

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Drumiskabole Lodge
<b>Centre ID:</b>	OSV-0002602
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joanna McMorrow
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From:	To:
26 October 2017 10:40	26 October 2017 18:45
27 October 2017 09:20	27 October 2017 15:30

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

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

**Summary of findings from this inspection**

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

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

How we gathered our evidence:

During the inspection the inspector met with four residents and 5 staff, including the person in charge, the person participating in management and the provider's representative. The inspector observed practices at the centre and reviewed documentation such as personal care plans, medical records, policies and staff files.

#### Description of the service:

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

#### Overall findings:

Inspectors found that residents had a good quality of life at the centre and were supported to access a range of activities, which reflected both their interests and personal goals. Residents were unable to tell the inspector about their quality of service they received. However, the inspector observed during the day of inspection that residents were comfortable, happy and relaxed with the support they received from staff. The inspector found that the centre promoted residents' rights and they were supported to play an active role in the running of the centre through engagement at weekly residents meetings. The centre was well-maintained and its layout and design reflected residents' assessed needs. In addition, the inspector found that the person in charge had ensured that individualised programmes were in place to support residents who had behavioural issues.

#### Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in 15 outcomes inspected. However, major non-compliance was found in relation to the maintenance of staff records as required under Schedule 2 of the regulations. However, substantial compliance was found in written agreements and medication management.

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

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre's complaints policy was promoted and residents were involved in the running of the centre.

The inspector found that the centre's complaints policy was comprehensive and reflected staff knowledge. In addition, the complaints policy was prominently displayed alongside an accessible version for residents. The inspector observed that information on the complaints officer; which included their photograph and contact details, was also displayed on the communal notice board. The centre maintained a record of all complaints received which included actions taken and complainants' satisfaction with the outcome.

Information on advocacy services was also displayed on the communal notice board.

Residents were supported to access a range of activities both at the centre and in the local community which reflected their interests and personal plan goals. Activity records and goal planning showed that residents accessed activities such as meals out, shopping and trips to places of interests.

Staff told the inspector that residents participated in the centre's weekly residents meetings. The inspector reviewed meeting minutes and found that residents were involved in decisions about the running of the centre, such as menu planning, shopping and weekly activities. In addition, discussion about advocacy services, fire safety and personal safety were also recorded.

**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:**  
The inspector found that residents' communication needs were supported as set out in their personal plans.

The inspector found residents' personal plans included assessments of their communication needs, which reflected staff knowledge and observed practices on the day of inspection. The inspector found that residents were supported to communicate their needs through the use of pictures, photographs, symbols and objects of reference. In addition, residents also had access to easy-to-read versions of their personal plans and written agreements, as well as the fire evacuation plan.

The inspector found that the residents had access to radio, television and the internet at the centre. Assistive technology was provided for residents where requested or identified as a need.

**Judgment:**  
Compliant

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

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

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found that residents were supported to maintain personal relationships

and engage in activities in their local community.

The centre had an up-to-date visitor's policy and provided facilities for residents to meet family and friends in private. Staff told the inspector that residents' families visited regularly as well as attending annual personal plan reviews and social events, which was reflected in documents reviewed.

Residents access a range of activities in their local community such as personal shopping, restaurants, day trips which reflected their interests and annual personal goals.

**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):**

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

**Findings:**

The inspector found that the centre had an up-to-date admissions and discharge policy; however, improvement was required as some residents did not have written agreements in place.

The centre had an up-to-date admissions and discharge policy which was reflected in their statement of purpose. No new admissions had occurred at the centre prior to the inspection.

Residents' had an accessible written agreements in place, which included the total fees for their residency and any additional charges such as for community activities. Furthermore, the inspector found that the written agreements had been signed by both the provider and the resident or their representative.

**Judgment:**

Substantially 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:**

Overall, the inspector found residents' wellbeing and welfare was maintained, with each resident having opportunities to participate in activities that were of interest to them.

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

The inspector found that personal plans were reviewed as scheduled. These were coordinated by the person participating in management with the person in charge. These plans were found to include short, medium and long term goals and were being reviewed on a six monthly basis.

**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):**

No actions were required from the previous inspection.



**Findings:**

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

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

The centre was well-maintained and decorated to a good standard. The inspector observed that residents' bedrooms were individually decorated and personalised with family photographs and items which reflected their interests. All bedrooms provided suitable storage facilities for residents' possessions.

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

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

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

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

The centre had an up-to-date risk management policy and centre-specific safety statement which showed risks which related to residents, staff and the premises. Risk assessments were up-to-date and regularly reviewed. The centre's previous inspection had found that risk assessments did not include the timeframes for risk control measures to be implemented. The inspector reviewed the centre's risk assessments and found that they now included risk control measures and dates for their implementation. The inspector found that staff knowledge reflected the risk assessments at the centre.

The person in charge maintained a record of accidents and incidents, which occurred at the centre. Records were analysed on a monthly and six-monthly basis to identify trends and areas for service improvement. In addition, meeting minutes showed that accident and incident records were discussed with staff at regular team meetings.

The person in charge maintained a record of accidents and incidents, which occurred at the centre. Records were analysed on a monthly and six-monthly basis to identify trends and areas for service improvement. In addition, meeting minutes showed that accident and incident records were discussed with staff at regular team meetings.

The centre's fire evacuation plans was prominently displayed and reflected both resident and staff knowledge. Furthermore, residents' meeting minutes showed that fire safety arrangements were discussed on each admission to the centre. Residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and reflected staff knowledge. PEEPs included the support residents required for both day and night-time evacuation including the use of evacuation aids such as a wheelchair.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire safety equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

Regular fire drills were carried out at the centre and all staff had up-to-date fire safety training. However, the inspector found that drills had not been conducted under minimal staffing conditions.

**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 with the management of behaviour that challenges.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Staff had received up-to-date training in both safeguarding vulnerable adults and Children First. Staff spoke to the inspector about what might constitute abuse and the

actions they would take if suspected, and their knowledge and understanding was in-line with the provider's policy.

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

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

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

Restrictive practices such as the locking of the upstairs windows were risk assessed and included a clear rationale for their use and were subject to regular review.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

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

A record of all notifications submitted to HIQA was kept at the centre including all notification submitted under schedule 4 of the regulations. The inspector found that all notifications were submitted to HIQA in-line 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:**

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

The inspector found that there was an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose and staff knowledge. Residents' also had their educational and training needs assessed as part of their personal plan; however, on the day of inspection residents were not accessing education or training.

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

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

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

The inspector reviewed residents' healthcare records and found they had access to a

range of allied healthcare professionals including general practitioners (GP), psychiatrists, consultants and dentists.

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

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

The inspector observed that residents, who required support with eating and drinking, were supported by staff in a dignified and timely manner. Furthermore, the inspector observed residents enjoying snacks and drinks and found that this was a social event for all engaging.

**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 management arrangements in place at the centre 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 prescribed medications such as administration times, route and dosage. In addition, a signature bank was maintained of all staff trained to administer medication at the centre. The inspector found that staff were informed and aware of how to support the residents and what treatments they were on and how to support them in the event of an emergency. However, the inspector found that on review of medication administration records, some were not legible. In addition, protocols were not in place for all residents with emergency medication for epilepsy.

Medication was securely stored at the centre. Staff told the inspector that residents'

medication was recorded and accounted for on each prescription collection for the centre, which was reflected in records examined.

Arrangements were in place for the segregated storage and disposal out-of-date or discontinued medication, although staff told the inspector that residents medication was ordered on a monthly basis.

Residents' personal plans included an assessment of their medication needs and their capacity to self-administer medication.

Regular medication audits were carried out by the person in charge on the administration of 'as and when required' medication (PRN) and medication administration practices at the centre to ensure they were in-line with the provider's policies.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

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

The person in charge reviewed the statement of purpose annually.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

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

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

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

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

The person in charge told the inspector that they ensured their continual professional development through attendance at the provider's mandatory training as well as courses relevant to their role. The person in charge was a qualified nurse and had 10 years experience working with adults and children with a disability. The person in charge had been in a management role for over 14 months and had an accredited management qualification. In addition, the person in charge was further supported through formal supervision by their line manager and through attendance at regular management meetings chaired by the provider's representative.

In addition, the previous inspection had found that an annual review of the care and support provided at the centre had not been undertaken. The inspector found that following the last inspection, this annual review had been completed and was available at the centre.

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

**Judgment:**

Compliant

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

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

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

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

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

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

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



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

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

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

Staffing levels were based on the needs of residents and were determined by reviews of residents' care needs by the person in charge and the multidisciplinary health care team. There was a planned and actual staff roster, which inspectors viewed and found to be accurate. Staff were present in the centre to support residents at all times including weekends. Staff also accompanied residents for outings, such as concerts and trips away. This included when the residents wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events.

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

The inspector found that staff had not been recruited and selected in accordance with the requirements of the regulations. On review of a sample of agency staff files, the inspector found that an agency staff file did not contain evidence of Garda vetting. The person in charge was made aware of this gap. The inspector was informed that the staff had not had vetting completed before working in the centre. The agency providing the

staffing arrangement had not ensured that appropriate recruitment and selection was completed and had not advised the HSE of this omission. The provider nominee provided assurance to HIQA, immediately on discovery of the gaps in the recruitment process. In addition, the inspector reviewed a sample of permanent staff files and noted that they did not meet the required documents as outlined in Schedule 2 of the regulations such as appropriate Garda vetting and full employment history, was not evident on the day of inspection. The provider was required to submit evidence of this vetting post 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 inspector found that records and documentation required under regulations were maintained at the centre.

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

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

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

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

<b>Judgment:</b>
Compliant

### **Closing the Visit**

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

Catherine Glynn  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002602
<b>Date of Inspection:</b>	26 October 2017
<b>Date of response:</b>	30 November 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The provider had failed to ensure that written agreements were in place for all residents.

**1. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each

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

resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Easy read version of agreements in place for all residents and signed by each resident in the designated centre.

Staff will continue to communicate with relevant family member to have copy of signed written agreement returned to designated centre.

**Proposed Timescale:** 31/01/2018

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

The person in charge had not ensured that medication documentation was legible and gaps were evident in medication records for residents.

**2. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

All staff to ensure administration of medication is documented clearly and legibly and in line with medication management policy. All residents prescribed emergency medication for epilepsy have protocols in place.

Medication kardex currently being reviewed for special instructions prescribed by GP.

**Proposed Timescale:** 15/12/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The person in charge had not ensured that all staff met the requirements of schedule 2:

- Garda vetting was not completed for agency staff working in the centre
- Garda vetting was not provided for HSE staff during the course of the inspection
- gaps were noted on employment history for some staff.

**3. 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:**

This issue of agency staff not meeting the requirements as set out in schedule 2 was escalated to the Head of Social care and Head of HR, CHO 1 this matter has been addressed with all agency providers with an assurance going forward that Garda vetting will be in place for all agency staff prior to commencing work in Drumiskabole and across the wider residential Learning Disability Services, CHO 1.

Garda vetting to be provided for all HSE staff currently supported by the HSE Data Controller.

Employment history gaps to be rectified in relevant files.

**Proposed Timescale:** 31/12/2017