

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Martin's House Residential & Respite
<b>Centre ID:</b>	OSV-0002508
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Jacinta Lyons
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
22 November 2017 09:10	22 November 2017 19:00
23 November 2017 09:15	23 November 2017 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 12 July 2016 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 both full -time and shared care residential

services to adults with a disability.

How we gathered our evidence:

During the inspection, the inspector met with three residents both individually and in a group setting. In addition, the inspector met four staff members and received questionnaires on the care provided at the centre from relatives. The inspector interviewed the person in charge and observed practices during the inspection. The inspector reviewed documents which related to residents and the centre's operations such as personal plans, risk assessments, activity logs, healthcare records 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 three bed bungalow located on the outskirts of a town, close to local amenities.

Overall Findings:

The inspector found that although residents received a good standard of care and support from staff, the design and layout of the premises did not ensure that residents had access to adequate personal space and storage facilities in-line with the regulations.

Throughout the inspection, the inspector observed that residents were supported to meet their assessed needs with dignity and respect. Staff supported residents to communicate in a manner which reflected their abilities. Residents made choices on participating in a range of activities both within the centre and the wider community. Residents were supported to maintain family relationships and questionnaires received stated that there were no restrictions on visiting relatives at the centre.

The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on the residents' needs and their responsibilities under the Health Act. However, the inspector found that the provider had not ensured that all documentation on staff employed at the centre was in place as required by the regulations.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in thirteen outcomes with positive focus on supports provided to residents in the areas such as healthcare and supporting residents' communication needs.

The inspector found major non-compliance in two outcomes which related to the centre's premises and staff documentation. Moderate non-compliance was found in two outcomes and related to residents' privacy and fire safety arrangements. Substantial compliance was found in one outcome which related to staff training.

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:**

Although rights were promoted at the centre, not all care practices had been assessed in relation to their effect on residents' privacy.

The inspector found that residents' rights were in the main promoted at the centre. However, although regularly reviewed by multi-disciplinary professionals, the centre's practice of regular monitoring checks on residents when they were in bed, had not considered their impact on the residents' right to privacy.

The provider's complaints policy was up-to-date. Information on the provider's complaints officer and advocacy services was prominently displayed. Residents had access to an easy-to-read version of the complaints policy along with information on the Health Service Executive's confidential recipient. Relatives' questionnaires reviewed by the inspector reflected that families were aware of the provider's policy and how to make a complaint if they had any concerns.

At the time of the inspection, the person in charge had received no complaints about the service provided which was further reflected in relative questionnaires received. However, the person in charge maintained a complaints register which included templates for the recording of actions taken in response to a received complaint as well as the complainant's satisfaction with the outcome.

Residents attended regular residents' meetings and were supported to make choices about daily meals and planned social activities. Where residents were unable to

communicate their choices, staff advocated on their behalf based on residents' known personal preferences, likes and interests.

Residents were supported with the management of their finances by staff. Residents' finances were securely stored and records examined showed that all transactions were recorded and receipted in-line with the provider's policy.

**Judgment:**

Non Compliant - Moderate

**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.

Residents' personal plans included an assessment of their communication needs and any additional aids which were required to assist them to express their needs. Staff knowledge reflected personal plans reviewed. Care and support practice observed during the inspection showed that staff supported residents to express their daily needs and choices.

In addition, accessible versions of personal plans, written agreements, the provider's complaints policy and the centre's fire evacuation plan were available to residents. Residents also had access to a range of media at the centre such as radio and television.

**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 relationships and to engage in activities in their 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.

Staff told the inspector that residents were regularly visited by their relatives, which was reflected in records sampled and by relatives through questionnaires received as part of the inspection.

Residents were supported to access a range of community activities such as visits to places of interest, personal shopping, cafes and local walks which reflected their personal goals, likes and interests.

**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):**

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

**Findings:**

The provider had an up-to-date admission and discharge policy and written agreements were in place for residents.

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

The previous inspection had found that resident's written agreements did not contain the total fees charged and were not signed. Following the last inspection, the inspector found that the provider had ensured that residents' written agreements included all fees charged such as the weekly rent charge and any additional costs to be met by residents such as the cost of community activities, personal clothing and toiletries. In addition, written agreements had been signed by both the provider and the resident or their representative.

The inspector further found that written agreements were accessible in nature and contained information on the services and facilities provided at the centre.

**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:**

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

Residents' personal plans were comprehensive and included assessments on support needs such as healthcare, medication, relationships, keeping safe, mobility and eating and drinking. Personal plans were up-to-date and reflected both staff knowledge and observed practices during the inspection.

Personal plans were available to residents in an accessible format and included their personal goals. Goals were agreed with residents every three months as part of their 'person centred support meetings' which were also attended by their named staff and relatives. Goal planning records included the goal's outcome, named staff supports and expected date of achievement. Records showed that progress was evaluated every three months and included what aspects of the goal had been achieved or not.

The inspector found that all residents' plans had been subject to an annual review, which in turn had looked at all aspects of their support needs as well as personal goal outcomes.

Discussions with staff and annual review minutes showed that meetings were attended by the residents, their relatives and staff. Records also showed that multi-disciplinary professionals such as general practitioners, physiotherapist, occupational therapists and psychiatrists also attended or were invited to attend review meetings.

**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 inspector found that although the premises were well maintained, it did not meet the requirements of Schedule 6 of the regulations.

The centre comprised of a three bedded bungalow on the outskirts of a town with access to local shops and amenities. In addition, to the bedrooms, residents had access to a communal sitting room, bathroom, kitchen dining room and garden area. The garden area was well-maintained and had been designed to provide a sensory environment for residents.

The inspector found that although the centre was well-maintained, the provider had not addressed the previous inspection findings which related to the premises. Two out of the centre's three bedrooms continued to provide shared accommodation to residents. The inspector observed that the provider has installed privacy curtains since the last inspection; however, due to the layout of the bedrooms they did not provide adequate private space for residents as required under Schedule 6.

In addition, the inspector found that the shared bedrooms did not provide suitable storage for residents' personal possessions as wardrobes were shared.

The inspector was informed that planned maintenance work was scheduled to provide increased access to the centre's bathroom facilities in response to the findings of the previous inspection. The previous inspection had highlighted that due to the layout of a shared bedroom's ensuite bathroom, it was inaccessible to residents. The planned maintenance works proposed to combine the communal bathroom with the bedroom ensuite to create an accessible bathroom for all residents at the centre.

Residents had access to laundry facilities at the centre and suitable arrangements were in place for the safe disposal of general and clinical waste.

**Judgment:**

Non Compliant - Major

**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:**

Risk management arrangements ensured that residents were safe at the centre, although the regularly undertaken simulated fire drills had not been completed under minimal staffing conditions.

The centre's previous inspection had found that the centre's fire safety arrangements required improvement. Following the last inspection, the inspector observed that fire doors were no longer wedged open as magnetic self closure devices had been installed and the previous fire doors had been upgraded.

Records showed that, since the last inspection, all staff had received up-to-date fire safety training and had participated in a simulated evacuation drill. However, although records showed that regular simulated fire drills occurred, they had not been undertaken with minimal staffing levels in order to determine if the centre could be safely evacuated at all times.

The inspector found that following the last inspection, residents' 'personal emergency evacuation plans' (PEEPs) had been reviewed and updated to provide clear information on how to support each resident. Staff knowledge reflected PEEPS sampled by the inspector.

In addition to fire doors, the inspector observed that the centre was equipped with suitable fire equipment such as a fire alarm, 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 centre's fire evacuation plan was prominently displayed along with an accessible version for residents and reflected staff knowledge.

The person in charge maintained an up-to-date risk register, which was reflected in regularly reviewed risk assessments on the premises and residents' needs. Risk assessments examined identified both the risk and the control measures implemented to reduce its prevalence or impact. In addition, staff knowledge reflected identified risks

and control measures in place at the centre.

A record of all accidents and incidents was maintained. These were reviewed on a monthly basis by the person in charge, with learning from events discussed with staff at regular team meetings.

Hand hygiene and infection control information was displayed in the bathrooms and kitchen, along with the provision of hand sanitisers and segregated waste disposal facilities. Furthermore, training records showed that all staff had received up-to-date hand hygiene training.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**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. Following the previous inspection, records showed that staff had received up-to-date 'safeguarding of vulnerable adults' training. Furthermore, staff were able to demonstrate to the inspector that they had an understanding of what might constitute abuse and the actions they would take, which were in-line with the provider's policy.

In addition, information on the provider's safeguarding of vulnerable adults' policy and designated safeguarding officer was prominently displayed at the centre.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. Risk assessments had been completed on restrictive practices in use at centre such as the locking of doors and cleaning materials cupboards. Restrictive practices were regularly reviewed, and records showed were previous restrictive practices had been ended following multi-disciplinary reviews such as

the locking of kitchen utensil draw. In addition, assessments had been completed on the use of bedrails in-line with residents' assessed needs. Assessments had been completed by suitably qualified persons and reflected staff knowledge and observed practices during the inspection.

Behaviour support plans were in place for residents with identified behaviours of concern. Plans were regularly reviewed and developed by a suitably qualified person in-line with the provider's policies. Plans included a description of the behaviour as well as proactive and reactive support strategies and reflected staff knowledge. However, the inspector found that not all staff had received positive behaviour management training in-line with the provider's policies.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The person in charge maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA). The inspector further found that all notifications received to date had been submitted to the Chief Inspector in accordance with regulatory timeframes.

**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 participate in social activities which reflected their assessed needs, preferences and interests.

The provider had an up-to-date policy on supporting residents to access education and training which was reflected in the centre's statement of purpose. At the time of the inspection, while residents were not involved in educational or training opportunities due to their assessed needs they did accessed regular day services.

Staff told the inspector that residents were supported to access a range of activities both at the centre and in the local community which was reflected in personal plans and activity records. Records showed that residents were supported to attend religious services, access local shops, visit places of interest and have meals in cafes in the local community. In addition, residents participated in therapeutic activities while at the centre such as hand and foot massages and sensory relaxation.

**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):**

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

**Findings:**

Residents were supported to manage their health in-line with their assessed needs.

The inspector reviewed residents' healthcare records and found that they had access to a range of allied healthcare professionals such as a general practitioner (GP) of their choice, psychiatrists, dieticians and physiotherapists.

The inspector found that where residents had specific medical or dietary conditions they were supported in-line with their assessed needs, and that both staff knowledge and training reflected protocols sampled. In addition, residents had 'end of life' plans in place which had been developed in conjunction with their families and representatives.

The previous inspection had found that emergency epilepsy management plans were not in place for residents. The inspector found that plans had been developed following the last inspection and reflected staff knowledge.

Meals were provided by staff at the centre and food records showed that residents had a choice of meals which reflected their personal tastes and dietary needs. Meals provided were healthy and nutritious in nature and snacks and refreshments were available throughout the day. In addition, residents were supported to assist in aspects of meal preparation, subject to their abilities.

The inspector found that meal times were social in nature with staff and residents eating together. Where residents required support to eat and drink, this was provided in a sensitive manner and in-line with their assessed needs.

**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:**

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. In addition, a signature bank was maintained of staff trained to administer medication at the centre.

Regular medication audits were carried out by the person in charge and delegated staff, which included record keeping and the use of 'as and when required' medication.

Assessments had been completed on residents' abilities to take responsibility for their own medication, although no residents' self-administered medication at the time of the inspection.

Medication was securely stored at the centre and arrangements were in place for the segregated storage and disposal of out-of-date or discontinued medication.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

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

The previous inspection had found that the centre's statement of purpose did not contain all information required under the regulations. The inspector reviewed the centre's statement of purpose and found that it was subject to regular review and had been updated to contain all information required under Schedule 1 of the regulations and reflected the services and facilities provided.

Furthermore, the statement of purpose was reviewed annually and 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 residents were supported in-line with their assessed needs.

The provider's 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 staff team meetings which discussed all aspects of the centre's operations such as residents' needs, accidents and incidents and organisational policies. Staff told the inspector that the person in charge was approachable and they would have no reservations in raising concerns with them.

The previous inspection had found that management systems in place at the time did not effectively monitor the service provided. The inspector found that since the last inspection, the provider had introduced a range of management audits on practices at the centre which included medication management, health and safety, residents' finances and personal plans. The outcomes of the audits were discussed as part of staff meetings and any actions identified were addressed in-line with agreed timeframes.

The previous inspection had further found that the provider had not ensured that an annual review of care and support provided at the centre was completed. The inspector found that following the last inspection a review had been completed with actions for improvements addressed within agreed timeframes.

In addition, following the last inspection, the provider had commenced regular six-monthly unannounced visits of the centre which were available during the inspection.

**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 provider had suitable arrangements in place in the absence of the person in charge.

The person in charge confirmed their understanding of the requirement under the regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. However, no instances of this nature had occurred to date. Furthermore, staff knowledge reflected arrangements in place in the event of the person in charge's absence from the centre.

<p><b>Judgment:</b> Compliant</p>

**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:**  
 The inspector found the services and facilities provided reflected the statement of purpose and residents' assessed needs.  
  
 The inspector found that staffing levels and resources were sufficient to meet residents' needs and reflected personal plans and risk assessments examined as well as staff knowledge.  
  
 Furthermore, the centre was equipped with aids and appliances to meet residents' needs such as overhead hoists. The centre did not have access to their own vehicle; however, resources were available for residents to access taxis, which ensured that planned activities could occur; such as, access to shops, cafes and places of interest.

**Judgment:**  
Compliant

**Outcome 17: Workforce**  
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Staffing arrangements at the centre ensured that residents' assessed needs were met. However not all information required under Schedule 2 of the regulations was available in staff personnel files.

An actual and planned roster was in place and staffing levels ensured that residents' assessed needs and planned activities were met as reflected in risk assessments, activity records and discussions with staff. The inspector noted from the roster, that temporary workers were on occasions used at the centre; however, these were regular staff and ensured consistency of care for residents.

Throughout the inspection, the inspector observed that staffing arrangements ensured that residents received support in a timely manner when required. Furthermore, residents appeared to be both relaxed and comfortable with all support provided by staff.

Staff told the inspector that they felt supported by the person in charge and found them to be both accessible and responsive to their needs and concerns. The person in charge facilitated regular staff team meetings where residents' needs and the operational management of the centre were discussed. Furthermore, staff had completed annual personal development plans (PDP) with the centre's management team, which looked at their roles, responsibilities and future training needs.

Training records demonstrated that staff had received up-to-date training in manual handling, along with other mandatory training such as fire safety and safeguarding of vulnerable adults. In addition, staff had accessed training specific to residents' needs such as fragility care, epilepsy awareness and end of life care.

The inspector found that the provider did not ensure that all required schedule information was available as required by the regulations, as personnel files did not contain copies of staff garda vetting disclosures. This was also identified during the previous inspection.

**Judgment:**

Non Compliant - Major

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002508
<b>Date of Inspection:</b>	22 November 2017
<b>Date of response:</b>	20 December 2017

### Requirements

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

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

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

**Theme:** Individualised Supports and Care

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

Resident monitoring arrangements had not considered the right to privacy.

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. The Provider will arrange that a review of the Policy with regard to resident monitoring arrangements will be completed and will consider the right to privacy and dignity.

**Proposed Timescale:** 28/02/2018

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The design and layout of the centre did not meet the requirements of Schedule 6 of the regulations.

**2. 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:**

1. The Person in Charge is sourcing more appropriate and adequate individual Storage Solutions.
2. Works have commenced to provide access to the bathroom facilities for residents.
3. Overhead tracking will be installed.
4. Further Works have been identified to construct two additional bedrooms and a wet room to the centre. This work is subject to approval for additional funding. The Provider will ensure that the Inspectorate is kept up to date with regard to this proposed development.

Proposed Timescale: 1. December 23rd 2017 2. January 15th 2018 3. Jan 15th 2018  
4. December 31st 2018

**Proposed Timescale:** 31/12/2018

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

**Theme:** Effective Services

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

Fire drills had not assessed if minimal staffing levels could evacuate the centre when at

full occupancy.

**3. Action Required:**

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

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

The Person in Charge arranged a Simulated fire drill with the maximum number of residents and minimum number of staff. Records of this Drill are available for Inspection.

**Proposed Timescale:** 20/12/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The inspector found that not all staff had received positive behaviour management training.

**4. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The person in Charge will ensure that the Staff member will have completed Positive Behaviour Management Training.

**Proposed Timescale:** 12/01/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Personnel files did not contain all information as required by regulation.

**5. Action Required:**

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

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

The Person in Charge will ensure all Personnel files contain all the information required

by regulation.

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