etc for the person centred plans, ensuring that person centred plans reflect planning for a change in circumstances should service users needs change for example an increase in their dependency and /or a deterioration in physical or mental well-being. These are discussed further in the report and included in 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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a complaints policy in place which was freely available to service users. The centres followed the HSE's complaints procedures and there was a dedicated complaints officer and an independent nominated person. Staff were able to inform inspectors of the process. Residents confirmed they had no complaints but if had a complaint, would speak to the PIC. There were no complaints recorded at the time of the inspection.

Inspectors found that residents' rights and dignity were supported by the staff. Residents were consulted on the running of the centre. There were weekly house meetings where residents were supported by staff to make decisions. In most cases there was evidence of residents being involved in the development of their support plans to ensure their goals were achieved. Residents told inspectors they were consulted with and their views were acted upon with regard to choosing food and participation in daily activities. Some residents' verbal communication was compromised and there were no picture timetable or non verbal communication systems in place to enhance communication for these service users.

Staff confirmed that residents were supported to exercise their political, civil and religious rights in line with their individual wishes and abilities. Residents were supported to attend religious ceremonies of their choice, for example, some residents attended Mass.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Contracts of care were in place which set out the service to be provided in the designated centre. However they did not contain the fees to be charged, as required by the regulations. Most of the contracts reviewed were not signed. The person in charge informed the inspectors that they had recently commenced the enactment of the contract of care.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Each Service User had a PCP (Person Centred Plan). Most plans outlined choices and identified goals together with actions/interventions to support achievement of these goals, however some required review to ensure goals set were achieved. In a minority of plans reviewed there was no documentation to support that goals had been achieved. A comprehensive assessment of health, personal and social care needs had been completed. Inspectors found that service users and their relatives were involved in the

development and review of some of the personal files. While there reviewed regularly and in any event annually, inspectors noted that there were some instances where it was difficult to elicit from the information whether the goals had been achieved. Additionally where service users had attended training or work experience there was no evidence of an evaluation of this.

Not all contents of the personal plans were accessible to residents. They were contained in a folder with photographs of some activities undertaken with a considerable amount of information in written format. Additionally, the personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example with deterioration in physical health, dementia or other common associated problems.

#### Social Activities

Recreational activities were available for service users in the resource centre where day services were provided or a day service was provided in their home by day staff, five days a week. Some service users attended day services provided by an alternative provider. The inspector spoke with the person in charge with regard to this arrangement and found that there was a lack of clarity around the governance of this arrangement. The inspector found that there was no agreement or memorandum of understanding with regard to the shared responsibility of the service user. Day services provided opportunities for service users to participate in meaningful activities appropriate to their interests and capabilities. In addition external activities included visits to local cafes and restaurants, shopping and walks.

Comments by service users with regard to staff included "I'm very happy, staff are really nice, they put you on the right way, love living here, couldn't get better than the PIC"

#### **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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

House in Co. Leitrim

This is a bungalow style house which provides full – time permanent accommodation to

four residents. One bedroom is shared between two service users. A bedroom is available for staff to sleepover. A sitting room with a kitchen cum dining area is available. An area of the dining room is used as an office space, which poses a challenge to maintaining confidentiality when staff has to access personal files while service users use the kitchen.

#### House in Co. Roscommon

There are four bedrooms, three of which are occupied on a shared care basis and one for a permanent male service user and one as a staff sleep over room. Two bedrooms have en-suite facilities, one of which is allocated to staff. A communal bathroom is available. No more than five residents are accommodated on any one occasion. Service users share a bedroom. A downstairs communal toilet, sitting room and kitchen cum dining room complete the layout of the premises.

#### Houses in Co.Sligo

House 1 is a bungalow style house that specifically meets the needs of elderly care residents. It provides full – time permanent accommodation to four residents, two residents shared a bedroom. All others had a bedroom of their own. Two sitting rooms and a kitchen cum dining room were available for all service users to share. A utility room and office were also available. The garden had been recently developed to meet the needs of the residents and provided a pleasant safe accessible outdoor space. There were four service users resident in this house on the day of inspection.

House 2 is a bungalow style house which provides accommodation to three service users. There are four bedrooms, three of which are occupied by service users and one is a sleep over room for staff. There is only one shower available and this was in an en-suite of one of the bedrooms. A bathroom was available. A sitting room, dining area and kitchen cum-dining room is also available. Dampness on ceiling along external wall was noted by one of the inspectors.

House 3 is a two storey style dwelling which provided accommodation to four service users . Three bedrooms are located upstairs, one of which is a staff sleep over room and one service user is accommodated downstairs. One of the bedrooms has an en-suite facility. There is no communal shower facility downstairs and one service user has been assessed as requiring a downstairs bedroom but has to go upstairs to shower. Additionally the toilet downstairs is too small to facilitate this service user's mobility aid. This poses a risk to the service user. Consideration needs to be given to obtaining an up to date occupational therapy report with regard to current arrangements in this house to ensure they meet the assessed needs of the residents.

The only private space available to service users is their bedroom in three of the houses (two houses have two sitting rooms).in houses with one sitting room, if a visitor attends the home and a service user shares a bedroom there is no private space to meet visitors without impinging on the rights of other service users, if the service user and their visitor use the dining room as it is a kitchen cum dining room other residents can't



access the kitchen, if the service user and visitor use the sitting room other service users have no access to a television or a relaxed seated area.

Service users did not have a choice identified as to whether they wished to share a bedroom. En-suite bathroom facilities should be for the exclusive use of the occupant of that bedroom and not used as a communal shower or toilet.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found that some measures were in place to promote and protect the health and safety of residents, visitors and staff. The centre had a health and safety statement and a risk management policy in place. The risk management policy was comprehensive and met the requirements of the Regulations. Some environmental risks had been managed by staff, for example, the environment was clean and clutter free and staff had undertaken training in food hygiene regulations. However, there were deficits in risk management. There were no thermostatic controls in place to ensure the temperature of the water at point of contact with service users was not higher than 43 degrees centigrade.

The inspectors viewed a number of individual risk assessments such as safety while using the cooker, and found that staff took a proactive approach to mitigate risk to service users. However some of the risk assessments did not have a date for review. Appropriate measures and actions to control risks for the service user were in place. These were being used to ensure that service users could participate in activities with identified controls and supports in place to ensure the safety of service users.

Additionally while there was risk assessment in place with regard to a service user's smoking there were poor details of controls in place to mitigate the risks this posed to the service user.

**Emergency plan**

An emergency plan was in place which included a contingency plan for evacuation in the event of an emergency. This contained contact details of local voluntary organisations that could assist if an emergency occurred. Emergency numbers with regard to loss of water, electricity etc was available.

#### Accident and incident reporting

The centre had an incident reporting system in place. The person in Charge described a transparent reporting system and there was an open positive culture of incident reporting in place. Accident and incident recorded were reviewed by PIC but there was no evidence of how learning from incidents occurred.

#### Fire safety

The inspectors found that precautions were in place to prevent or respond to fire. A policy was available on fire safety. Precautions were in place to prevent or respond to fire. The inspectors spoke with staff and they were knowledgeable about what to do in the event of a fire. While fire drills were carried out, completion of fire drills over the night time period had not taken place to ensure that staff could safely evacuate at night time. The fire extinguishers were serviced on an annual basis, these were last serviced in September 2013 and quarterly servicing of the fire alarms was occurring, this had last been completed on the 22 March 2014, this also includes a check of emergency lighting. Fire safety training for all staff had taken place which included evacuation procedures was in date. Fire exits, which had daily checks, were observed by the inspectors to be unobstructed.

#### Infection Control

An infection control policy was available and staff were aware of infection control procedures. Staff had received training in hand hygiene. Staff were aware of laundry procedures should there be an outbreak of infection.

#### **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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

Measures to protect service users being harmed or suffering abuse were in place. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults. The inspectors reviewed the policies and procedures for the

prevention, detection and response to allegations of abuse. These gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse. The PIC was aware of the name and contact details of the designated contact person. Staff members spoken with were aware of the policy, and of their responsibility to report any allegations or suspicions of abuse. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service. An advocacy service was available to service users.

**Finance Management**

Systems were in place to manage service users' pocket money and protect them from financial abuse. Staff managed small amounts of money for the service users.

Transparent arrangements were in place with regard to the documentation of all transactions. A staff member signed all transactions and receipts were available.

Finances were audited regularly by management.

**Restrictive procedures**

Inspectors were informed that no restrictive procedures were in practice at the time of this inspection.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The staff were maintaining records of all accidents and incidents in the centre. These were reviewed by the person in charge and the regional manager. The centre has submitted a nil return as no incidents have occurred that required notification to the Authority.

**Judgment:**

Compliant

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**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Staff and residents described good access to the local general practitioner (GP) services and inspectors saw evidence of this recorded in files reviewed. An out of hour's GP service was also available. Comprehensive health assessment and regular health screening were in carried out to ensure residents had optimal health. There was evidence available on files reviewed that residents had been seen or were in the process of being seen by arrange of allied health services including physiotherapy, occupational therapy, chiropody, the optician and dentist. A 'hospital passport' was available for each service user to assist with the transition to an acute medical hospital if required. This included current medication, communication, health and social care needs. Additionally numbers of significant others were recorded. These were updated regularly.

Residents who had epilepsy, had a seizure management plan outlining guidance for staff with safety instructions during and post a seizure and the procedure to be adapted if status epilepticus occurred. Emergency medication was prescribed and staff were trained in safe management of epilepsy to protect the residents.

There was a policy in place to provide guidance for the monitoring and documentation of service users' nutritional intake. Nutritional care assessments were completed and residents' weights were recorded monthly. Service users had free access to the kitchen. Service users told inspectors that they had a house meeting once weekly facilitated by staff. Here they decided on their weekly shopping list and choose their evening meal for the week ahead. The evening meal was prepared by staff assisted by the service users.

Areas of health care which required review included care plans with regard to diabetes. These were not detailed enough to ensure they guided staff in the delivery of safe care if a service user had an episode of hypo or hyperglycaemia.

**Judgment:**

Non Compliant - Minor

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**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):**

This was the centre's first inspection by the Authority.

**Findings:**

A policy on the management and prescribing, storage and ordering of medication which provided guidance to staff with regard to safe practices in medication management was available.

Resident medication prescription charts were reviewed by the inspectors and the findings were as follows:

- where medication was discontinued there was no signature of the general practitioner
- there was no maximum dose prescribed for as needed (PRN) medications.
- the administration charge had the 24 hour clock while the prescription chart had the 12 hour clock. This could lead to an error in administration.
- Healthcare assistants administered the medication but had not undertaken any training in medication management.

Inspectors observed that medications were stored in a locked facility. There were no medications that required strict control measures (MDA's) at the time of the inspection.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The statement of purpose set out the services and facilities provided in the designated

centre. The aims, objectives and ethos of the centre were defined. However, aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

The areas requiring review are outlined below;

- 4. Further detail is required re room size and their primary function
- 9. Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.
- 12. The arrangements for residents to access education, training and employment
- 14. The arrangements made for residents to attend religious services of their choice.
- 17. Details of emergency procedures.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability.

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told inspectors that the person in charge was a good leader, approachable and supported them in their role. Inspectors found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear knowledge of the support needs and person centred plans for service users.

However, the geographical locations and difference in services at each house does not indicate that this person in charge role, while effective at present, could be sustainable in the long term.

The person in charge was employed full-time, her post included management of the day services and PIC for three houses in Tubbercurry, one house in Carrick on Shannon and one house in Rooskey. She generally worked 09:00 hrs to 17:30 and visited the residential services on a monthly basis. She knew the service users well as she seen

them on a daily basis at the resource centre. The person in charge had worked within the centre for many years and was a qualified nurse in the field of disability (RNID). She is supported in her role by a Clinical Nurse Manager and nursing staff. She reported directly to the Acting Service Manager who is based in Sligo and is the nominated provider on behalf of the organisation. Records reviewed confirmed that she was committed to her own professional development. Inspectors found, through interviews with staff, that in the absence of the person in charge, an on-call arrangement was in place 24/7 and inspectors found that staff were aware of these and had ready access to the contact details.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors noted adequate staffing levels to meet the needs of service users at the time of inspection and inspectors found there was a relaxed and homely environment in the houses. It was clear that staff were familiar with resident's wishes and had a good knowledge of their likes and dislikes. Residents' relied upon a continuity of care from staff who knew and understood them and when speaking with inspectors often referred to staff for their affirmation. There was a key worker system in operation and all key workers had worked with each resident for a significant period of time. Residential staff were in place from 16:30 hrs to 24:00hrs each day from 08:00hrs to 10:00hrs and all day at weekends. After 24:00hrs there is a care assistant/support worker 'sleep over' in place. All service users attend a day service. If staff were off sick or on leave they were replaced by regular part-time staff working extra hours or regular agency staff.

Staff confirmed that they felt supported and there was an out of hours on call service available. Training records were held centrally which outlined the planned and actual training for all staff. From review of the training records inspectors were unable to establish if all staff had completed mandatory training in fire safety and adult protection. Training provided to date included infection control, hand hygiene, fire safety, adult protection, basic life support and safe management of epilepsy.

Inspectors reviewed six staff files for compliance with good recruitment practices and found that all required documents, with the exception of valid photo identification as outlined in Schedule 2 were in place. The PIC informed the inspectors that agency staff were employed on occasions, however there were no documents in place to assure inspectors that these staff had all of the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

While a staff rota was in place in each house the hours worked by staff were not documented and no abbreviation code was in place on the roster to identify the hours worked. Inspectors noted 'P' on the roster and were told by staff that this meant staff was present. The Clinical Nurse Manager and the staff nurse in day services work a late shift once a week and one weekend a month to provide management support to staff. The PIC attends the centre once a month and more often if required to do so. No log was available as to how much time the PIC spent on residential care service matters.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The designated centre had written operational policies as required by Schedule 5 of the regulations. However, additional work was required to ensure the policies were sufficient to inform practice and included up to date evidence based practice.

**Judgment:**

Non Compliant - Minor



## 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:***

Mary McCann  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003363
<b>Date of Inspection:</b>	09 June 2014
<b>Date of response:</b>	04 September 2014

### 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 is failing to comply with a regulatory requirement in the following respect:**

Some residents' verbal communication was compromised and there were no picture timetable or non verbal communication systems in place to enhance communication for these service users.

**Action Required:**

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

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

Picture time table is being developed where resident's verbal communication is compromised. Referrals made to Principal Speech and Language Therapist for review of service users communications needs. Recommendations made by Speech and Language Therapist re non verbal communication systems will be fully implemented.

**Proposed Timescale:** 21/11/2014

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Contracts of care did not contain the fees to be charged, as required by the regulations. Most of the contracts reviewed were not signed.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Contracts of care document the fees to be charged and are now signed.

**Proposed Timescale:** 28/10/2014

**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:**

Not all contents of the personal plans were accessible to residents.

**Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

All personal plans are now accessible to residents

**Proposed Timescale:** 28/10/2014

**Theme:** Effective Services

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

Personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example with deterioration in physical health, dementia or other common associated problems.

**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:**

Work is ongoing to ensure that residents personal plans incorporate planning for the future for a change in circumstances and transition planning to support service users should their needs change for example with deterioration in physical health, dementia or other common associated problems.

**Proposed Timescale:** 12/12/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

House 3 Tubbercurry

There is no communal shower facility downstairs

The toilet downstairs is too small to facilitate service user's mobility aid.

The only private space available to service users is their bedroom

**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:**

Service Provider and Person in charge will initiate discussions with the owner of house No 3 Tubbercurry with a view to upgrading the premises to address the inadequacies in accommodation as identified in the recent HIQA monitoring inspection report.

**Proposed Timescale:** 28/10/2014

**Theme:** Effective Services

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

Dampness on ceiling along external wall was evident in one of the houses in Tubbercurry.

**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:**

A referral will be made to HSE Estates to address dampness problem on ceiling along external wall of house

**Proposed Timescale:** 05/09/2014

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

**Theme:** Effective Services

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

There were no thermostatic controls in place to ensure the temperature of the water at point of contact with services users was not higher than 43 degrees centigrade.

**Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Person in Charge will make referral to HSE Estates requesting that thermostatic controls will be put in place to ensure the temperature of the water at point of contact with services users will not be higher than 43 degrees centigrade.

**Proposed Timescale:** 05/09/2014

**Theme:** Effective Services

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

While fire drills were carried out, completion of fire drills over the night time period had not taken place to ensure that staff could safely evacuate at night time.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably

practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Completion of fire drills over the night time period has taken place to ensure that staff could safely evacuate at night time.

**Proposed Timescale:** 30/09/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Areas of health care which required review included care plans with regard to diabetes. These were not detailed enough to ensure they guided staff in the delivery of safe care if a service user had an episode of hypo or hyperglycaemia.

**Action Required:**

Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

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

Care plans with regard to diabetes will be reviewed to ensure they guide staff in the delivery of safe care if a service user had an episode of hypo or hyperglycaemia.

**Proposed Timescale:** 30/09/2014

**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:**

Resident medication prescription charts were reviewed by the inspectors and the findings were as follows:

- where medication was discontinued there was no signature of the general practitioner
- there was no maximum dose prescribed for as needed (PRN) medications.
- the administration charge had the 24 hour clock while the prescription chart had the 12 hour clock. This could lead to an error in administration.
- Healthcare assistants administered the medication but had not undertaken any training in medication management.

**Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

All medication prescription charts will be reviewed to ensure that

- All medication that is discontinued is signed by the general practitioner
- Maximum dose prescribed as needed is documented for all (PRN) medications.
- The administration chart and the prescription chart has the 24 hour clock documented

Healthcare assistants are scheduled to undertake medication management training which will be delivered by the pharmacist in the months of October to December.

**Proposed Timescale:** 19/12/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose requires review are outlined below;

4. Further detail is required re room size and their primary function
9. Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.
12. The arrangements for residents to access education, training and employment
14. The arrangements made for residents to attend religious services of their choice.
17. Details of emergency procedures.

**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 statement of purpose will be reviewed to include the following:

- Further details on room size and their primary function
  - Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.
  - The arrangements for residents to access education, training and employment
  - The arrangements made for residents to attend religious services of their choice.
- Details of emergency procedures.

**Proposed Timescale:** 19/09/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

The Post of Person in Charge of the five houses requires review.

**Action Required:**

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

The Post of Person in Charge of the five houses will be reviewed.

**Proposed Timescale:** 20/10/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Valid photo identification as outlined in Schedule 2 were not in staff files

No documents with the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were available for agency staff employed on occasion.

**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:**

Valid photo identification as outlined in Schedule 2 will be available in staff files

The information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 will be made available for agency staff employed on occasion.

**Proposed Timescale:** 12/12/2014

**Theme:** Responsive Workforce

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

While a staff rota was in place in each house the hours worked by staff were not documented and no abbreviation code was in place on the roster to identify the hours worked.

**Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.



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

The hours worked by staff are documented and abbreviation code is in place on the rosters to identify the hours worked.

**Proposed Timescale:** 04/09/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Policies reviewed were not sufficient to inform practice or include reference to up to date evidence based practice.

**Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Policies will be reviewed to include reference to up to date evidence based practice.

**Proposed Timescale:** 30/01/2015