

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dungloe Services 2
Centre ID:	OSV-0002506
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
23 January 2018 09:20	23 January 2018 17:15
24 January 2018 09:20	24 January 2018 12:00

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 the inspection:

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The centre had been previously inspected on the 13 June 2017 and as part of the current inspection; actions taken by the provider to address the findings from the previous inspection were reviewed by the inspector.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided full-time and shared care residential

services to adults with a disability.

How we gathered our evidence:

During the inspection, the inspector met nine residents and spoke with them about the quality of care and support received at the centre. In addition, residents and their relatives had submitted questionnaires about the service they received to the Health Information and Quality Authority (HIQA) and these were reviewed as part of the inspection.

The inspector interviewed two staff members and the person in charge during the course of the inspection as well as observing practices and reviewing documents such as personal care plans, risk assessment, 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 five bedded bungalow located in a rural town, close to local amenities such as shops, churches and restaurants. In addition, the centre had a suitably equipped vehicle which enabled residents to access facilities and activities in the surrounding area.

Overall Findings:

Residents told the inspector that they enjoyed living at the centre and that staff assisted them to meet their personal goals and participate in activities of their choice such as attending GAA matches, visiting family and going for meals out. Residents told the inspector that they shared their bedrooms at the centre and although they were happy about this they would like a room of their own. However, residents were aware of the provider's plans to provide alternative accommodation to facilitate them to have their own room. This understanding was further reflected in discussions with relatives who met with the inspector.

Throughout the inspection, residents appeared happy and relaxed at the centre and staff ensured that their needs and requests were facilitated in a timely manner. The inspector found that suitable staff arrangements were in place to meet residents' needs which included the provision of both nursing and health care staff at the centre. In addition, the inspector found staff to be knowledgeable on all aspects of the residents' needs and have accessed a range of training both in-line with the provider's mandatory requirements and residents individual needs.

The inspector found that the person in charge and provider had ensured that the findings of the previous inspection had been addressed, apart from the finding which related to the centre's premise meeting the requirements of Schedule 6 in relation to adequate private and communal space. However, the inspector was assured through discussions with the person in charge that suitable arrangements were being developed these finding in the next 12 months.

Residents were kept safe at the centre and staff supported them in the promotion of their rights such as making decisions on planned social activities and weekly meal

menus.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in seventeen outcomes, although moderate non-compliance was found in one outcome which related to the centre's premises.

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:

Residents made decisions about the running of the centre.

The provider's complaints policy was prominently displayed along with information on the centre's nominated complaints officer and advocacy services. The complaints policy was up-to-date and reflected staff knowledge. In addition, an easy-to-read version of the complaints policy was available to residents.

The person in charge maintained a record of all complaints received which included a description of the complaint, actions taken in response and the complainants' satisfaction with the outcome. Residents who spoke with the inspector said that they were happy at the centre, which was further reflected in residents and families questionnaires which were reviewed as part of the inspection. Residents and family members spoken to during the inspection, also told the inspector that if they had any complaints about the quality of the service provided they would speak to the person in charge.

Residents participated in regular residents' meetings, and minutes showed that residents were involved in planning social activities and choosing the weekly menu. Minutes further showed that meeting were used to inform residents about advocacy services, the provider's complaints policy and fire safety arrangements at the centre.

The provider had an up-to-date visitor's policy. Residents told the inspector that there were no restrictions on visiting times and facilities were available meet family and friends in private, which was reflected in discussions with residents' families and staff.

The inspector reviewed arrangements for supporting residents with their personal finances. Residents had their own bank accounts and were supported by staff to withdraw money as and when required. Where staff supported residents with their money, reviewed arrangements and records were in-line with the provider's policies. The inspector observed that residents' money was held securely at the centre, with all transactions being receipted and recorded by staff. In addition, the person in charge conducted regular audits of residents' financial records to ensure compliance with the provider's policy.

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 to communicate their needs and wishes.

Residents' personal plans included an assessment of their communication needs which reflected speech and language therapists' recommendations and staff knowledge. In addition, residents had communication dictionaries which guided staff on individual residents' method of communication and the appropriate actions in response.

Throughout the inspections, residents were supported by staff to express their needs in a communication method of their choosing.

Residents had access to easy read versions of their personal plan as well as the centre's fire evacuation plan and the provider's complaints and safeguarding policies. The inspector also observed the use of pictures and symbol references to inform residents about daily planned activities, staff working at the centre and daily menu choices.

Residents had access to the telephone, newspapers, radio, television and the internet at the centre.

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:

Residents were supported to maintain personal relationships and engage in activities in the local community.

The provider had an up-to-date visitor's policy and provided facilities for residents to meet their families and friends in private at the centre. Residents told the inspector that they were regularly visited by their families, which was reflected in records reviewed and discussions with both staff and family members during the inspection.

In addition, records and discussions with staff and families showed that families were kept up-to-date on their relatives' welfare and attended annual personal plan review meetings.

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 provider had up-to-date admissions and discharge policy and residents had written agreements in place.

The provider's admissions and discharge policy was up-to-date and reflected the centre's statement of purpose.

Residents had accessible written agreements in place, which included details on the weekly rent charged as well as any additional costs to be met such as the cost of community activities, clothing and personal toiletries. In addition, agreements included information on services and facilities provided, which reflected the centre's statement of purpose.

In addition, written agreements sampled had been signed by both the provider and residents.

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):

No actions were required from the previous inspection.

Findings:

Residents' needs were assessed, regularly reviewed and reflected in their personal plans.

The inspector looked at a sample of residents' personal plans, which included assessments on support needs in areas such as healthcare, keeping safe, communication, behaviours of concern, mobility, independent living skills and relationships. Personal plans were up-to-date and reflected both staff knowledge and observed practices during the inspection. In addition, the inspector noted that following recommendations from multi-disciplinary professionals such as dieticians and speech and language therapists, residents' personal plans were updated.

In addition, personal plans were available to residents in an accessible format and the inspector observed that each resident had a copy of their plan available to them in their bedrooms for easy access.

Personal plans included residents' annual goals which reflected their likes and preferences such as social activities and learning new independent living skills, such as making drinks and simple snacks. Goals records also included the stages to be

completed by the resident to achieve each goal, along with named staff supports and expected timeframes for the goals' achievement. The inspector observed that goal records included residents' progress when each stage was achieved.

Residents' personal plans were subject to an annual review. Meeting minutes showed that reviews were attended by the resident and their families, as well as invitations for multi-disciplinary professionals such as general practitioners and psychiatrists to attend. In addition, review meeting minutes showed that the effectiveness of all aspects of personal plans to meet the resident's needs were assessed including healthcare, medication, and behaviours of concern, community activities and personal goals.

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):

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

Findings:

The centre was well-maintained and decorated to a good standard. However, the inspector found that the centre's design and layout did not meet residents' needs in relation to privacy and suitable communal spaces.

The centre was a five-bedroom bungalow located close to a rural town. The centre's location ensured that residents had easy access to a range of local facilities such as supermarkets, churches, public houses and cafes. The centre also had access to a suitably adapted vehicle which enabled residents to visit amenities and facilities in the surrounding area.

As identified in the centre's previous inspection, the inspector found that each bedroom at the centre continued to be shared by two residents. Although privacy screening had been installed in each bedroom due to the size of the centre's bedrooms, residents did not have adequate private space available to them as required under Schedule 6 of the regulations. However, although residents told the inspector that they would like a room of their own, they were happy to share their bedroom until an alternative was provided. The inspector also observed, that residents had personalised their part of the room with family photographs, music posters and ornaments.

In addition, although a communal sitting room, kitchen and dining room were available to residents at the centre, the inspector noted as identified in the previous inspection that the size of the centre's dining room did not enable all residents to eat meals at the same time.

During the course of the inspection, the provider and person in charge provided assurances to the inspector that arrangements were being put in place to address the previous inspection findings on personal privacy in shared bedrooms and access to the dining room. The inspector was told that three, purpose built, four-bedded bungalows were being developed for residents in the local area and were proposed to be available in late 2018 or early 2019. Furthermore, the provider had identified a rental property in the local area, which they intended to register with the Health Information and Quality Authority and make available to residents at the centre to increase the availability of private space and dining room access. The provider's proposed arrangements were further reflected in discussions with residents, staff and family members.

The centre's premises provided a sufficient number of suitably adapted bathroom and toilet facilities to meet residents' assessed needs. Furthermore, the inspector observed that suitable arrangements for waste management were in place at the centre and residents had access to laundry facilities.

In addition, the centre had a well maintained garden which incorporated a poly tunnel for the growing of vegetables which was accessed by residents as part of their day activities.

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):

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

Findings:

The provider's risk management arrangements ensured that residents were kept safe.

The provider had up-to-date policies on risk management and health and safety. In addition, the centre's safety statement was up-to-date and provided guidance to staff on risk control measures such as infection control, manual handling practices and emergency procedures in the event of fire or the loss of utilities. The inspector found that procedures described in the centre's safety statement were reflected in staff

knowledge and observed practices during the inspection for example in relation to infection control procedures.

The person in charge maintained an up-to-date risk register and associated risk assessments were subject to regular review.

Accidents and incidents records were maintained at the centre, with regular monthly audits being completed by the person in charge and the findings discussed with staff at regular team meetings.

Records showed that residents' mobility needs were regularly reviewed and identified their manual handling needs. Where residents needed support in this area, the centre's premises had been suitably adapted with the installation of overhead hoists and bathroom adaptations. Furthermore, all staff had received up-to-date manual handling training.

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre along with the availability of hand sanitisers, personal protection equipment and segregated waste disposal facilities. Observed infection control procedures during the inspection were in-line with the provider's policies and training records showed that all staff had received up-to-date hand hygiene training.

The centre's fire evacuation plan was prominently displayed along with an accessible pictorial version for residents and reflected both resident and staff knowledge. In addition, residents had up-to-date 'personal emergency evacuation plans' (PEEPs) which assessed their ability to evacuate in the event of fire and any supports required. Staff knowledge reflected residents' PEEPs reviewed during the inspection.

The previous inspection had found that fire doors had not been installed to residents' bedrooms. However, during this inspection, the inspector observed that fire doors were now in place. In addition, the centre was equipped with suitable fire equipment such as fire extinguishers, fire alarms, fire exit signage, fire call points, smoke detectors and emergency lighting. Records showed that all fire equipment was being serviced regularly by an external contractor and checked weekly by staff to ensure it was in good working order.

Regular simulated fire drills were conducted at the centre and records showed that all staff and residents had participated. Furthermore, records showed that drills had been conducted under minimal staffing conditions to test their effectiveness in an emergency. Both resident and staff knowledge reflected the centre's fire evacuation plan and all staff had received up-to-date fire safety training.

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):

No actions were required from the previous inspection.

Findings:

Residents were protected from harm and supported to positively manage behaviours of concern.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Information on the provider's safeguarding of vulnerable adults' policy and named designated safeguarding officer were prominently displayed at the centre. The inspector found that incidents of a safeguarding nature were fully investigated and acted upon by the person in charge and the centre's designated safeguarding officer in-line with the provider's policies. Safeguarding plans examined by the inspector were comprehensive in nature and reflected staff knowledge. In addition, records showed that safeguarding plans were subject to regular review to ensure their effectiveness.

Furthermore, records showed that all staff in the centre had received up-to-date safeguarding of vulnerable adults and children first training. In addition, the inspector found that staff understood what incidents might constitute abuse and the actions they would take if suspected, which were in-line with the provider's policy.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. The inspector found that up-to-date risk assessments were in place for restrictive practices in use at the centre such as door keypads. Risk assessments were regularly reviewed and provided a clear rationale for the use of each practice and reflected staff knowledge. In addition, the use of restrictive practices was regularly audited by the person in charge and, the inspector noted from records examined, that with some practices previously observed at the centre were no longer in use such as restrictions on access to the centre's kitchen.

Where residents had an assessed need which related to behaviours of concern, the inspector found that behaviour support plans had been developed and approved by the provider's senior clinical psychologist. Reviewed behaviour plans included a description of the assessed behaviour along with proactive and reactive support strategies and reflected staff knowledge. Records showed that residents' behaviour support plans were subject to regular review by a psychologist.

In addition, training records maintained at the centre showed that all staff had received up-to-date positive behaviour training in-line with the provider's policies.

<p>Judgment: Compliant</p>

<p>Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider ensured that all notifiable events had been reported to the Chief Inspector as required and within regulatory timeframes.</p> <p>The person in charge maintained records of all accidents and incidents that had occurred at the centre. Records reviewed showed that all reportable events had been submitted to the Chief Inspector as required and within regulatory timeframes.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents were supported to access day services and social activities which reflected their assessed needs and interests.</p> <p>The provider had an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose. In addition, the inspector found that residents' educational and training needs were assessed as part of their</p>

personal plan.

Residents attended a range of day services in the local area which reflected their individual needs. For example, some residents had chosen to retire and were supported to attend an older persons' day centre several days a week as well as accessing activities of their choice in the local community facilitated by the centre's staff.

Furthermore, residents told the inspector that they were supported to access a range of activities in the local community such as attendance at GAA matches and music concerts, doing personal shopping, visits to the hairdressers and having meals out in local cafes. Residents' experiences at the centre were further reflected in activity records reviewed by the inspector as well as discussions with staff and family members.

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:

Residents were supported to manage their assessed health needs.

The inspector reviewed residents' healthcare records and found that they were supported to access a range of allied healthcare professionals' in-line with their assessed needs. Records showed that residents were supported to attend appointments with healthcare professionals such as General Practitioners, medical consultants, dietitians, massage therapists and chiropodists.

The inspector found that where residents had specific medical conditions or dietary needs, personal plans had been updated to reflect the recommendations of multi-disciplinary professionals such as dietitians, physiotherapists and speech and language therapists. Furthermore, the inspector noted that staff knowledge and observed practices reflected professionals' recommendations as described in residents' personal plans.

Residents told the inspector that meals provided at the centre were chosen in their weekly residents' meeting which was reflected further in discussions with staff. Although meals at the centre were prepared by staff, staff told the inspector that residents helped with aspects of the meal preparation subject to their abilities. In addition, some

residents were being supported as part of their personal goals to make their own drinks and simple snacks. Residents were also involved in baking sessions with staff during the week.

Food records showed that meals provided were varied, nutritious and healthy in nature and residents had access to snacks and drinks throughout the day. In addition, activity records showed that residents enjoyed going for meals out in local cafés and restaurants, which was further reflected in discussions with residents, staff and family members. Residents also told the inspector that they were involved in shopping for the centre's groceries at local shops and supermarkets, which was reflected in records and discussions with staff.

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:

Medication arrangements at the centre were in-line with 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. Training records showed that all staff administering medication had received up-to-date training.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as pain relief medication and found that they were regularly reviewed by the residents' general practitioner. Protocols described the rationale for each medication's administration and maximum daily dosage and reflected staff knowledge.

Records showed that residents had been assessed in regards to their ability to self medicate; however, at the time of the inspection all residents were supported with taking their medication by staff at the centre.

The provider had arrangements in place for the segregated storage of out of date or discontinued medication, as well as its return to local pharmacies for safe disposal.

Regular medication audits were carried out by both the person in charge and nursing staff at the centre to ensure medication procedures 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):

No actions were required from the previous inspection.

Findings:

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

The statement of purpose included all information required under Schedule 1 of the regulations and reflected the services and facilities provided at the centre. In addition the statement of purpose was regularly reviewed and available in an accessible version to residents.

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:

Governance and management arrangements ensured that residents' needs were met.

The centre's management structure was reflected in the statement of purpose and staff knowledge. The centre's person in charge was full-time, suitably qualified and knowledgeable on both residents' assessed needs and their regulatory responsibilities. In addition to their role at the centre, the person in charge also had responsibility for another designated centre in the town. However, staff told the inspector that the person in charge regular present at the centre during the week and available as and when required.

Records showed that the person in charge facilitated regular team meetings, which discussed all aspects of the centre's operations including residents' needs, accidents and incidents and the provider's policies. Staff told the inspector that they found the person in charge to be supportive and had no reservations in bringing any concerns to them.

In addition, to regular team meetings, staff received formal supervision through 'personal development plans' which were facilitated by the person in charge and involved discussions on the staff member's roles and responsibilities, training needs and future career objectives.

The person in charge monitored practices at the centre through the completion of a series of regular management audits. Audits were completed on practices such as medication management, health and safety, residents' finances and residents' personal plans. Team meeting minutes further showed that audit findings were discussed with staff and action plans developed.

The person in charge attended the provider's mandatory training courses as well as accessing training opportunities which reflected their managerial role. For example, the person in charge had completed an accredited course in health and social care management in 2017. The person in charge also received regular supervision from their line manager and attended management meeting facilitated by the provider's representative.

Records showed that the provider completed regular six monthly unannounced visits at the centre, and that identified areas for improvement were addressed in-line with agreed timeframes. In addition, the person in charge had completed an annual review of care and support provided 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:

The person in charge had not been absent from the centre for over 28 days, however the inspector found that they were knowledgeable on the regulatory requirement to inform the Chief Inspector of this event.

In addition, staff were aware of arrangements which would be put in place in the event of the person in charge's absence, which reflected arrangements as described 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):

No actions were required from the previous inspection.

Findings:

Services and facilities provided ensured that residents' assessed needs were met.

The inspector found that staffing arrangements and resources at the centre were sufficient to meet residents' needs and reflected support needs as described in resident personal plans and risk assessments.

The inspector observed that staff supported residents throughout the inspection in a timely and respectful manner which was reflective of supports as described in personal plans sampled. In addition, staff told the inspector that staffing levels increased at certain times of the day during the week to ensure residents' needs were met such as personal care and social activities, which was reflected in rosters reviewed.

Residents told the inspector that they liked living at the centre and they were supported by staff to do activities of their choice, these comments were further reflected in

discussions with family members and in relative and resident questionnaires reviewed as part of the inspection.

The inspector observed that the centre had access to a suitable vehicle which enabled residents to access amenities and activities of their choice in the local town and surrounding area.

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:

Staffing arrangements ensured that residents' assessed needs were met.

The person in charge ensured that both an actual and planned staffing roster was in place at the centre. The inspector found that staffing arrangements in place ensured that residents' assessed needs as described in sampled personal plans and risk assessments were met. In addition, staff told the inspector that where planned activities required additional resources this was accommodated in the roster by the person in charge.

Staff told the inspector that the person in charge was both approachable and responsive to their needs. The person in charge facilitated regular team meetings, which dependent on need, were attended by both nursing and health care staff or solely by nursing staff at the centre. Meeting minutes showed staff discussion on both residents' needs and the operational management of the centre, and staff told the inspector that they were able to raise any concern about the centre as part of the staff meeting or with the person in charge without any reservations.

The provider and person in charge ensured that staff had access to regular mandatory training such as fire safety, safeguarding of vulnerable adults and manual handling. Records examined showed that training was up-to-date and in-line with the provider's policies. In addition, records showed that staff had received training in line with residents' needs and the centre's operations such as epilepsy awareness, self harm and

active support.

The previous inspection had found that the provider had not maintained all staff documentation as required under Schedule 2 of the regulations. The inspector reviewed a sample of staff personnel files and found that following the last inspection all required documentation under Schedule 2 of the regulations such as employment histories, garda vetting disclosures, references and copies of qualifications were in place.

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:

The inspector found that the provider and person in charge maintained all records required under the Regulations.

The inspector found that the provider and person in charge maintained up-to-date records which related to residents as required under Schedule 3 of the Regulations such as a directory of residents, healthcare records and incidents and accident reports.

The provider ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available at the centre. In addition, records such as residents' written agreements and records of food provided at the centre were maintained as required under Schedule 4 of the Regulations.

The inspector reviewed the provider's policies and procedures and found that all policies required under Schedule 5 of the Regulations were in place and reviewed in-line with regulatory timeframes.

The provider had ensured that an up-to-date insurance policy against accidents or injury to residents, staff and visitors was in place for the centre.

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:

Stevan Orme
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-0002506
Date of Inspection:	23 & 24 January 2018
Date of response:	12 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 06: Safe and suitable premises

Theme: Effective Services

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

The centre did not meet the requirements of Schedule 6 of the regulations, in relation to adequate private space and communal accommodation.

1. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6

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

(Matters to be Provided for in Premises of Designated Centre) are met.

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

Theme: Effective Services

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

The centre did not meet the requirements of Schedule 6 of the regulations, in relation to adequate private space and communal accommodation.

1. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Application was agreed for the construction of three four bedded houses in Dungloe ID. Services.

Plans for the three houses have been agreed and they are currently at the planning stage.

Time Frames:

(1) Planning permission is proposed to be granted by 28.02.2018.

(2) The tendering process should commence by the 19.03.2018.

(3) A contractor will be sourced from tenders received and works due to commence around 31.07.2018.

(4) Construction works should be completed by 31.10.2019.

(5) With regard to residents who will be locating to the new houses, compatibility assessments will commence following confirmation of the tendering process 31.07.2018. In order to facilitate the transitioning process.

(6) In the interim a premises has been identified in the Dungloe area to transfer 4 residents from Dungloe Services 2 in order to reduce the numbers living in Dungloe Services 2.

(7) We are awaiting a technical Services report on the property by 28.02.2018.

(8) Compatibility assessments for residents will be carried out following on from the technical report on 28.02.2018. In order to facilitate the transitioning process.

(9) When Houses have been completed to Turn Key stage, HIQA will be notified. 30.11.2019. This will also apply to the property identified in the Dungloe area. 01.06.2018.

Proposed Timescale: (1). 28.02.2018. (2) 19.03.2018. (3) 31.07.2018. (4) 31.10.2019. (5) 31.07.2018. (7) 28.02.2018. (8) 28.02. 2018. (9) 30.11. 2019 and 01.06.2018.

Proposed Timescale: 31/10/2019