

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ard na Veigh
<b>Centre ID:</b>	OSV-0001725
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
29 January 2018 10:30	29 January 2018 18:00
30 January 2018 09:00	30 January 2018 13:00

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

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

**Summary of findings from this inspection**

Background to inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This centre had been previously inspected as part of a larger centre. The provider had reconfigured the service and identified Ard na veigh as a stand alone centre. This was the first inspection of this centre, since the reconfiguration in October 2016.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Sligo and provided full-time residential services to adults with a

disability.

How we gathered our evidence:

During the inspection the inspector met with five residents and three staff, including the person in charge, the person participating in management and provider's representative. The inspector observed practices at the centre and reviewed documentation such as personal care plans, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was based in a two-storey dwelling and in close proximity to Sligo town.

Overall findings:

The inspector found that residents had a good quality of life at the centre and residents were supported to access a range of activities, which reflected both their interests and personal goals. Residents were able to tell the inspector about the quality of service they received and the inspector observed during the inspection that residents were comfortable, happy and relaxed with the support they received from staff. The inspector found that residents' rights were promoted and they were supported to play an active role in the running of the centre through engagement at weekly residents meetings, advocacy forums and external committees, through Inclusion Ireland. The centre was well-maintained and its layout and design reflected residents' assessed needs. However; further improvement was required to personal plans, the maintenance of Schedule 2 documentation and the frequency of the provider's unannounced visits to the centre.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in 15 outcomes with one outcome found to be substantially compliant; one outcome in moderate non-compliance and one outcome found to be in major non-compliance with the regulations.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the action plan at the end

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that residents were consulted about their daily routines in the centre and found that their rights and dignity were promoted. For example, residents' meetings were held weekly and the minutes of these meetings indicated that residents were consulted with and discussed issues such as activities/social events for the week, day to day preferences for menus and any concerns that the residents raised.

Residents had varied day activities from a number of sources and the inspector noted that there was good coordination between services, to ensure that activities and opportunities offered to residents reflected their choices. The inspector found that all residents were actively independent in the centre and received minimal support from staff. Residents conveyed that they had all the opportunities they could hope for and felt respected and supported to control most aspects of their lives.

There was a complaints policy in place that described the ethos, types and stages involved in complaints management and how a complaint should be made. All complaints were brought to the attention of the person in charge and the centre had nominated a member of staff as a complaints officer. The inspector reviewed the record of complaints and found that the system in place complied with Regulation 34. Issues that had been raised by residents had been investigated promptly and the resolution was noted to have been discussed with them.

An advocacy service was available to residents and the inspector found that two residents were active members of a local advocacy group in their community. Residents' feedback forms indicated that that they felt confident that they could approach staff to

tell them of their concerns.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that there were effective interventions provided to residents to ensure they could communicate freely and to their maximum ability. Each resident's communication needs were assessed and documented in their personal plans. The inspector saw completed assessments that included communication needs and areas of difficulty and where this was identified as a potential issue, a more detailed support plan was then developed. The use of technology, and easy-to-read versions of documents was employed well and residents had access to assistive technology in the centre.

Staff were well informed and were noted to support residents who had difficulty communicating, by giving them time to express themselves and by recording in personal records the meanings and interpretation of residents' facial expressions and actions.

**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 found that there were good networks established with family members. All

residents had contact with their families and this included phone contacts and visits. Residents' feedback questionnaires indicated that there was no restriction on visits. Families were encouraged to participate in the lives of the residents. Residents' family members were able to participate and engage in reviews or medical appointments when scheduled.

Personal plans were in place to support and enhance this process. The inspector noted that residents had photographs of their family members in their bedrooms and that they attended family events. Residents were supported to attend local community events and went to local shops and restaurants regularly.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There was an established admission policy and an assessment process to ensure that the service could appropriately meet the needs of prospective residents. Referrals to the service were usually made by family or members of the multidisciplinary team that provided support in the community. The inspector was told that residents and families would normally visit the house and that a programme for moving in would be set up, based on the choices and needs of the resident. Admissions were always considered in the context of the needs of existing residents.

A contract was provided to all residents and the sample reviewed described the services to be provided and where additional charges applied. Contracts were signed by residents, their representatives and by the provider nominee on behalf of the organisation.

**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:**

On the day of inspection, the inspector found that residents' wellbeing and welfare was promoted within the designated centre. However, further improvement was required to the structure and information contained in the social care goal documentation. Residents were supported to actively retire and engage in appropriate activities, based on their choice and level of ability. The inspector found that there were appropriate reviews and risk assessments completed to support residents maintain their independence.

The inspector found that comprehensive assessments were in place to reflect the care and support needs of residents. The person in charge was also ensuring that a balanced approach was provided to ensure residents received support for healthcare needs and social care needs. Reports on the discussions held with the multi-disciplinary team (MDT) were kept on the residents' file and demonstrated the participation of all involved in the MDT; including, physiotherapy and family members.

The inspector reviewed a sample of residents' personal plans, each of which were being reviewed by the provider on a regular basis. The inspector observed that residents did not have clearly identified and recorded short, medium and long term goals which they hoped to achieve, which required improvement. The recording of goals were brief and on speaking with residents, the inspector found that residents did have goals in place. For example, educational opportunities, which were on-going at the time of inspection. The inspector found that these goals had been developed through a person centred process which involved the resident, family, key-workers and staff. The inspector noted that each goal had an action plan in place and steps which the residents and key-worker were following with the aim of achieving the chosen goal. The inspector found that residents short term goals included arranging to meet family and friends and planning trips away. However, further improvement was required to reflect the actual work and interests of all residents in the centre through short, medium and long term goal setting.

In addition, the inspector found that staff's knowledge and the social engagement residents spoke about were not reflected in their personal plans. The inspector also found that annual reviews had been completed for all residents in the centre; however, the person in charge had failed to ensure that the residents' representatives views were recorded or reflected in this process.



The inspector found that personal plans were available for residents to review, when required, and were available in an accessible format if required.

**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:**

The inspector found that the centre's design and layout met the residents' assessed needs.

The centre comprised of a five bedded two-storey dwelling and was located in a small town with access to local amenities such as shops and restaurants.

The centre was well-maintained and decorated to a good standard. The inspector observed that residents' bedrooms were individually decorated and personalised with family photographs and items which reflected their interests. All bedrooms provided had suitable storage facilities for residents' possessions. The provider had plans in place for improvements to the storage facilities and the residents all spoke of the plans and their consultation in this process.

The centre provided a sufficient number of bathrooms to meet residents' needs. The inspector found communal rooms such as bathrooms, sitting rooms, kitchen and dining room were furnished to a good standard and reflected residents' needs.

Suitable arrangements were in place for the safe disposal of general and clinical waste. In addition, residents had access to laundry facilities at the centre.

**Judgment:**

Compliant

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

On the day of inspection, the inspectors found that there were systems and measures in place that promoted the health and safety of residents, staff and visitors.

An emergency plan was in place that specified the responses to be taken by the staff in relation to possible emergencies. A health and safety statement and a comprehensive risk management policy was in place. There was evidence that the emergency lighting was being checked quarterly and a system was in place to manage adverse events. An accident/incident report was completed for all incidents and these were reported to senior personnel.

The inspectors found that fire precautions were in place in the designated centre. There were regular fire drills. Fire fighting equipment and a fire alarm was provided and documentation was available to demonstrate that the fire alarm system had been serviced recently. Fire exits were observed to be unobstructed. Fire drill records were completed, with evidence of learning, in addition there was a system in place to completed night time evacuations. Fire drill records documented how many residents were evacuated or if any aid such as a wheelchair was used. Personal emergency evacuation plans were in place for all residents and outlined the care and support needs for each resident and equipment required to assist with an evacuation

On review of training records, the inspector found that all staff had completed training in fire safety, manual handling and hand hygiene.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

There were policies and procedures in place for the safeguarding of vulnerable adults in the centre. On display in the house, there were photographs of the designated officer, the complaints officer and the external person for dealing with any issues or concerns.

The inspector found that there were no restrictive practices in place in the centre at the time of inspection. On review of incidents, there were no allegations or suspicions of abuse in the centre. All of the residents told the inspector that they felt safe in their home. The inspector observed that staff treated residents with respect and were observed to respect the privacy of residents during the course of the inspection.

The inspector reviewed training records and found that staff had completed training in all requirements of the safeguarding procedures, in line with the national policy.

Staff were trained in management of behaviour that challenges in the centre. The inspector found that, where required, there were active behaviour support plans in place. These had been reviewed regularly and were reviewed by the multidisciplinary team.

**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 person in charge and the staff team were aware of the notifications that had to be submitted to the Authority.

All the required notifications had been provided to date. A record of all incidents occurring in the centre was also being maintained.

**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):****Findings:**

The inspector found that residents were supported to access social activities which reflected their needs.

The inspector found that there was an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose and staff knowledge. Residents' also had educational and training needs assessed as part of their personal plan. Residents spoke about courses they were attending in the local college and were making plans ahead of graduation ceremonies. Residents also accessed employment through their day service which provided them with independence and a valued role.

Staff told the inspector that residents were supported to access a range of activities both at the centre and in the local community which was reflected in the statement of purpose and staff knowledge.

**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:**

The inspector found that residents were supported to manage their own health and wellbeing.

The inspector reviewed residents' healthcare records and found they had access to a range of allied healthcare professionals including general practitioners (GP), psychiatrists, consultants and dentists.

The inspector found that residents had access to a range of healthy and nutritious meals, from food records maintained at the centre. A review of house meetings reflected the planning, discussion and participation of residents in setting out meal plans where required. Records showed the residents had a variety and choice of meals and access to snacks and drinks as required.

Where residents had specific dietary needs, the inspector found that they had been assessed by dietitians, speech and language therapists and recommendations from these assessments were reflected in personal plans reviewed and staff knowledge.

**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):**

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

**Findings:**

The inspector found that the local medication arrangements reflected the provider's policies and procedures.

The inspector reviewed residents' medication records and found that they contained prescription records and included the residents' personal details, as well as information on prescribed medications such as administration times, route and dosage. The centre maintained an up-to-date signature bank of staff trained to administer medication as part of the residents' medication administration records.

The inspector observed that medication was stored securely at the centre, with out-of-date medication being segregated from current medications. Out-of-date or discontinued medication was returned to a local pharmacy and staff knowledge and records reviewed reflected this practice. All residents had an assessment for the self-administration of medications and each resident was supported to maintain their independence with effective systems in place.

Regular medication audits were being carried out by the person in charge and staff working in the centre. This ensured that the centre's practices were in-line with the

provider's policies.

**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:**

The inspector found that the statement of purpose was informative, described the services provided in the designated centre and met the requirements of the regulations.

The person in charge reviewed the statement of purpose annually.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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 for the operation and management of the service. The arrangements reflected the information set out in the statement of purpose. The person in charge was

suitably qualified, skilled and experienced to meet the requirements of the role. The inspector found that the person in charge was knowledgeable about the requirements of the Regulations and Standards and had good knowledge of the support needs and person centred plans for residents. The person in charge knew all of the residents well and attended their review meetings, where individual care objectives and goals were discussed.

The person in charge (pic) facilitated the inspection in a competent way and provided all the information and documents required to complete the inspection. The person in charge was employed full-time and is a qualified nurse. She was supported in her role by the director of services who reports to the provider representative. He visits the centre regularly and provides support and guidance to the person in charge and staff team.

Audits and reviews were being completed on varied aspects of the service and these included reviews of accidents, medication arrangements, maintenance, training and health and safety. Any improvements identified from these audits had been addressed. For example, following an audit of incident records, the completeness of documentation, type of incident, treatment provided at the time and prevention measures and risk reduction measures were analysed in order to further improve practice in this area.

Unannounced visits to the centre had been undertaken on behalf of the provider. However, the inspector found that these had not commenced until October 2017, the provider acknowledged this oversight in the service and had measures in place to ensure no further gaps occurred. The inspector reviewed copies of the reports on the quality and safety of care and support which contained recommendations. Action plans were put in place and there was evidence that required changes had been implemented which strengthened compliance with the Regulations. The annual review of the quality and safety of care was completed and in place in the centre. This detailed improvements required in the centre to the premises and the support required by residents. The inspector found that actions identified from this review had appropriate timeframes for completion. In addition, a quality improvement plan was in place which reflected the improvements required and set out actions and person responsible for completion of these tasks.

**Judgment:**

Substantially Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The centre had suitable arrangements in place in the event of the person in charge's absence over 28 days.

The person in charge confirmed that their understanding of the requirement under regulation to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found that there had been no instances to date of the person in charge being absent over 28 days. In addition, staff were also aware of management arrangements in the event of the person in charge's absence, which was further reflected in the centre's statement of purpose.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

The inspector found the services and facilities provided at the centre reflected the statement of purpose and residents' assessed needs.

The inspector found that staffing levels and resources at the centre were sufficient to meet residents' needs and reflected personal plans and risk assessments looked at during the inspection, as well as staff knowledge.

In addition, the inspector found that a vehicle was provided when required at the centre as well as access to other public transport. This ensured that residents had access to local amenities, such as shops, cafes and places of interest.

**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:**

There was a sufficient number of staff to meet the needs of residents and continuity of care was provided by a small, consistent group of staff who were experienced and adequately trained. There was adequate supervision for staff on a day-to-day basis, provided on an informal and formal basis. There was a planned and actual roster in place and residents also accessed this easily.

The inspector reviewed training records and found that staff had received training in adult protection, fire safety and moving and handling. Support staff had received training in the safe administration of medication, the management of behaviour that challenges, report writing, hand hygiene, food textures and the completion of personal plans. There were monthly staff meetings where the inspector noted that a variety of topics were discussed including residents' care needs and progress. The meetings were recorded and were noted to be well attended. There was also a programme of refresher training in place to ensure all staff maintained their mandatory training.

The inspector viewed the staff files for five staff including the person in charge. The files were well-maintained and arranged in such a way as to make retrieval of required documents easy. There had been an internal audit conducted of these files to ensure all the required documents were available. While most of the information and documents specified in Schedule 2 of the regulations were available, including explanations for gaps in the employment histories for some staff, the inspector found that garda vetting was not available for review on the day of inspection.

**Judgment:**

Non Compliant - Major

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The inspector found that records and documentation required under regulations were maintained at the centre.

The centre had all of the written policies as required under schedule 5 of the regulations.

There was a guide to the centre available to residents which met the requirements of the regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for residents involvement in the running of the centre, how to access inspection reports, the procedures for resolving complaints and the arrangements for visits.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up to date.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Catherine Glynn  
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-0001725
<b>Date of Inspection:</b>	29 & 30 January 2018
<b>Date of response:</b>	21 February 2018

### Requirements

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

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

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

The person in charge had failed to reflect the engagement or consultation with residents representatives as part of the annual review.

**1. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are

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

conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- The person in charge has sent review forms to all families of the residents to ask their opinions on the service. Forms forwarded to families on 19/2/18
- The Person in Charge has consulted with the residents to ask their wishes regarding family involvement in their reviews. On 6/2/18 (completed)
- The Person in Charge will ensure the necessary representatives are invited and reflect the engagement in the ladies annual reviews.

**Proposed Timescale:** 02/03/2018

**Theme:** Effective Services

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

The personal plans did not set out short, medium or long term goals each year.

**2. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- The Person in Charge has consulted with the residents on all short, medium and long term goals.
- The person in charge has put in place and consulted with the ladies, their wishes regarding all goals.

**Proposed Timescale:** 06/02/2018

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The provider had failed to ensure that unannounced visits were completed in the centre as required by regulation.

**3. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

- 6 monthly reported completed in January 2018.
- Annual reported completed in February 2018.
- The Provider will ensure that unannounced visits will continue every 6 months and 12 months, and reports of outcome will be prepared.

**Proposed Timescale:** 06/02/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The documents as required by schedule 2 were not available for review on the day of inspection. For example, garda vetting was not available on the day of inspection.

**4. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- The Person in charge has contacted the data controller's office 12/1/18, 29/1/18, 19/2/18 requesting immediate communication with the HIQA management inspection team regarding forwarding Garda Clearance disclosures for staff in this designated centre.

**Proposed Timescale:** 31/03/2018