

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	HSE Cork - Youghal Community Hostels
Centre ID:	OSV-0004646
Centre address:	Magner's Hill, Youghal, Cork.
Telephone number:	024 92 422
Email address:	susan.wall@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

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 Escalation This monitoring inspection was un-announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
23 May 2018 09:45	23 May 2018 19:00
24 May 2018 09:30	24 May 2018 14:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 03: Family and personal relationships and links with the community		Compliant
Outcome 04: Admissions and Contract for the Provision of Services		Compliant
Outcome 05: Social Care Needs		Substantially Compliant
Outcome 06: Safe and suitable premises		Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 08: Safeguarding and Safety		Non Compliant - Moderate
Outcome 09: Notification of Incidents		Compliant
Outcome 11. Healthcare Needs		Compliant
Outcome 12. Medication Management		Compliant
Outcome 13: Statement of Purpose		Compliant
Outcome 14: Governance and Management		Compliant
Outcome 15: Absence of the person in charge		Compliant
Outcome 17: Workforce		Compliant

Summary of findings from this inspection

Background to the inspection:

In November 2015, the Health Information and Quality Authority (HIQA) applied to

the district court under Section 59 of the Health Act 2007 for specific conditions to be placed on the registration of this centre. This was an unannounced inspection to identify if the provider was operating the centre in line with these conditions and to monitor overall compliance with the regulations as set out in the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. The inspector met with all residents who lived in the centre, and had conversations about the centre with six residents. Residents told the inspector that they liked living in the centre, that they felt safe there, and that the staff looked after them well. Residents were aware that they would soon be moving to new houses and they were looking forward to this. Residents talked about the projects and classes that they were involved in such as money management and cookery, which would prepare them for their move to the community. They also said that they enjoyed doing things in the local area such as going out for a coffee or cup of tea, shopping and sports. The inspector also observed that residents and staff appeared comfortable in each others company and there was a friendly atmosphere between them. Staff who spoke with the inspector were knowledgeable of residents' care needs. The inspector also met with the provider, person in charge and other members of the management team throughout the inspection. The inspector did not have the opportunity to meet with any residents' families.

Description of the service:

The provider had a de-congregation plan in place to support the fifteen residents living in this centre to move on a phased basis. The de-congregation plan provided for seven residents to move to accommodation more suited their needs by 30th September 2018, with the remaining 8 residents moving to the community in mid-2019. In the interim, it was planned that the 8 remaining residents would occupy the two existing houses in the centre and would experience improved living conditions with more space and single bedrooms for all residents.

Prior to this inspection, the provider gave the Chief Inspector a written up-date on the progress made towards the successful transition of the remaining residents from the centre. This plan was reviewed by the inspectors as part of this inspection and the inspectors found that the provider had completed all works in line with the timeframes as described in this plan up unto the date of this inspection. However, the management team acknowledged that the final phase for the full closure of this centre was unlikely to be completed by the end of December 2018 as stated in the progress report. The management team anticipated that the final transitions and full closure would take place in mid-2019.

Following this two day inspection, the inspectors were satisfied that the provider was operating the centre in line with the registration conditions as applied by the district court in November 2015.

The centre comprised of two houses close to a coastal town, one in a campus

setting, and the other nearby in a residential area. The centre provided residential accommodation to fifteen male and female adults with an intellectual disability and/or autism. While the houses were clean, well-furnished and comfortable they did not meet the needs of residents and were not suitable for long term habitation due to use of shared bedrooms and the location of the bedrooms. Most residents occupied first floor bedrooms which presented a risk that residents would not be able to access these bedrooms safely in the long term due to their advancing age. The use of shared bedrooms also impacted on residents' privacy.

Overall judgment of findings:

The inspector found a high level of compliance with the regulations, with nine of the twelve outcomes inspected being found compliant and one substantially compliant. There were two moderately non-compliant outcome and there were no major non-compliances.

Residents received a good level of health and social care, had access to healthcare professionals and they said that had good lives and were happy in the centre. In addition there were safe medication management practices being implemented, there were strong governance arrangements in place to manage the centre, and staff were suitably recruited and trained. There were measures in place to protect residents from risks including fire.

Safeguarding in the centre was found to be in moderate non-compliance as while improvements had been made to safeguarding practices in the centre, improvements were required to safeguarding plans to ensure that they were effective in eliminating frequent low level peer-to-peer incidents, while residents were waiting to transition to alternative accommodation.

The premises was found to be in moderate non-compliance and the provider had plans in progress to address this by reducing occupancy on a phased basis, and ultimately closing the centre. Improvement was required to assessment and delivery of in-house activities. Improvement was also required to the management of peer-to-peer incidents, and a plan to address this through the forthcoming move and compatibility of placements was in progress.

Findings from the inspection are explained in the body of the report and actions required are found 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 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 with their families and were supported to interact in the local community.

Family and friends could visit residents in the centre at any reasonable time and arrangements were made for residents to meet with visitors in private. Some residents also visited and regularly stayed with family members. Residents told the inspector of visits home, having relatives to visit them in the centre and of other interaction with friends.

Families were invited to attend and participate in residents' annual planning meetings and reviews of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues. On weekdays residents had the option to attend various organised activities outside the centre where they had the opportunity to meet and socialise with their peers.

There was recorded evidence that staff arranged for residents to go on outings, attend entertainment events, dine in local restaurants and visit shops and amenities in the town.

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 person in charge confirmed that agreements for the provision of services had been made with, or on behalf of, all residents. The inspector viewed a sample of these agreements and found that they were informative, stated the service provided and the fee to be charged, and were signed by residents' representatives.

As this centre had been identified for closure, no further new admissions were being accepted.

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' social wellbeing was maintained by a good standard of care and support. There were records of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both at nearby supported day services and in the community. However, improvement was required to the assessment of activity interests and opportunities in the centre.

Each resident had a personal plan which contained personal information about their backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals.

There was an annual meeting for each resident to discuss and plan around issues relevant to their life and wellbeing. These meetings were attended by residents - if they chose to attend, their families and their support workers. Overall, throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, the inspector found that most current goals were either achieved or were being progressed. However, there was one instance where goals had not been progressed and reviews had not been carried out to assess and record progress.

There were a range of activities taking place in day services and residents' involvement was supported by staff. Residents told the inspector that they were involved in drama, cookery and money management courses which they enjoyed. They also spoke of being involved in sports, including swimming, walking groups and horse riding. Staff also supported residents' access to the amenities in the local community such as shopping, eating out, meeting their families, and leisure outings.

However, while assessments of residents' interests and preferences had informed their involvement outside the centre, assessments had not given rise to comprehensive activity programmes within the centre when residents were not out. The person in charge acknowledged that this was required and some work in this area had commenced. A staff member had recently attended training in use of information technology for enhanced communication for people with intellectual disabilities. As a result of this some techniques had been introduced and these were proving to be both interesting and beneficial to the residents who were involved.

Considerable work was in progress to manage the transfer of residents from the centre to alternative accommodation on a phased basis. The management team and the person in charge were aware of the importance of suitable assessments being completed prior to transition of residents from the centre and their admission to new accommodation. As part of this process compatibility assessments had been carried out, and transition plans had been developed to support a smooth transition for residents.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:

During previous inspections, it was found that this centre was unsuitable, as its layout did not meet the needs of residents. Plans to address this had been developed by the provider and were at an advanced stage of completion.

The centre was made up of two houses, which were situated close to a coastal town. The houses were clean, well-furnished and comfortable. Bedrooms were spacious, bright, personalised and had adequate storage space for residents' belongings. However, several of the residents were sharing twin rooms, and many occupied first floor bedrooms. While efforts had been made to segregate each resident's bedroom space with dividing curtains, this still impacted on the privacy of these residents. Some residents told the inspector that they would prefer to have their own bedrooms. At the time of inspection all residents who used first floor bedrooms were fully mobile, could access their bedrooms with ease and had frequent occupational therapy assessments to review their capacity to use the stairs safely. However, there was a concern that residents would not be able to access these bedrooms indefinitely due to their advancing age.

The provider and management team were fully aware of the unsuitability of the centre and were committed to closing the centre and transitioning residents to suitable accommodation in the community on a phased basis. This plan was at an advanced stage of progress and houses had been purchased for residents. Residents who spoke to the inspector were well aware of the pending move and said that they were pleased about it.

The inspector found the kitchens to be well-equipped and clean, and there were utility rooms with laundry facilities, where residents could participate in their own laundry if they wished. There were suitable arrangements for the disposal of general waste. Residents had access to outdoors areas. There were gardens adjoining both houses and one house had a greenhouse that some residents used and enjoyed.

During the last inspection of this centre inspectors found that part of the centre was not being suitably cleaned and this had been addressed. The provider had allocated additional resources for housekeeping. On this inspection both houses in the centre were being maintained in a clean and hygienic condition. However, in one bathroom there was stained floor covering that could not be suitably cleaned.

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):

No actions were required from the previous inspection.

Findings:

There were suitable measures in place to protect the health and safety of residents, visitors and staff.

There was a health and safety statement, a risk management policy and a risk register in which risks were identified and rated, and their control measures recorded. In addition to environmental risks, risks specific to each resident were identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety procedures and found that the provider had measures in place to protect residents and staff from the risk of fire. Fire extinguishers were serviced annually and fire alarms quarterly. There were also up-to-date servicing records for emergency lighting and the central heating boiler. Staff also carried out health and safety checks, such as checks of escape routes, emergency lights and fire alarms.

The fire procedure was displayed in the centre and all staff had received formal fire safety training. Personal emergency evacuation plans had been developed for each resident. These plans provided guidance about the level of support required by each resident.

Fire evacuation drills involving residents and staff were being carried out frequently. Records indicated that drills had been completed in a timely manner. The person in charge organised fire drills to ensure that all staff working in the centre had taken part in one. Residents who spoke to the inspector knew what to do if they heard the fire alarm.

All staff had received training in moving and handling.

There was an emergency plan which gave guidance to staff in the event of any emergency or evacuation of the centre.

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):

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

Findings:

During this inspection, the inspector found that improvement had been made in the management of safeguarding in the centre. While the action from the previous inspection had not been fully addressed, this had been taken seriously by the provider and a suitable plan was in progress to resolve the identified issues within a reasonable timeframe.

There were measures in place to protect residents from being harmed or abused; however, there continued to be frequent occurrences of low level of peer-to-peer incidents which were impacting on some residents.

Positive behaviour support plans had been developed for residents who displayed behaviours that challenged. These plans included prediction of triggers, displayed behaviour, support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging. Behaviour support involvement was available in the organisation. A behaviour support specialist was very involved with any residents who required this support, and had contributed to their behaviour support plans. The inspector viewed a sample of behaviour support plans which were detailed and identified the required care interventions. These plans appeared to be effective in reducing the level of incidents of concern. An audit of behaviour related incidents showed that the frequency of the incidents of concern had decreased, and the intensity of the incidents had also reduced. The provider and person in charge were mindful that incompatibility of some residents, and the physical environment, contributed to the identified issues, and clear plans were in place to resolve this in the near future.

There were some safeguarding plans in place at the time of this inspection and these plans were clearly documented and guided staff on their responsibility in safeguarding residents from abuse. The person in charge attended daily safeguarding meetings with other members of the management team to review incidents which had occurred in the centre to determine if they required further investigation and management. There was also a designated safeguarding officer available for the centre. Despite this there continued to be frequent occurrences of low level peer-to-peer incidents reported to the Chief Inspector. While the provider had plans for the transition of residents in the future, in order to reduce these, improvements are required to the effectiveness of the current safeguarding plans in order to ensure the safety of residents at all times.

There was a training schedule that ensured that each staff member attended training in safeguarding. Staff interacted with residents in a respectful and friendly manner and residents told the inspector that they felt safe in the centre and that they trusted the staff.

Environmental restrictive practices were not being used in the centre for behaviour management and there were no residents in the centre who used bedrails, chemical

restraint or night sedation at the time of inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. All required incidents and quarterly returns had been notified to HIQA.

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' healthcare needs were well met and that residents had access to suitable healthcare support as required.

All residents had access to GP services. Records showed that residents had consultation with GPs as required and all residents had an annual health check carried out by the GP. Referrals to other medical consultants were also made, when required, for residents.

Residents had access to healthcare services, including physiotherapy, speech and language therapy and occupational therapy. Referrals for these services were being made as the need arose. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice. In addition, other

external healthcare services were arranged, such as visits with the optician, chiroprapist and dentist - in addition to reviews by consultants. There were nursing staff available in the centre to support residents' clinical care needs.

Individualised support plans were developed for all residents' assessed healthcare needs, such as epilepsy care and dysphagia. These plans were clear and provided detailed guidance to direct staff.

Residents' nutritional needs and weight were kept under review and any identified issues were addressed. For example, referrals to the speech and language therapist were made as required, recommendations were recorded and these were being implemented. During the inspection the inspector saw residents eating meals that had been prepared to meet their 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:

There were safe medication management practices in place to safeguard residents.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of 'as required' medications was prescribed with clear guidance on administration. All medication on prescription sheets, including discontinued medication, had been reviewed and signed by a GP. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify their identity if required.

There were suitable arrangements for the ordering, storage and return of unused and out-of-date medications.

Training records indicated that all staff involved in the administration of medication had received medication management training.

Various audits were carried out to review the quality and safety of the medication

management in the centre.

At the time of inspection, none of the residents required medication to be administered crushed or medication requiring strict controls. All residents had been assessed for suitability to administer their own medication, as a result of which some residents were involved in partial administration of their own 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):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose that described the service provided in the designated centre and met most of the requirements of the regulations. However, the statement required some minor adjustment as some of the required information was not clearly presented. The person in charge addressed this and supplied a suitable statement of purpose to HIQA. He also confirmed that the revised version had been made available to residents and their relatives in the centre.

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 had established a clear management structure, supports were available to staff and there were systems in place to review and improve the quality of service.

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. He was not the manager of any other services. The person in charge was based in an office adjacent to the centre and visited both houses daily. Residents in the houses knew the person in charge well, they knew that he was in charge, and they said that they would tell him if they had any issues of concern or worries. There were arrangements to cover the absence of the person in charge and there was an on call out-of-hours system in place to support staff.

The quality and safety of care was being monitored. All accidents and incidents were recorded and kept under review within the centre for the purpose of identifying trends. Members of the organisation's management team carried out unannounced visits to the centre every six months, on behalf of the provider, to review the quality of service and compliance with legislation. Action plans were developed to address any deficits found during these audits. The actions identified at the most recent audit had either been addressed by the person in charge or were at an advanced stage of completion. Annual reviews of the service, which included feedback from residents and their families, were also being carried out.

The management team had carried out risk analyses of the service and had ensured that staff attended relevant training. The management team attended daily safeguarding meetings on weekdays where any emerging issues relating to the safety of residents, including accidents, incidents and complaints, were discussed and suitable actions agreed. The frequency of these meetings ensured that any issues of concern would be addressed promptly.

The provider and management team were focused on progressing the transition of resident to more suitable centres and safe environments. A transition coordination team had been developed which worked closely with residents, their families, managers and staff to ensure that the transition from the centre would be effective and suited to residents' needs.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Arrangements were in place to cover the absence of the person in charge when required.</p>
<p>Judgment: Compliant</p>

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:
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 training appropriate to their roles.

The person in charge had carried out dependency assessments for all residents using a recognised tool. He used this information, in conjunction with knowledge of the residents and his own experience, to plan the staff roster. The person in charge previously carried out a comprehensive assessment to inform the staffing support required for each resident; annual assessments and monthly key performance indicators supplemented this information. There was a planned and actual staff roster which the inspector viewed and found to be accurate. Staff were in the centre to support residents at all times when residents were present, including during the night. Additional staff were allocated, by arrangement, to accompany residents for outings, such as social events and medical appointments, and this was reflected in the staff roster. Records viewed by the inspector showed that there were enough staff on duty to ensure that residents healthcare needs were met and that personal care was delivered.

There were sufficient staff to support residents to do things in the local community, such as going for a walk, for a coffee or meal, to a local shop or to the hairdresser or barber. Residents told the inspector that this was the case. There were separate staff to support

residents who attended projects at day services.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the regulations such as vetting disclosures, suitable references, photographic identification and employment histories.

Training records indicated that staff had received mandatory training in fire safety, safeguarding, behaviour management and manual handling. In addition, staff had received a range of other training relevant to the needs and safety of residents, such as training in safe administration of medication, communication, hand hygiene, autism care, infection control and dysphagia care.

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:

Jackie Warren
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:	HSE Cork - Youghal Community Hostels
Centre ID:	OSV-0004646
Date of inspection:	23/05/2018 and 24/05/2018
Date of response:	09/07/2018

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 05: Social Care Needs

Theme:

Effective Services

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

Improvement was required to the assessment of activity interests and opportunities taking place in the centre. Suitable assessments to inform in-house activity plans had not been carried out and implemented for all residents.

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

Each resident has been facilitated to complete an assessment of their preferences in relation to in-house activities. This assessment is used to support the resident to expand the range and nature of activities they could engage in their home.

Proposed Timescale: 30/06/2018

Theme:

Effective Services

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

Some goals had not been progressed and reviews had not been carried out to assess and record progress.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The recording of progress of goals for each resident is audited on a 2 monthly basis by the PIC. The lack of recording of some residents identified goals has now been rectified.

Proposed Timescale: 30/06/2018

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:

In one bathroom there was stained floor covering that could not be suitably cleaned.

3. 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:

New flooring will be fitted to the bathroom.

Proposed Timescale: 30/08/2018

Theme:

Effective Services

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

The use of shared twin bedrooms impacted on the privacy of some residents.

4. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

A 3 bedroom house will be ready for the end of September 2018. This will enable each remaining resident in this hostel to have the option of having their own bed room after this date

Proposed Timescale: 31/10/2018

Outcome 08: Safeguarding and Safety

Theme:

Safe Services

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

Measures to safeguard some residents from peer-to-peer incidents had not yet been finalised. In addition, current safeguarding plans need to be reviewed to ensure that they are effective in protecting all residents from frequent, low levels of peer-to-peer incidents.

5. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

All current safeguarding plans have been reviewed by the safeguarding officer and social worker from HSE safeguarding team.

A 3 bedroom house will be ready for the end of September 2018. The residents who are proposed to move into this house have commenced the transition process with the support of an assigned community transition co Ordinator. Part of this transition was an assessment of the compatibility of these 3 residents.

It is envisaged that this move to the new home will further protect all residents in this area from frequent, low levels of peer-to-peer incidents due to better compatibility and smaller client groups.

A psychologist has commenced working with 1 resident who presents with behaviour of concern that has the potential to have a negative impact on the quality of life of other

residents.

Proposed Timescale: 31/10/2018