

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Knocknarea
Centre ID:	OSV-0005642
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Ivan Cormican
Support inspector(s):	Jacqueline Joynt
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
04 December 2017 12:00	04 December 2017 19:00
05 December 2017 09:00	05 December 2017 14:30

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 inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and to inform a registration decision. This centre had been recently reconfigured and this was the first inspection conducted in line with the centre's revised statement of purpose.

How we gathered our evidence:

As part of the inspection, the inspector met with five residents. The inspector

observed that residents' bedrooms were individually decorated with personal photographs of family and friends and areas of personal interest. The inspector met with eight staff members, including the person in charge and a nurse involved in the management of the centre. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records, healthcare plans and emergency planning within the centre was also reviewed.

Description of the service:

On the day of inspection, the designated centre comprised of three houses which were situated on the campus of a congregated setting. Each house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The designated centre was located within a short drive of a large town where public transport such as trains, buses and taxis were available. The residents also had the shared use of transport which was provided by the designated centre.

Overall judgment of our findings:

Inspectors found that residents received a service which was meeting their assessed needs and provided them with a good quality of life. Residents appeared happy in the centre and staff were observed to interact in a warm and caring manner. Staff members were also found to have a good understanding of the residents' care needs and also offered residents a range of activities and normal living experiences. Inspector found that overall the centre had a good level of compliance with the regulations. Examples of this can be found in outcomes including communications, family contact, social care, premises, health and safety, notifications, general welfare, healthcare, governance and management, absence of the person in charge and resources. However, some improvements were required in regards to outcomes including residents' rights, admissions, safeguarding, medications, statement of purpose and records. Furthermore, inspectors also found that significant improvements were required in regards to staff files with the provider failing to demonstrate basic assurances such as maintaining staff vetting disclosures and employment histories.

The reasons for these findings are explained 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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that residents were consulted about how the centre was planned and run. Residents attended weekly meetings with staff to discuss choices and options around their weekly meal plan, the weeks' activities and how they were feeling during the week. It was evident that residents were provided choice around their meals and were frequently supported to engage in preparing and cooking their own meals. However, the current system in place of food being delivered to the houses on a daily basis demonstrated that institutional practices remained in place. The inspector also noted that some improvements were required around the documentation of meal choices, where staff had actively prepared home cooked meals for residents.

There were systems in place to support residents to have access to advocacy services and information about their rights. There was an advocacy officer available to residents with their photograph displayed clearly on a poster in all houses. Residents had the option to contact a 'confidential recipient for vulnerable persons' whose details were also displayed clearly through-out the centre. The inspector found that residents' personal plans included an easy-to-read version of "my rights" which informed them of their rights and entitlements.

The inspectors found that there was a satisfactory complaints process in place. A photograph and contact details of the complaints officer was displayed in public areas throughout the centre and was user-friendly and accessible to all residents and their families. There was a monthly log of complaints which noted outcomes, dates and actions. It was evident that the person in charge and staff were very knowledgeable of the complaints' procedures in place. The inspector found evidence that complaints were

managed well, were promptly investigated and followed up with those concerned.

The inspector observed staff members treating residents with dignity and respect. There were comprehensive policies and procedures in place for intimate care of residents and many residents were supported and encouraged to carry out their own personal care where appropriate. There was a comfortably visitor's room available where residents could receive family and friends in private.

The inspector reviewed the policy for resident's personal property, personal finances and possessions and found that there was a financial competence assessment and evaluation carried out in collaboration with residents. Residents personal property including monies were kept safe through appropriate practices and record keeping. Documentation demonstrated that where appropriate, residents were encouraged and supported to engage in paying for personal items when out in the community.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that there was clear guidelines and a policy on communication with residents in place and that it had been reviewed regular basis.

Through conversations with staff it was evident that they were aware of the different communication needs of residents and the systems in place to meet the diverse needs of all residents. Inspectors regularly observed positive engagement and communication between staff and residents and it was evident that residents clearly understood staff and staff clearly understood residents.

Communication profiles were completed and reviewed by a speech and language therapist which were supported by comprehensive easy-to-read communication passports to support residents communicate about their life, their goals and progress of their goals.

Residents' easy-to-read personal plans included a section on supporting residents communicate what they liked, what makes them happy, what upsets them and what they would like to talk about.

Residents had access to radio, television and information on local events. An inspector was advised by the person in charge that the centre had considered using assistive technology and that an assessment had been carried out. As of the day of inspection the centre was awaiting the final report on the assessment.

Overall, inspectors found that the residents' differing communication needs were addressed and supported. For example, an easy-to-read format was widely present throughout the centre on information relating to living in the house alongside residents' personal plans and sections of their medication folders.

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to promote and encourage positive relationships between residents and their families. 'Circle of support' meetings were available to residents where their family, friends, advocates, staff and appropriate allied healthcare professionals would come together to support residents around their aspirations and wishes.

Inspectors found that there were comfortable family rooms throughout the centre, these offered privacy for residents when receiving visits from their family and friends.

There was evidence to show that families attend the residents' personal plan and review meetings. Families and, where appropriate, were part of the collaborative process where the assessed need of the residents were reviewed, progress of residents goals were reviewed and new goals and actions put in place.

There were arrangements in place to support residents maintain links with the wider community. Residents regularly went shopping in the local town, went with staff for coffee, swam in the local swimming pool, went to the cinema, attended mass and joined local social clubs which offered bingo, disco and seasonal social events.

Judgment:

Compliant

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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):
This was the centre's first inspection by the Authority.

Findings:
On the days of inspection, inspectors found that the designated centre was not admitting any further residents. This was in line with the provider's decongregation plan and the centre's statement of purpose. Residents who were currently residing in the centre had written agreements in place which clearly stated the fees they would be charged and any additional charges which they may incur; however, these written agreements did not list the current name of the designated centre.

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):
This was the centre's first inspection by the Authority.

Findings:
On the days of inspection, inspectors found that each resident's welfare and well-being was maintained by a good standard of care.

Each resident in the centre had a personal plan in place, on the days of inspection, which included areas such as personal goals, my life story, my family, my life now, circle

of support, health care, risk management and behavioural support. Each plan was reviewed on at least an annual basis and these reviews were attended by the resident, families and relevant staff members. Personal plans were made available in an assessable format for residents and populated with various photographs of residents' family members, activities and personal achievements.

Residents were supported to identify and achieve personal goals throughout the year. Inspectors found that each identified goal had an action plan and named person in place to support the resident to achieve their goal. Progress notes and action plans were regularly updated and a sample of goals reviewed by inspectors indicated that residents had achieved goals such as personal holidays, shopping trips, pursuing personal interests, attending the cinema on a regular basis and beauty therapy appointments.

Each resident was also supported to access their local community on a daily basis and used services such as local hotels, public houses, hairdressers, churches and coffee shops. Residents were also encouraged to participate in the running of their home with development programmes in place in areas such as baking, cookery and supporting residents to launder their own clothes.

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):

This was the centre's first inspection by the Authority.

Findings:

On the days of inspection, inspectors found that the premises was meeting the assessed needs of residents.

Inspectors found that each house in the designated centre was warm and clean on the day of inspection. Communal areas and personal living space was also comfortably furnished and had adequate lighting and ventilation.

Some residents were happy to show inspectors their bedrooms which were of a good size and had personal storage available. Residents' bedrooms were also decorated with items of personal interest and photographs of family, friends and important events in their lives.

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):
This was the centre's first inspection by the Authority.

Findings:
On the days of inspection, inspectors found that the health and safety of residents, staff and visitors was promoted in the designated centre.

The person in charge maintained a risk register which contained all identified risks in the designated centre such as fire, safeguarding, slips trips and falls, biological agents and the physical environment. Each risk was rated, regularly reviewed and had appropriate controls in place to mitigate against the identified risk.

The centre had fire precautions in place such as fire doors, emergency lighting, smoke detectors, heat detectors and a fire alarm. Staff were conducting regular audits of these precautions and also carrying out regular fire drills which indicated that residents could be evacuated from the designated centre at all times of the day and night. Staff had a good knowledge of fire precautions in the centre and were clearly guided in the evacuation of residents by displayed fire precautions and personal emergency evacuation plans (PEEPS).

The centre had systems in place for the recording and response to adverse events. Staff had a good knowledge of these systems and all recorded adverse events had been responded to in a prompt manner by management within the centre.

Infection control measures were actively promoted in the centre with the promotion of hand washing and the presence of hand sanitizers, colour coded mops and chopping boards.

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):

This was the centre's first inspection by the Authority.

Findings:

On the days of inspection, inspectors found that the provider had systems in place to protect residents from potential abuse. However, some improvements were required in regards to the monitoring of restrictive practices.

Inspectors observed staff interacting with residents in a warm and caring manner and residents appeared relaxed in the presence of staff and appeared to enjoy their company. Staff in the centre had a good knowledge of identifying potential abuse and the reporting procedures employed in the centre if they had any concerns. Information in regards to reporting of abuse was also on display in an easy-to-read format.

Some residents presented with behaviours of concern and positive behavioural support plans were in place to guide staff in their care. Staff had a good knowledge of these plans which were recently reviewed by a behavioural support specialist within the service. Inspectors also noted that these behavioural support plans had been implemented to good effect in the centre, with a marked reduction noted in behaviours of concern over a period of time.

The centre had some restrictive practices in place such as the use of chemical interventions and a locked wardrobe door. Inspectors found that these had been implemented following a review with a relevant professional and in consultation with the residents' representatives. There was also clear guidance in place in regards to use of these restrictive practices which was supported through positive behavioural support plans. However, inspectors found that a log of use for the locked wardrobe did not indicate that it was used for the shortest duration possible.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that a record of all incidents occurring in the designated centre was maintained and where appropriate all notifications were provided to the authority within three days of the occurrence of any incident set out in the Regulations.

Inspectors found that there had been a marked reduction in adverse events with no recent notifications surrounding safeguarding concerns, serious injuries or centre evacuations.

On reviewing residents' daily logs inspectors found that there was no evidence to indicate that notifications were not occurring appropriately or as per the regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

There was a policy in place to support residents access education, training and development. Residents were encouraged to try out new activities through a 'taster' activity process. This was complimented by an activity response record to assess residents' enjoyment level of the activity, participation level and any comments made by residents about the activity.

An inspector found that residents were engaged in activities that were internal and external to the centre. The majority of the residents attended a day service and for those that did not attend, alternative arrangements were explored. An inspector was advised by staff that one resident was attending a New Directions type programme that provided person-centred support which was tailored to meet individual needs, promote community inclusion and independence. The programme aimed to support the resident live a life of their choosing in accordance with their own wishes, needs and aspirations.

The centre offered informal type independent living skills programmes in-house such as cooking, personal care and money management. Throughout the two days of inspection residents were observed heading out on different occasions to engage in social activities in their local community.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

On the days of inspection, inspectors found that the best possible health of residents was promoted in the designated centre.

The centre had a nurse-led service in place and a core nursing assessment had been completed for each resident in the centre. Following this review, appropriate referrals to allied health professionals were made and plans of care were formulated and implemented to support residents with conditions such as epilepsy, diabetes and mental health issues.

Residents were supported to attend their general practitioner in times of illness and specialists such as neurology, dermatology and psychiatry. Allied health professionals were also involved in the care provided guidance in regards to modified diets and exercise plans.

Information was also available to residents in an accessible format in regards to their medical conditions and medications which they were prescribed.

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):

This was the centre's first inspection by the Authority.

Findings:

On the days of inspection, inspectors found that there were some good practices in place in regards to the administration of medicines in the designated centre. However, some improvements were required to the recording of administered medications. Furthermore, inspectors also found that residents who required the administration of rescue medications in the management of their epilepsy were not supported to safely attend their local communities. This was brought to the attention of the provider who implemented an action plan to address this issue prior to the completion of the inspection.

Only registered nurses were administering medications on the day of inspection and accurate prescription sheets were found to be maintained in the centre, which had been signed by the residents' general practitioner. However, inspectors found that inaccurate medication administration recording sheets were present in one of the houses in the designated centre.

The centre had appropriate storage facilities in place and unused or medications due to be returned to the pharmacy were segregated from medicinal products. Residents had also been assessed to self-medicate but no residents were self-medicating on the day of inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

On the days of inspection, inspectors found that the designated centre had a statement of purpose in place; however, this document did not contain all the requirements of Schedule 1 of the regulations.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

On the days of inspection, inspectors found that the provider had suitable governance and management arrangements in place to ensure that residents received a good quality service.

The person in charge was in a full-time role and attended the designated centre on at least a twice weekly basis. The person in charge also attended all annual reviews and multidisciplinary reviews with residents. The person in charge was appointed to a number of designated centre; however, they were supported in each centre by a nurse manager and senior staff nurses on duty.

The nurse manager in this centre was conducting regular audits of residents' plans, medications, fire precautions, adverse events and safeguarding measures in the centre.

The provider had conducted a six monthly audit of the care provided in the centre and an action plan had been generated to address identified issues such as incident reviews, staff training, assessments of need and safeguarding reviews. Inspectors found that all issues had been addressed through the effective implementation of agreed action plan. The centre had not yet conducted the annual review of the care provided in the centre, as this centre had been recently reconfigured.

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):

This was the centre's first inspection by the Authority.

Findings:

On the days of inspection, inspectors found that the provider was aware of the requirement to notify the chief inspector of periods of prescribed absences of the person in charge. The person in charge was also supported by the current management structure of the organisation which facilitated managerial support of the centre at all times.

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):

This was the centre's first inspection by the Authority.

Findings:

On the days of inspection, inspectors found that the centre was adequately resourced with appropriate staff numbers and equipment to meet the assessed needs of residents.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

On review of the staff rota and staff files the inspector found that there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. The requirements of Schedule 2 of the regulations in relation to staff documentation was met and members of staff, where appropriate, had an up to date registration with the relevant professional bodies. However, although there was documentation stating Garda vetting was in place, the inspectors found that evidence of the appropriate format of Garda vetting was not in place for one member of staff.

Staff advised the inspector that they felt supported by the person in charge and management and that they could approach them at any time in relation to concerns or issues arising. The person in charge informed the inspector that he carries out clinical supervision for nursing staff and that nursing staff carry out a mix of supervision and performance reviews for care staff. However, if a concern arises the person in charge will also attend the care staff reviews.

Inspectors found evidence that all staff had received mandatory training including safeguarding, first aid, manual handling, fire safety and health and safety. There was a training schedule in place which ensured staff training was occurring when necessary and kept up to date. Staff interviewed by the inspector demonstrated good knowledge of residents' needs alongside sufficient knowledge of policies and procedures, which related to the general welfare and protection of residents.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors reviewed Schedule 5 policies within the centre and found that one policy in relation to recruitment, selection and Garda vetting was not in place.

There was documented evidence that the policies and procedures were reviewed at least every three years and that staff had signed to say they had read and understood them. Staff interviewed by inspectors demonstrated a satisfactory understanding of policies and procedures and were able to relay how they implemented them in their practice.

The inspector found that all records to be kept in a designated centre in respect of each resident were in place; however, there was no evidence in the records of the condition of residents' diagnosis at time of administration.

Food diaries were also maintained which indicated that residents were offered a wide and varied diet; however, these diaries did not accurately describe when home cooked meals were offered in the service.

Judgment:

Substantially 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:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005642
Date of Inspection:	04 & 05 December 2017
Date of response:	03 January 2018

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Inspectors found that the current system in place of food being delivered to the houses on a daily basis demonstrated that institutional practices remained in place.

1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

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

The Provider will ensure each resident has the freedom to exercise choice in relation to meal planning.

Daily food diaries are in place for each resident which allows for accurate documentation when choice is offered regarding meal/food choices. Residents are invited to be involved in weekly shopping for the designated centre.

Proposed Timescale: 17/12/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The provider failed to ensure that the written agreements contained the name of the designated centre as per the centre's statement of purpose.

2. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

The Provider will ensure that written agreements will contain the name of the designated centre as per the centre's Statement of Purpose. New written agreements for 2018 to be issued to families by the below date.

Proposed Timescale: 31/01/2018

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:

The provider failed to ensure that mirrors were in place in all bathrooms in the designated centre.

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:

The Provider will ensure that mirrors are in place in all bathroom areas within the

designated centre by the below date.

Proposed Timescale: 31/01/2018

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 person in charge failed to ensure that an accurate log for the use of a restrictive practice was maintained.

4. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Person in Charge has ensured a more accurate log is in place for recording times and length of time restrictive practices are in use in the centre.

Proposed Timescale: 15/12/2017

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 failed to ensure that accurate medication administration recording sheets were maintained.

5. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Person in Charge has ensured accurate recording of administering of medications is in place in the designated centre.

The centre's medications recording sheets now accurately reflects the prescription sheets in place for each resident.

Proposed Timescale: 10/12/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that the centre's statement of purpose contained all the requirements of Schedule 1 of the regulations.

6. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Provider has ensured that the centre's Statement of Purpose contains all the requirements of Schedule 1.

The Statement of Purpose now contains adequate floor plans.

Proposed Timescale: 24/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The inspectors found that evidence of the appropriate format of Garda vetting, as per regulations, was not in place for one member of staff.

7. 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 that Garda Vetting for 1 member of staff will be in place by the below date.

Proposed Timescale: 31/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider failed to ensure that all policies as listed in Schedule 5 of the regulations were in place.

8. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The National Recruitment Service operates under the Commission for Public Service Appointments (CPSA) Code of Practice and you will find relevant information regarding the recruitment process on the HSE website.

This document is presently within the Schedule 5 policy folder in each area across the centre.

Proposed Timescale: 28/02/2018

Theme: Use of Information

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

There was no evidence in the directory of residents of the condition of residents' diagnosis at time of administration.

9. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Provider has ensured that the diagnosis of each resident at time of admission to the service is documented on the directory of residents.

Proposed Timescale: 17/12/2017

Theme: Use of Information

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

The provider failed to ensure that accurate records of home cooked meals were maintained in the centre.

10. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Provider has ensured that food diaries are in place for each resident. Food diaries now identifies and describes if meals have been home cooked or delivered to the centre and when home cooked meals are offered to residents.

Residents are invited to participate in weekly shopping for the centre.

Proposed Timescale: 17/12/2017