

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003331
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	16
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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 October 2014 09:00 To: 23 October 2014 17:30

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 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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The centre comprises of three houses located around the town of Dungloe. Each house provides a distinct service. House 1 provides long term support for four residents aged between 50 and 65. It is situated in a residential area a short drive from the town. House 2 provides respite and shared care and again can accommodate up to four residents but in practice usually accommodates fewer people at any time. The age profile here is eighteen years upwards. The final house in the group, house 3 accommodates up to ten residents who range in age from thirty five to eighty. Nine residents lived there on a long term basis and one resident had a shared care arrangement between the centre and home. All houses provide a welcoming home like environment and residents described being satisfied with their accommodation, the independence they had and the quality of life they experienced.

House 1 and 2 were domestic in style, furnished to a high standard, appropriately

spacious and maintained in good decorative condition. House 3 while in good condition was noted to be confined and the service here required review as the design and layout did not facilitate the use of assistive equipment which was needed by many residents. The house lacked adequate amenities such as dining and sitting space where all residents could sit together in comfort. Space for residents to receive visitors was limited and there was no private space for visitors. The inspector was told that there was a plan to provide accommodation in smaller settings for the present resident group over the next year.

The inspector found that the person in charge and staff team conveyed a positive attitude to the care of people with disabilities. Staff knew resident's well, could describe their interests, personal goals and family connections. They were knowledgeable about the support needs of residents and could describe how they encouraged their independence and promoted their choices and their way of life. Procedures were in place to assess residents prior to admission to the centre and visits by prospective residents and members of family were encouraged to help them make informed decisions about moving to the centre either for long term or respite care.

Residents had been informed about the inspection and some had remained at home for a short period during the morning to meet with the inspector. They described their experiences of living in the centre, showed the inspector their rooms and outlined their day care and social programmes. All indicated that they were satisfied with their living accommodation and their social opportunities. They regularly went in to town and attended a range of community events.

The healthcare needs of residents were met to a high standard. Residents had regular access to general practitioner (GP) services and to a range of allied health services. Residents told the inspector that the food they had at home was very good and also said "there was plenty of variety". The inspector noted that residents were addressed respectfully by staff who gave them plenty of time to communicate, greeted residents when they met and checked arrangements when residents departed from the houses.

Residents were actively involved in the day-to-day running of the centre. There was a system for consultation with residents through regular meetings. These meetings were used to elicit residents' views, plan menus, discuss local events and activities, plan outings and share information.

Staffing levels adequately met the assessed needs of residents. The inspector noted that adjustments were made to meet the needs of service users particularly in the respite service where the profile of residents changed from week to week. There was a commitment to developing staff through ongoing training to ensure that they were competent to meet the changing needs of the residents.

Overall the centre reached a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Persons (Children and Adults) with disabilities) Regulations 2013. There were some areas identified for attention during the inspection and these included:

- Staff files need organisation to ensure that all the required schedule 2 documents are available as required for staff who work with vulnerable people
- Some accident and incident reports lacked detail on the care provided following an event and lacked detail on measures taken to prevent a recurrence of the incident to protect residents and staff
- Financial arrangements needed better controls and more regular checks of money held on behalf of residents to adequately protect residents and ensure staff could manage money in accordance with good practice guidance.

These areas for improvement are discussed further in the report and are included with others for attention 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:

The inspector found that residents were consulted about their daily routines and could exercise freedom of choice about how they spent their time. The activities and routines in each house reflected residents' dependencies and lifestyle choices. Residents who had significant needs and required high levels of staff support were able to remain at home.

The inspector talked to three residents in one house and to four in another. They were clear about what they would do if they needed to make a complaint or raise an issue of concern. They said they would feel confident that they could approach care or nursing staff to inform them of their concerns or they would relay the problem to a member of family to raise the issue on their behalf. There was a complaints procedure and residents had access to the Health Service Executive Your Service, Your Say process. Staff said that most issues raised were minor and were dealt with by the staff on duty at the time or by the nurse in charge. There were no active complaints being investigated at the time of the inspection. The complaints procedures required clarification in some aspects as the format indicated that issues not resolved would be referred to the Health Service Executive national office however the actual practice was to refer to the customer affairs office locally for resolution. The inspector concluded that the procedures required a minor revision to outline the actual processes in place.

The inspector examined the arrangements in place to manage residents' money and personal possessions. There was a procedure in place to guide staff on how residents' personal property and possessions should be managed. Staff could describe the process they followed and showed the inspector how this operated. There were separate records for all residents, receipts were kept for all income and expenditure and the money in

hand reflected the balance in the record. Each transaction was signed by the member of staff accessing the money. There was a check made by staff of the money held in each house when transactions were being recorded. The inspector noted that the arrangements did not include a regular systematic check of the money in hand, that transactions were signed by only one person and was told while a periodic audit was conducted by the Health Service Executive (the Executive) this had not been done for some time. Any changes made to the named staff identified to manage money on behalf of residents were notified as required. The inspector concluded that the procedure for managing money needed more rigour and a more organised checking system to effectively protect residents and staff who manage money. An action plan in relation to this is outlined in outcome 18.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Residents could communicate freely and staff said they regularly conveyed their views particularly about life in the houses and what they liked to do. The inspector saw that residents were free to talk to the inspector, to show her round and to discuss their day to day life and what was important to them. Some residents showed the inspector their rooms.

Communication needs and abilities were noted to be described well in care and in personal plans. Specialist organisations had been contacted for assistance and specialist equipment to help residents communicate better where required. The inspector saw examples of good practice and this was illustrated by:

- verbal ability was described and how interventions by staff improved interactions and elicited positive responses. In one instance phrases and words that had meaning for the resident were described to guide staff when communicating with him.
- some residents had their personal plans in large font sizes that enabled them to read the information easily and also had copies in their rooms
- residents who wished to had joined the local library and had audio and book membership
- residents who had visual difficulties had prompts such as memory boxes to remind them of particular events or interests and
- new technologies such as lap top computers were used by some residents.

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):

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

Findings:

The inspector observed that they were good links maintained with family members. Residents said they were free to have visitors at any time and confirmed that their visitors were always welcomed and that staff ensured they had refreshments and snacks available to offer them during visits.

There was information available that indicated that residents had good connections with the local community. Some were involved with organisations such as the local Tidy Towns committee and walking groups. Other activities that took place in the day care service also had a community link particularly the drama productions which residents said they enjoyed.

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):

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

Findings:

The inspector found that the care and support currently provided to residents reflected their assessed needs and wishes and contributed positively to their quality of life. Residents present in the houses during the inspection showed the inspector their personal plans and described how they outlined goals they wanted to achieve and how they were supported to do this. The inspector found that goals and care needs were

identified clearly and support plans were in place to address the targets outlined. Residents said that they were fully involved in all decisions, that they had good freedom and that staff helped them to achieve the goals they identified. They told the inspector that they felt they could contribute to life in their homes and as an example said that they had been able to rearrange their day care so that they could contribute personally to the inspection.

There were regular reviews with their key workers and nurses. The contribution of other professionals and day care services was included. Records that outlined how service users spent their time were also maintained. Personal plans were reviewed although some had not been reviewed annually as required by the regulations now in place. For example one personal plan had been compiled in 2011 and was only comprehensively reviewed in 2014. Alterations were made to accommodate changing needs and lifestyles. For example the inspector saw that where residents were moving between services for example from support at home to shared care between the residential facility and their home that there was a plan in place to ensure such transitions were managed effectively. Changes in health care needs sometimes prompted increased reliance on residential facilities and the inspector saw that when arrangements required change they were well planned, organised to meet the needs of residents and that the independence of residents was promoted and their choices facilitated.

Residents were noted to have personal plans available in formats that met their communication needs. Some were available in large fonts and aspects of plans such as social activity were illustrated by photographs. There were documents known as hospital passports that described essential information about the residents, their main health care problems, medication, communication needs and significant family contacts to guide other professionals in a hospital or other setting.

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):

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

Findings:

The designated centre consists of three community houses. Houses 1 and 2 were located in residential areas just outside the town of Dungloe. Four residents were accommodated in house 1 and lived there on a long term basis. House 2 provided respite care and the number of residents accommodated varied from week to week but

usually did not exceed four residents at any time. Both houses were well decorated, attractively furnished and provided a good environment for residents. The houses are rented and residents had long term tenancy agreements.

House 3 was considerably larger and provided accommodation for nine residents on a long term basis and to one resident on a shared care basis.

The bedrooms in Houses 1 and 2 were generously proportioned, single occupancy and there was adequate bathroom/shower facilities for the number of residents accommodated.

In house three there were 5 shared rooms. Several residents were wheelchair users and doors and hallways had been modified to ensure appropriate access. A tracking system had been installed in bedrooms to assist with moving and handling manoeuvres.

There was a range of communal spaces in each house and except in house 3 residents had a choice of places to relax and spend time as a group or privately. Here the dining and sitting space was noted to be confined particularly when all residents were at home and when residents required assistance from staff. There was no private space for residents to receive visitors. There was good garden space around each house.

There was suitable general storage space. All rooms had space for residents to store their clothes and personal belongings and there were areas where residents could secure their possessions. Bedroom areas were noted to reflect residents personal choices for colour and decoration and were personalised with pictures, photographs and ornaments belonging to the occupants. Residents had facilities to wash and dry their clothes and where needed staff helped with this task.

On the day of inspection, the houses were suitably ventilated and appropriately heated.

The overall findings were that houses 1 and 2 provided appropriate facilities for residents but house 3 did not provide adequate private or communal space for the number of residents currently accommodated taking in to account their care and mobility needs.

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:

The inspector found that there were systems in place to promote the health and safety

of residents, staff and visitors. Health and safety statements were available in all areas and there was a member of staff nominated in each house to coordinate health and safety matters. The current safety statement was being updated the inspector was told. A range of safety equipment was available and included wheelchairs and overhead tracking systems for residents where mobility was impaired.

A range of fire prevention measures were in place. The fire escape routes were noted to be clear and unobstructed in all houses. These were checked regularly and residents could tell the inspector the routes they were expected to follow from varied points in the house. Staff and residents the inspector talked to knew what to do in the event of a fire and regular fire drills were carried out. Residents were involved and staff described how they had conducted the fire drill to ensure that residents recognised the alarm and followed the appropriate instructions. The inspector viewed the fire records which showed that fire fighting and fire alert equipment had been regularly serviced. The fire alarm was serviced quarterly and this was noted to have been done in June and September 2014. Staff had systems in place to check the fire alarm and activated this from a different point each week. Emergency lighting and fire doors were regularly checked and faults recorded and remedied. For example, a fire door was noted to close with excessive force and this had been highlighted for attention and adjusted. There was a regular maintenance programme for fire extinguishers and emergency lights.

In house 3 the inspector noted that fire training had highlighted the need for an alternative evacuation system as the ski sheets were not practical for some service users and the narrow hallways hindered evacuation with mattresses and ski sheets. An alternative evacuation method had been demonstrated and staff were aware of how to put this into action. The inspector noted there was a lack of clear guidance/signage in this house to direct staff and residents to the nearest fire exit.

The inspector read the risk management policies and specific risk assessments which had been developed. The risks identified included residents smoking, vulnerability to falls, choking risks, infection control, managing challenging behaviours and managing epilepsy. The inspector found that some risks identified did not have an effective strategy in place to manage or minimise the risk. For example, in one instance the risk assessment and care plan for a resident with epilepsy did not outline the routine prevention measures in place, the care during a seizure episode or any first aid measures. Some care staff were noted to have training in cardiopulmonary resuscitation but they did not have training in first aid methods or in the administration of emergency medication for seizures.

A record of accidents and incidents was maintained. The inspector noted in some records examined that while there were good details on the events that occurred there was poor information or what measures had been put in place to prevent a further incident. For example incidents that described where residents had hit staff did not have a review of the episode or a management plan to prevent further episodes. The inspector concluded that the risk assessment and management of incidents required review to ensure the well being of residents and staff was protected.

All houses were noted to be visibly clean and there were supplies of personal protective equipment available.

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:

The provider and person in charge had taken appropriate measures to protect residents from being harmed and from suffering abuse. The inspector found that all of the staff spoken to during the inspection were aware of the types of abuse, their responsibility to report any incidents or suspicions of abuse and were aware of the procedures they were required to follow. Residents spoken to said that they felt safe and secure in their homes. Three residents could identify who they would talk to if they had a concern and described the staff in charge and other staff in day services as resources they felt they could rely on.

There were records to indicate that staff had received training on identifying and responding to abuse however there were some records where it was not possible to determine if all members of staff had attended the required training. This is discussed further under outcome 17.

The inspector reviewed the centre's policy on the prevention, detection and response to adult protection matters. This policy was noted to need revision to provide guidance to staff in each house on who to report to particularly the arrangements for reporting such incidents out of normal work hours and the procedures for the protection of the scene where this is required.

There was a misconduct allegation under investigation at the time of this inspection. The notification required was submitted to the Chief Inspector. The area coordinator for residential and day care disability services was coordinating the investigation. The inspector has been informed that the matter was found to be unsubstantiated. Additional training has been provided for staff on adult protection specifically the aspect of making reports.

There were some residents that presented with fluctuating behaviours including autistic

behaviours that required specific approaches. There was a record of the types of behaviours that presented and the way these behaviours were addressed to ensure safe and therapeutic outcomes for residents. The inspectors observed that the person in charge and staff team had measures in place that included risk assessments and care plans to address these issues. Additional support staff including one to one support was provided where required. A policy to guide staff on managing challenging behaviour was available.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the notifications to be provided to the Chief Inspector regarding incidents and accidents and the time frames for the submission of notifications.

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):

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

Findings:

The inspector found there was a good range of activities and some training options available to residents both in the centre and in the local community. Many residents attended a local day service and said they were involved in varied activities there. Some of these activities helped them develop skills they said and some had a more social

aspect. They also had hobbies and interests that they pursued at home. The inspector saw photographs and records of day to day life and events that were kept in residents' personal files and in their rooms. The events recorded included birthday parties, visits to restaurants, trips out, swimming, exercise sessions and day to day activities such as cooking at home.

One resident told the inspector that he takes part in regular long walks arranged in the locality and described also his involvement in community groups such as Tidy Towns. Other residents said they go to football matches, concerts, play basketball and use the local swimming pool. They also do their own shopping and help plan and prepare meals and do household chores. In house 3 a poly tunnel provided an additional interest for residents. This was in active use and staff helped residents grow vegetables and plants. Training, day care and social activity opportunities form part of personal plans. The inspector saw that where new activity was sought or targets had been outlined for attendance at particular activities that progress on this was described in care records. For example, details of when a resident attended particular events were available and overall the inspector saw that there was good availability of social care. Staff were proactive in helping residents explore what was available and were enthusiastic in their approach to the provision of social care which residents said they appreciated. Obstacles to achieving targets were outlined where relevant.

Residents who did not wish to continue with day care activities had the option of remaining at home and had social programmes that met their changing needs.

Transport was available for residents to ensure that they could attend leisure activities. A rural transport service was available to take residents to day care.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

Residents were supported to achieve good health outcomes through care planning, access to medical services and monitoring of residents individual health care needs. The inspector found that care practice was targeted at supporting residents to remain as independent as possible and engaged with their families and local community. Records of medical care needs and interventions were noted to give a comprehensive overview of conditions that required attention and how these were being addressed.

Residents had access to local doctors and there was information that confirmed that that regular health reviews were undertaken. There was good communication between professionals including staff in day care services which contributed in a positive way to how support staff delivered care. Staff were observant and responsive to residents changing healthcare needs. Residents' progress notes and medication records were sent to day care each day and observations were recorded and highlighted for attention or addressed. Residents who had mobility problems had been assessed, referred to the occupational therapist and had appropriate mobility equipment and environmental supports in place to help them remain independent and able to use facilities such as showers and baths safely. Residents had been offered the influenza vaccine and there was a record of when this had been administered. The inspector found that there was good access to allied health professionals such as physiotherapy, speech and language and occupational therapy. Residents had access to chiropractors and opticians in the local community. Staff were knowledgeable about the recommendations of health professionals and how to implement recommendations into practice.

Staff told inspectors that the quality and choice of food was frequently discussed with individual residents and changes were made to the menu to meet requests and personal choices. Residents assisted staff with the weekly shopping and the menu was discussed at house meetings. The inspector noted that the fridges were well stocked with a variety of food. There were adequate supplies to prepare additional snacks if needed. The evening meals were cooked by staff with assistance from residents where appropriate.

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:

There were varied systems in place for medication management and administration and the arrangements were in the process of change when the inspection was conducted. A monitored dosage system for administration was in the process of being introduced. In one house where the system was operational carers were responsible for the majority of care to residents and for medication administration. The system was working well according to staff who said that they had been provided with training by the pharmacist when it was introduced. House 3 which is staffed by nurses at all times currently administered medication from the original containers.

Staff were aware of safe practices to be observed and had systems in place to ensure

appropriate storage and administration. There was a comprehensive medication management policy in place which provided guidance to staff.

The inspector noted that when carers administered medication they signed separate to the medication administration record and also noted that carers, while they had training from the pharmacist as part of the introduction of the monitored dosage system and had some training from nurses prior to this, there was no recognised competency assessment / formal training programme in place to ensure that they had appropriate skills and knowledge in medication administration. This is further referred to in Outcome 17- Workforce as the inspector concluded that a formal training programme was required to ensure staff were appropriately competent to manage and administer medication.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose for each house that outlined the services provided. The inspector found that all of the information as required by the Regulations had not been described. Information required included the size of the rooms in each house that formed part of the designated centre which was absent from the floor plans and details provided.

It is recommended that the names of staff be replaced with the whole time equivalent numbers and grades of staff employed to avoid unnecessary updates of the document when personnel change. The provider had made a copy available in each house and staff were familiar with the document.

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):

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

Findings:

The inspector found that there was an established governance structure in place. A clinical nurse manager had the role of person in charge. She reported to the area coordinator who had overall responsibility for five residential houses and the day care service. During discussions the person in charge and other staff demonstrated a commitment to providing a good quality service that met legislative requirements and the needs of residents.

The inspector found that the person in charge was appropriately qualified and had the necessary experience to fulfil this role. She was a registered nurse and had many years experience in the disability area. She was actively involved in the day to day operation of the service and was on duty daily in house 3. She was familiar with all residents and their care/support needs.

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):

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

Findings:

The inspector reviewed staff rotas and the staff deployment model. A health care assistant was available in houses 1 and 2 at all times when residents were at home. Additional staff including a full time nurse was deployed to the service to meet the needs of residents with high care needs when admitted for periods of respite care. The inspector found that staffing levels and the skill mix in place was appropriate to meet the needs of residents and as described were adjusted to meet the changing needs of the resident group. The achievement of goals as described in personal plans was also evidence that staff deployment was appropriate. The inspector talked to staff in each

house and found that they were knowledgeable about the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting allegations or suspicions of abuse. The inspector saw staff responding to residents' in a respectful manner and also noted that staff greeted residents when they met and engaged with them positively during all contacts. Staff told the inspector that they were well supported and that a good team spirit had been cultivated.

There were established recruitment procedures for the Health Service Executive that ensured that staff were appropriately selected and vetted in accordance with good practice for staff employed to work with vulnerable people. The inspector examined the files of four staff members as part of the assessment of this outcome in accordance with 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 the majority of the required documentation was available the maintenance of the records was not consistent and some files did not have required documents such as photographs, a full employment record or evidence that qualifications and training reflected all the qualifications achieved. The inspector found that the security and layout of staff records required attention as some documents were not retained securely and information was not readily accessible as required in regulation 21(1)(a).

There was a staff training schedule and staff confirmed that they had received training regularly. Staff confirmed that training on a number of topics including the protection of vulnerable adults, medication management, fire safety and moving and handling had been completed. As described in previous outcomes there was evidence that staff required additional training on topics such as first aid, medication management and the administration of medication for seizure activity. Training records available required improvement as it was difficult to establish if all staff employed had attended mandatory training within the required time frames.

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:

All policies required in schedule 5 of the regulations were in place, however some documents required by the regulations were not in place, for example there was no document either held manually or in electronic format that could be regarded as a directory of residents .

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:

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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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003331
Date of Inspection:	23 October 2014
Date of response:	17 April 2015

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:

The complaints procedure required review to accurately describe the arrangements in place for making and addressing complaints.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure

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

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 complaints procedure has been amended by the Unit Manager to reflect the correct reporting procedure. The Easy Read Complaints Policy is included within each service users care plan.

Proposed Timescale: 14/04/2015

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 did not have adequate private or communal space for the number of residents accommodated taking in to account their needs for mobility equipment.

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:

Funding has been secured by the Donegal Parents and Friends Association for the construction of 3 X 4 Bedroom Houses in the immediate area. All documentation is currently with the Dept of the Environment awaiting final approval. This development will enable the residents to enjoy greater freedom and quality of life.

Proposed Timescale: 31/08/2018

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:

The management of risk associated with specific medical conditions had not been fully determined. Care staff who accompanied residents did not have training in the administration of emergency medication to control seizures.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The process has commenced in sourcing funding for the Training of Staff in the administration of emergency medication to control seizures.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

Accident and incidents did not have information to convey that they had been reviewed to establish if the actions taken were appropriate and to determine how to prevent further episodes.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

Accident and Incident Reports are currently being reviewed to ensure that all necessary interventions have been taken to limit the risk of accidents/ incidents reoccurring. Incidents Forms are currently being audited by Learning Disability Services. Quarterly reports are forwarded to all managers.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The fire exit signage in house 3 required improvement to guide staff, residents and visitors to the nearest fire exit.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

A Fire exit Sign is now in place.

Proposed Timescale: 21/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The adult protection procedures required amendment to provide information for staff on who to report to particularly out of regular work hours in the event of an allegation of abuse.

Action Required:

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

abuse.

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

A local Policy is currently being developed to guide staff in reporting of any major incidents or allegations which may arise out of regular work hours.

Proposed Timescale: 18/05/2015

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:

All the required information including room sizes had not been outlined as required in the statement of purpose available.

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:

A surveyor was contacted on Tuesday 7th April'15 to draft a floor plan to scale showing all room dimensions.

Proposed Timescale: 22/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

In the sample of staff files reviewed some of the required schedule 2 documentation was not available. This included full employment histories, photographs and evidence of qualifications and training.

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:

Staff Files are currently being updated for all staff.

Proposed Timescale: 01/04/2016

Theme: Responsive Workforce

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

There were areas identified during the inspection where training was required to ensure appropriate levels of competence across the staff team. These included medication management, first aid and the administration of emergency medication for seizures.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Staff Training : First Aid Training has been provided for 5 Staff members who work in House 1 and 2. Training took place over a three day period which took place on 5th, 12th and 19th March 2015. Certificates were issued to all 5 staff on 19th March 2015.
Buccal Midazalan Training: 3 Staff Nurses will receive training on 21st April 2015 and 1 Staff Nurse will receive training on 22nd April 2015.
Elder Abuse Awareness Training is currently ongoing.

Proposed Timescale: 30/04/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

A directory of residents in accordance with the regulations had not been established.

Action Required:

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

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

A directory of Residents is currently being developed.

Proposed Timescale: 31/10/2015