

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Annalee View Respite Centre
Centre ID:	OSV-0002448
Centre county:	Cavan
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal 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:
16 January 2018 11:30	16 January 2018 18:00
17 January 2018 09:00	17 January 2018 13:30

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 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This announced inspection was the fourth inspection of the designated centre carried out by the Health Information And Quality Authority (HIQA). The purpose of the inspection was renewal of registration and to monitor ongoing compliance with the regulations and to review actions identified as part of the last inspection.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Cavan and provided a full-time respite service to adults and children with a disability.

How we gathered our evidence:

During the inspection, the inspector spoke with four residents in a group setting about the quality of care and support they received when at the centre. In addition, the inspector interviewed three staff members as well as the person in charge. Furthermore, the inspector reviewed questionnaires completed by both residents and their families who used the respite centre. The inspector observed practices and reviewed documents 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 comprised of a two-storey house on the outskirts of a town and close to amenities such as shops and leisure facilities.

Overall Findings:

The inspector found that residents were supported in line with their assessed needs as described in their personal plans. Residents told the inspector that they enjoyed coming to the centre and were able to do activities of their choice during their stay. Residents and families said that staff at the centre were friendly and supportive and the manager was responsive and approachable. The inspector observed that residents were happy with the support they received from staff throughout the inspection. The centre was well-maintained and its design and layout met both the needs of children and adults who accessed the service.

The inspector found that staffing arrangements reflected the range of needs of residents who accessed the centre. Staff at the centre were suitably qualified and aware of the resident's assessed needs. The inspector interviewed the person in charge, who was both suitably qualified and knowledgeable on residents' needs and their roles and responsibilities under the regulations.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in 16 outcomes inspected and substantial compliance was found in the remaining two outcomes. The person in charge and provider had plans to ensure that personal plans would be made available in an accessible format and that documentation relating to medicines within the centre would be audited to ensure that these were legible.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were involved in making decisions about the centre during their respite stay.

The provider's complaints policy was up to date and included information on how to lodge a complaint and the provider's appeals procedure. In addition, the complaints policy was prominently displayed on the notice board, alongside an accessible version for residents. Information about the provider's complaints officer and advocacy services was displayed on the notice board. The person in charge maintained a record of all complaints received which included actions taken, the current status of the complaint and the complainants' satisfaction with the outcome.

Residents told the inspector that they were happy and enjoyed coming to the centre and had no complaints; however, they said they would speak to staff on duty or the person in charge if they were unhappy about the service they received. Residents told the inspector that on the first day of their respite stay they decided activities they would do and the meals they would have at the centre, which was reflected in residents' 'Respite PCP meeting' records. In addition, a residents' meeting was held with each group who accessed the centre. Meeting minutes showed that residents were made aware of their right to make a complaint and had also been updated on the centre's fire safety arrangements.

The inspector reviewed arrangements for supporting residents with their personal finances while at the centre. Residents were supported in line with the provider's policies, with all transactions being receipted and recorded. Where residents chose to

manage their own finances during their stay, this was recorded and supported by staff.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported with their assessed communication needs.

Residents' personal plans included an assessment of their communication needs and included any communication aids required such as 'picture exchange communication systems' (PECS), communication dictionaries and 'objects of reference'. Staff knowledge reflected residents' communication needs as described in their personal plans.

The centre provided easy-to-read versions of the centre's statement of purpose and the provider's complaints and safeguarding policies for residents. In addition, the centre had its own electronic tablet device which was loaded with communication software applications which were used by residents when at the centre, according to discussions with staff. The centre also provided a computer with games and communication programmes in the dining room which was also accessed by residents.

Residents had access to a range of media while at the centre such as radio, television and the internet. One resident told the inspector that they were supported to access the centre's internet so that they could continue to use their smart phone during their stay.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to maintain relationships and access the local community.

The provider had an up-to-date visitor's policy. There were no restrictions on visitors to the centre and facilities were provided so that residents could meet their family and friends in private.

Staff told the inspector that regular communication occurred between the centre and residents' families. Records examined showed communications which related to residents' experiences while at the centre, changes to residents' health and medication and future respite admissions.

Records also showed that the compatibility of residents accessing the centre was assessed and reviewed by the person in charge as part of the allocation of respite. Residents told the inspector that they enjoyed coming to the centre and had a 'great time'. They told the inspector that on arrival they would decide what meals and activities they would do during their stay with staff. Residents said they choose activities such as going to the cinema, swimming, meals out and bowling, which was reflected in records examined.

Arrangements were also in place at the centre to support residents to continue to attend their school or day service placement while at the respite centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre had an up-to-date admissions and discharge policy; residents' written agreements contained sufficient information on any charges which related to the service provided.

The centre had an up-to-date admissions and discharge policy which was reflected in the statement of purpose. The inspector reviewed family questionnaires and found that their described experiences reflected the provider's admission policy in relation to residents' access to both day and overnight respite care.

The provider's written agreements were accessible to residents and used a mixture of words, pictures and symbols to describe the services and facilities provided. The written agreements also stated that residents would have to pay for any additional costs such as community activities while at the centre. The inspector observed that all written agreements sampled had been signed by both the provider and the resident or their representative.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that residents were supported in-line with their assessed needs, although personal plans were not available in an accessible version.

The inspector reviewed a sample of residents' personal plans which were comprehensive in nature and included information on residents' needs in areas such as safe environments, eating and drinking, mobility, behaviours of concern, sexuality, personal care and medication management. The inspector found that personal plans were up-to-date and reflected staff knowledge. Staff told the inspector that prior to a resident's admission to the respite centre, a 'written respite agreement' was sent to their families which requested information on any changes in health care, medication and behaviours of concerns. The inspector reviewed information contained in the responses and found that changes to residents' needs identified in these were being reflected in their personal plans.

The previous inspection of the centre had found that residents' personal plans were not available in an accessible format. The inspector observed that since the last inspection, a more accessible format had been introduced to record residents' respite stay goals; however, an accessible version of their personal plan was still not in place. However, the provider had a plan in place to implement and complete this for all residents attending the centre.

The previous inspection had found that residents' personal plans were not subject to an annual review into their effectiveness. The inspector found that following the last inspection, annual reviews had occurred and meeting minutes showed discussion had occurred on all aspects of the resident's needs while at the centre including healthcare, behaviours of concern, goals and future respite provision. Furthermore, minutes showed that residents or their representatives attended review meetings along with associated multi-disciplinary professionals such as psychologists.

Residents told the inspector that on arrival at the centre, staff supported them to identify their goals for their stay which included activities they wished to participate in such as going to the cinema or having a meal out. Records reflected residents' experiences. Goal records also indicated what the goal was and whether it had been achieved, who the named staff support was and the expected timeframes for the goal's achievement.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre suited the needs of residents. The centre was well-maintained both internally and externally and was clean, warm, suitably furnished and comfortable.

There was a variety of communal space including a sitting room and a kitchen with dining area. The inspector found the kitchen to be well-equipped and clean.

Bedrooms were bright, well-furnished and personalised with residents' personal

belongings, pictures and souvenirs. Residents had adequate personal storage space and wardrobes. Some bedrooms had en-suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted bathing facilities.

There was a well-equipped utility room with laundry facilities, where residents did their own laundry. Residents had access to a washing machine, tumble drier and outdoor clothes line.

There were suitable arrangements for the disposal of general waste. Refuse bins which were stored externally and were emptied by contract with a private company. There was no clinical waste being generated in the centre.

Residents had good access to the outdoors. There was a safe, well-maintained garden and seating areas at the back of the house.

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):

No actions were required from the previous inspection.

Findings:

The provider's risk management arrangements kept residents safe and the provider had ensured that the effectiveness of the centre's fire evacuation plan had been assessed under minimal staffing conditions. In addition, staff had received up-to-date health and safety related training.

The inspector found that the house was equipped with suitable fire equipment such as a fire alarm, fire doors with magnetic self-closures, emergency lighting, fire call points, smoke detectors and fire extinguishers. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

Staff knowledge reflected the fire arrangements at the centre, training records showed that all staff had attended up-to-date fire safety training.

The inspector observed that the centre's fire evacuation plan was prominently displayed along with an accessible version for residents in each bungalow. Residents' needs, in the event of a fire, had been assessed and recorded in 'Personal Emergency Evacuation Plans' (PEEPs) which were up-to-date and reflected staff knowledge.

The inspector was assured that risk management arrangements kept residents safe, the provider had ensured that the effectiveness of the centre's fire evacuation plan had been assessed under minimal staffing conditions and staff had received up-to-date health and safety related training.

The inspector found that the centre was equipped with suitable fire equipment such as a fire alarm, fire doors with magnetic self-closures, emergency lighting, fire call points, smoke detectors and fire extinguishers. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

The inspector reviewed the provider's risk management policy and centre specific safety statement and found that they now included arrangements to prevent accidental injury to staff and visitors as well as the procedures to follow in the event of a resident going missing. In addition, the inspector found that staff knowledge reflected these arrangements as well as actions to be taken in the event of an emergency such as fire, flood or loss of power and infection control practices. The provider maintained a risk register of risks at the centre, which was reflected in up-to-date and regularly reviewed risk assessments on the premises and residents' needs.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Residents were protected from harm and supported with the management of behaviour that challenges.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Staff had received training in both safeguarding vulnerable adults and Children First. Staff spoke to the inspector about what might constitute abuse and the actions they would take if suspected. The inspector found that their knowledge and

understanding was in-line with the provider's policy.

Information on the provider's 'Safeguarding of vulnerable adults' policy and Children First was prominently displayed on the communal notice board along with the contact details for the provider's designated safeguarding officers and designated children's liaison person.

The person in charge maintained a register of all safeguarding plans in place at the centre and their current status. The inspector reviewed safeguarding records and found that actions had been completed; such as, preliminary screening and the development of safeguarding plans - in line with the provider's policy. Furthermore, staff knowledge reflected current and past safeguarding plans at the centre.

Restrictive practices such as the locking of the exterior doors and garden side gates were risk assessed and included a clear rationale for their use and were subject to regular review.

The inspector reviewed a sample of residents' behaviour support plans and found that they were up-to-date, regularly reviewed and developed by a suitably qualified behavioural specialist, in-line with the provider's policy. Behaviour support plans included a description of the behaviour that challenges as well as both proactive and reactive support strategies to be used which reflected staff knowledge.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

The inspector reviewed a record of notifications that had been submitted to HIQA which was kept at the centre. This included all notifications submitted under Schedule 4 of the Regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' were supported to meet their educational needs and to participate in activities which reflected their needs and choices.

The provider had policies on access to education and training for both adults and children. Residents' educational and training needs were assessed as part of their personal plans. Records showed that children and adults were supported to attend either their school or day service placements while at the centre. In addition, documents showed that regular communication occurred between the school or day service and the centre on residents' assessed needs.

Residents told the inspector that when they stayed at the centre they were supported by staff to go to their day services placement and were dropped off and collected in the service's vehicle, which was reflected in residents' daily notes.

Residents told the inspector that staff ensured the activities wanted to do while at the centre happened and they enjoyed coming to the centre, as they got to spend time with their friends and to go to the cinema and music concerts in the summer. Records further showed that residents were supported to access the local swimming pool, go for meals out, do personal shopping and visit places of interest in the local community.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' health care needs were well met and they had access to appropriate general practitioner (GP) and other health care services as required.

All residents had access to GP services. The inspector found evidence that residents went for consultations with GPs as required and all residents had an annual health check carried out by their GP. Referrals to other medical consultants were also made when required.

Residents had access to a range of health professionals by referral; including physiotherapy, speech and language therapy and occupational therapy. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice. In addition, other external health care services were arranged, such as visits with the optician, chiropodist, dentist and dental hygienist.

Individual support plans were in place to support all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff.

Residents' nutritional needs and weight were kept under review and any identified issues were addressed. For example, referrals to the dietitian for weight management were made, where required, and the dietitian's recommendations were recorded and were being implemented. Residents were supported and encouraged to eat healthy balanced diets and participate in an exercise programme.

Residents had access to the kitchen to prepare drinks and snacks at any time. The inspector found that residents had the choice to return to apartment for their lunch during the day while attending day programmes. Residents told the inspectors that they chose what they wanted to eat, were involved in food shopping and meal preparation and that they always enjoyed the meals in the centre. At the time of inspection there were no residents who had special dietary requirements.

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):

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

Findings:

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

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on administration times, route and dosage. However, the inspector found that there were gaps in records reviewed. For example, maximum dose's of certain medication and the writing was not always legible. The centre maintained an up-to-date signature bank of all staff trained to administer medication which was part of the residents' medication administration records. The provider had completed assessments on each resident's capacity to take responsibly for their own medication.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as emergency epilepsy medication. Protocols were up-to-date; however, they did not provide information on the circumstances that each medication should be given including maximum dosages and when to administer the required medication. In addition, no protocols were signed by a medical practitioner, residents representative and the person in charge. Staff spoken with were clear on how to support residents in the event of emergency medication being required; however, this information was not documented. Training records further showed that all staff who administered emergency epilepsy medication had received up-to-date training in this area.

The inspector observed that medication was securely stored and arrangements were in place for the segregated storage of out-of-date or discontinued medication. However, as the centre provided respite facilities, residents' next of kin maintained responsibility for management of medication.

Regular medication audits were carried out by designated staff in-line with the provider's policies.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The provider's statement of purpose reflected the services and facilities provided.

The inspector looked at the centre's statement of purpose. This was reviewed annually and contained all the information required under Schedule 1 of the regulations. The statement of purpose reflected the services and facilities provided at the centre and was available to residents in an accessible version.

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):

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

Findings:

The provider's governance and management arrangements ensured that the previous inspection findings had been addressed and that residents were supported in-line with their assessed needs.

The management structure at the centre was reflected in the statement of purpose and staff knowledge. The person in charge was full-time, suitably qualified and based at the centre.

The person in charge facilitated regular team meetings and minutes showed discussions on all aspects of the centre's operation such as residents' needs, accidents and incidents and organisational policies. Staff told the inspector that the person in charge was based at the centre during the week and they found that they were both approachable and responsive to concerns raised.

The person in charge completed regular management audits in-line with the provider's annual audit schedule. Audits completed included assessments on the centre's practices in areas such as infection control, residents' finances, safeguarding, restrictive practices,

complaints and residents' personal plans.

The person in charge told the inspector that they ensured their continual professional development through attendance at the provider's mandatory training as well as courses relevant to their role. The person in charge was a qualified nurse and had over 19 years experience working with adults and children with a disability. The person in charge had been in a management role and had an accredited management qualification. In addition, the person in charge was supported through formal supervision by their line manager and through attendance at regular management meetings chaired by the provider's representative.

The previous inspection had found that the governance and management arrangements in place were not ensuring that actions identified from previous inspections, the provider's unannounced visits and quality improvements plans were being addressed. During this inspection, the inspector reviewed documents such as the centre's quality improvement plan and provider's unannounced visit reports and found that actions had been or were being addressed in-line with agreed timeframes.

The inspector found that following the last inspection, the annual review had been completed and was available at the centre.

The inspector reviewed records of the provider's unannounced visits to the centre and found that these occurred every six months in-line with the regulations and were available at the centre.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Since the appointment of the person in charge to the role in October 2016, she had not been absent for more than 28 days. However, in the absence of the person in charge, the provider had put arrangements in place that a senior nurse manager would be responsible for the management of the centre.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that the centre was well-resourced and ensured the effective delivery of care and support of residents.

The centre had access to transport for each house to transport residents to various services. Each house was fully resourced with all appliances and facilities required by residents.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had been suitably recruited and had received a range of training appropriate to their roles.

There was a planned and actual staff roster which inspectors viewed and found to be accurate. Staff were present in the centre to support residents at all times including

weekends. One resident received a home-based service in the centre and staff were available to deliver a range of activities and support to this resident. Staff also accompanied residents for outings, such as concerts and trips away and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events. Additional staffing hours were allocated to ensure that social activities or individualised goals were achieved and supported.

Staff confirmed and training records indicated that they had received training in fire safety, adult protection, and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training such as medication management.

The inspector reviewed four staff files, including the person in charge's file. The inspector found that the required Garda vetting documentation was available for review during the inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found documentation records were accessible, legible and well-maintained.

The inspector reviewed a schedule 5 policies and procedures available at the centre during the inspection. These were found to be up-to-date, accessible to staff and met the requirements of the regulations.

There was a directory of residents in place for the centre which contained all information as required by schedule 3 of the regulations.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002448
Date of Inspection:	16 & 17 January 2018
Date of response:	02 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 inspector found that residents' personal plans were not available in an accessible format.

1. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are

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

made available in an accessible format to the residents and, where appropriate, their representatives.

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

The Pic will ensure the Person Centred Plans will be available in an accessible format by the 28th June 2018. This time frame is due to the number of Residents attending Respite.

Proposed Timescale: 28/06/2018

Outcome 12. Medication Management

Theme: Health and Development

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

The person in charge had failed to ensure:

- all residents medication sheets contained all required information
- all medication records were legible

2. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

From immediate effect the PIC will ensure that all residents' medication sheets contain all required medication and that the records will be legible on admission to Respite.

Proposed Timescale: 1st Feb 2018 and on going

Proposed Timescale: 01/02/2018