Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
Centre ID:	ORG-0008233
Centre county:	Cork
Email address:	tdatson@enableireland.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Person in charge:	Fidelma Murphy
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
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 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:
20 May 2014 09:00	20 May 2014 16:30
21 May 2014 09:00	21 May 2014 16:00

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

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

Summary of findings from this inspection

The centre, constructed in 2008, was a six-bedroom purpose built facility providing a respite service for persons with a physical and/or intellectual disability in the Cork and Kerry area. Approximately 83 residents per year availed of a respite break. Referral to the centre was made by residents' families, through the local public health nurses, general practitioners (GPs) or other organisations. Six residents were availing of the respite service on the days of inspection.

The centre was located in a scenic rural area near the sea, a short distance from local villages and towns. A hotel, bar and restaurant, shop and a variety of amenities were situated close by. Residents were supported and encouraged to access

amenities and bus provided by the centre and driven by staff with the appropriate driving license, was available for two wheelchair users at any one time.

As part of the registration inspection, the inspector met with residents and staff members. Practices were observed and documentation; for example, the centre's statement of purpose, residents' contracts of care, personal care plans, medication management, risk management, records of residents' finances, medical/daily records, the menus, activities, staff training records, staff files, policies and procedures, fire safety records, was reviewed. The provision of accommodation for residents was also reviewed.

The inspector met with the residents, the provider/person in charge (PIC), who was based off site, the key senior manager (KSM), the acting KSM and other staff members.

There was robust evidence that the centre was well managed locally by the respite coordinator and staff. A warm, hospitable atmosphere prevailed and this was verified by the residents availing of respite. The centre was well maintained and suitably furnished. Residents confirmed that they enjoyed coming to the centre for a respite holiday and expressed a wish to come more often.

The action plan generated from most recent inspection of 4 February 2014 comprised 20 actions. The status of all actions was reviewed on this registration inspection and it was evident that:
- 16 actions were completed in a satisfactory manner
- four actions were not completed and are reissued in the action plan from this registration inspection.

The Action Plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. These were discussed in detail with the person in charge at the feedback meeting at the end of the two days of inspection.

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 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

Judgement:
Non Compliant - Minor

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

Findings:
There was evidence that residents were consulted and participated in decisions in all matters pertaining to their respite break. The key senior manager (KSM) stated that a residents' meeting was convened on the first evening (Monday) of the week long respite break. While minutes of these meetings were not recorded, residents confirmed that a meeting was convened on the evening of the first day of respite and the topics discussed included:
- the menu for the week
- residents' dietary preferences
- outings and excursions
- in-house activities.

In the event that a resident wished to access their advocacy service, this was accommodated. Information regarding this was included in the resident's guide and the centre's statement of purpose.

It was evident that residents' privacy and dignity was respected at all times during the course of inspection. Staff were observed knocking on residents' bedroom doors and waiting for the residents' permission before entering. Residents and staff dined together and it was evident that staff interacted with residents in a respectful manner and a convivial atmosphere prevailed.

Residents' responses confirmed that they were encouraged to exercise choice and control in their daily life. Residents stated that they looked forward to the respite break

and said that they could stay up late, arise at a time of their choosing, have breakfast at anytime, choose to engage in activities or relax in their room. Residents spoke highly of all staff and voiced how kind staff were.

Two weeks prior to a resident coming to the centre, the KSM stated that she contacted the prospective resident to discuss their respite break and any particular requests/requirements the resident may have. Furthermore, at the end of each weekly respite break, residents could choose to fill in a feedback form. On review of a sample of the feedback forms it was evident that residents' comments were addressed.

The centre had a centre specific policy on residents' personal property and possessions. There was evidence of a robust system of checks in place to safe guard and protect residents' belongings and finances. It was evident that residents were encouraged and supported to independently manage their own monies. Residents retained control over their own possessions through the provision of lockable facilities in their single bedrooms and a locking mechanism on their bedroom door.

Residents informed the inspector that could raise any issue with any staff member and stated that the KSM and staff were always engaging with them while they were on respite.

The centre' policy on complaints management was reviewed. However, the complaints policy and procedure required review to ensure that both contained the information as required by the Regulations. An action arising from the previous inspection of 4 February 2014 stated that the provider was required to ensure that complainants were informed promptly of the outcome of their complaints and details of the appeals process. While there was evidence that complaints were managed and responded to appropriately inclusive of details if the complainant was satisfied or not, details of the appeals process were not updated to include information regarding who the external appeals person was.

There were opportunities for residents to participate in a range of activities capturing their interests and choices. This is discussed in further detail under Outcome 5.

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

Judgement:
Compliant

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

Findings:
Staff were aware of the different communication needs of residents and any individual communication requirements were highlighted in the personal plans.

Residents had access to radios, a television in the main communal sitting room and in each of the residents' bedrooms, newspapers and the internet. A wheelchair accessible notice board located in the dining room contained information, in a tradition and pictorial format, on:
- menus
- the staff on duty
- details of activities planned for the day
- details on outings/excursions
- local social gatherings
- information on the local community.

A resident's feedback form had included a reference to staff not being well informed as to how to communicate with a person with non-verbal communication. The KSM stated that training was organised for staff on communication methods.

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

Judgement:
Compliant

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

Findings:
While the centre operated a respite service, it was evident that the residents were supported to develop and maintain personal relationships and links with the wider community through outings and attending social events, locally in the hotel or other establishments.

There was evidence that families were actively encouraged and involved in the lives of residents and in their personal care plans. Residents spoke about the friendships they established during their respite.

It was evident that prospective respite users and their families were invited to visit the centre and meet staff.

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

Judgement:
Non Compliant - Minor

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

Findings:
The centre's admission and discharge policy set out in a clear manner, criteria for admission. Residents' admissions were in line with the centre's statement of purpose.

An action generated from the previous inspection of 4 February 2014 was addressed in a satisfactory manner in that all residents had a contract of care/service agreement. However, on review, the following was noted:
- details of any extra fees/ charges that may be incurred by the resident were not stated
- the details of insurance cover provided did not concur with the official insurance certificate issued by the external insurance company.

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

Judgement:
Compliant

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

Findings:
There was evidence that each resident or their representative was actively involved in an assessment to identify their individual needs and choices. Review of a sample of

personal plans evidenced that each plan was reviewed on each resident's admission for respite and that family members were consulted and involved in the review process.

Each resident had a written personal plan which reflected the residents' preferences with regard to respite stay.

On speaking with residents it was evident that admissions and discharges were discussed with them.

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

Judgement:
Compliant

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

Findings:
The centre was bright, homely and well maintained. The design and layout concurred with the statement of purpose. The premises met the needs of all residents and the layout promoted the residents' safety, dignity, independence and wellbeing. This was accommodated in the following manner:
- door handles on the corridors had wheelchair user accessible push button operating facility
- light switches and call bells were at an accessible height for residents; mobile or wheelchair bound
- internal and external hand rails were installed
- flooring throughout the centre was maintained in a safe manner
- the centre was heated by gas heating
- bedroom accommodation comprised six large single bedrooms with full ensuite/showering facilities
- all bedrooms had access to the external grounds
- all bedrooms had a ceiling mounted hoist
- all doorways were wide enough to accommodate mobile chairs of different widths
- a bright and spacious glazed dining/sitting area with an adjoining kitchen with views of the sea
- a private quiet room
- wheelchair accessible external pathways to garden, patio and veranda areas
- ample car parking
- an assisted jacuzzi bathroom with a ceiling mounted hoist

- a laundry room (near completion)
- a housekeeping room(near completion)
- staff changing/showering facilities
- two administration offices and a treatment/clinical room
- mobility aids, furnishings, appropriate seating for residents, visitors and staff. Records reviewed indicated equipment used in the centre was regularly inspected and serviced by an external company
- an external store room.

A decor programme inclusive of painting was ongoing in the centre. The KSM stated that an arrangement was in place with a local private company to undertake a decor programme of the centre, as part of the company's community initiative.

The centre had two closed circuit television (CCTV) cameras located front and rear of building and an intruder alarm. The centre had a policy on the use of CCTV.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Judgement:
Non Compliant - Moderate

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

Findings:
The centre had an up to date health and safety statement. Health and safety statements of external contractors were evident.

A policy for the prevention and control of infection was in place. Procedures to guide staff on cleaning were in place. Since the previous inspection of 4 February 2014, the centre had adapted a single mop system. However, it was not colour coded, with the result that one colour (red) was used throughout the centre. The provider/PIC gave an undertaking to ensure that a colour coded mopping system was used. Some refurbishment works carried out since the most recent inspection resulted in a separate laundry room and housekeeping room. These works were near completion with an outstanding staff hand-washing facility yet to be installed in the laundry room. Subsequent to the inspection, the KSM informed the inspector that the sink had been installed.
While staff were knowledgeable on procedures regarding the prevention of infection, hand hygiene and food hygiene practices, one staff member had not attended training on food hygiene. Staff training is captured under outcome 17. Along with food/meal preparation, care staff also attended to residents' personal/intimate care needs. The provider/PIC was asked to review the current work practices of the care staff in order to

ensure that the health and safety of the residents was maintained at all times.

The risk management policy included all the specific requirements as outlined in the Regulations. It was evident that the centre's risk register was updated as risks were identified. A risk assessment was carried out on each resident on admission. On review, management were asked to ensure that the resident's risk assessment was person centred and in concurrence with the resident's diagnosis, care needs and personal care plan. This was completed on the second day of inspection

In-house arrangements were in place for the recording, investigation and learning from serious incidents. A formal reporting system was also in place.

All staff had up to date mandatory training in moving and handling. Residents' personal plan clearly outlined the residents' requirement with regard to mobility needs, the use of a hoist, the sling to be used and any other notable requirement. Residents were encouraged to bring in their own slings. The provider/PIC was asked to ensure that the sling used was compatible with the hoists provided in the centre.

Suitable fire equipment was fire provided and all fire exits were unobstructed. Senior staff were asked to seek the advice of the fire officer with regard to the using of a wedge to keep a door open.

No current resident smoked.

Procedures for the safe evacuation of resident and staff in the event of fire were displayed in communal areas and in each resident's bedroom. A safety precaution included that each resident had an assessment of their mobility inclusive of their needs, in the event of an emergency evacuation. On reviewing the fire safety documentation, the following observations were noted:
- fire equipment was last checked on the 13 December 2013. An accompanying certificate to verify this was available
- emergency lighting was checked in January 2014 and an accompanying certificate verified this. However:
- while there was evidence that the fire alarm was checked the 16 April 2014, an official certification of the alarm check was not in the centre
- a review of the daily fire checks indicated that the daily checks were not always completed on a daily basis as a number of omissions were noted
- records reviewed indicated that all staff, with the exception of one staff member, had received training in fire safety.

Staff spoken to were knowledgeable on what to do in the event of an emergency and were able to identify the safe location where residents were to be evacuated to. There was evidence of fire evacuation simulation exercises being carried out in January 2014 and May 2014.

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

Judgement:
Non Compliant - Major

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

Findings:
Staff were observed treating residents respectfully and warmly. The centre had a robust policy to guide and inform staff in matters pertaining to the safeguarding and protection of residents from abuse.

Staff were knowledgeable in what to do in the event a resident made a disclosure and were able to outline who to report it to. Staff were able to articulate how they would care for the resident at this time. There had been no report of such an incident to date. The inspector noted from records that a staff member had not responded appropriately to an allegation made in respect of suspected abuse outside the centre, and when this was brought to the attention of the provider/PIC the matter was resolved before close of inspection.

While the centre had a policy on managing behaviours that challenge, training for staff on this issue had yet to be organised. This is addressed under Outcome 17. No resident currently presented with behaviours that challenged.

The centre had a policy of the use of restrictive practices. It contained comprehensive guidance for staff on the use, the monitoring of restrictive practices. The rights of residents were protected in that each resident had signed a consent for the use of a restrictive element; for example, a request to use a bedrail/or not to use it or the use of a lap belt. While senior management stated that checks were carried out on residents who consented to checks, these checks were not documented. There was other evidence to indicate that some residents had signed that they did not want to be disturbed/checked once they retired for the night.

An up to date policy on residents' finances was reviewed and it reflected that systems were in place to safeguard residents' finances. The provider/PIC operated a receipted monetary allowance system for staff members who accompanied residents on outings. All residents' financial transactions were co-signed, dated and checked daily.

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

Judgement:
Compliant

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

Findings:
A record was maintained of all incidents and accidents that had occurred in the centre. There had been no incidents which required reporting to the Chief Inspector. A quarterly report had been provided to the Authority as required by the Regulations.

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

Judgement:
Compliant

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

Findings:
The centre provided a holiday respite break to residents and it was evident that residents had opportunities for new experiences and social participation while availing of a respite break. It was clear that residents' choices with regard to routines were accommodated and it was evident that a relaxed holiday atmosphere prevailed in the centre.

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Judgement:
Compliant

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

Findings:
On reviewing the residents' personal plans and speaking with residents it was evident that residents were supported on an individual basis to enjoy best possible health during their respite stay. A local general practitioner (GP) service was on call in the event a resident became unwell and the centre had access to the out of hours medical service. There was evidence that two weeks prior to a resident's respite break the KSM or the acting KSM contacted the prospective respite user to ascertain if the resident had any particular care requirement. The residents' personal files contained relevant information regarding the next of kin, GP, a diagnosis, dietary requirements, medication, mobility requirements, interests/likes/dislikes, individual risk assessments and letters containing dates of respite on offer.

A range of activities were on offer for residents. These included: massage, arts and crafts, board and card games, art, meditation, film evening, nail painting, a library, audio books, games, outings and shopping excursions. Residents went out on a bus outing on both days of inspection. A baking session was in progress on the second day of inspection.

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Judgement:
Compliant

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

Findings:
The centre had a policy to guide staff on medication management and administration.

However, the policy required updating so that it contained information, as evidenced on inspection, that medications were checked daily and drugs that required strict controls were checked at the each shift changeover.

The policy included guidance for staff with regard to residents who chose to self medicate. On each admission, residents who chose to self medicate signed an agreement to reflect this. There was evidence that the resident's GP was aware of this arrangement.

The inspector, with a senior staff, member reviewed each resident's medication management system and found that individual medication plans were appropriately implemented, and regularly reviewed by the resident's GP. A system of checks was in place to ensure that a resident had an updated prescription and the prescribed drugs with them on their admission. There was evidence that a medication accompanying one resident was noted as being out of date. It was clear that measures were taken to procure an up-to-date prescription of the medication for the resident.

The processes in place for the handling medicines were safe and in accordance with current guidelines and legislation.

Medications were stored in a locked press, in a secured room. A facility to safely store controlled medications was in place and staff were very knowledgeable on the safe administration, recording of and checking of such medications. No resident was currently being administered a controlled medication.

There was evidence that staff had received training in the administration of particular medications to residents. Staff demonstrated their competence in this matter.

The KSM had undertaken an audit on medication management. Furthermore, the provider/PIC and an external consultant had undertaken an audit of medication management practices in the centre.

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

Judgement:
Compliant

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

Findings:
The centre had an up to date statement of purpose that accurately described the services provided. The fact that the centre provided respite breaks for residents was captured and appropriate information regarding residents' admission concerning medications, GP cover during their stay, outings, dietary requirements, likes and preferences, staffing levels, was documented. A copy of the statement of purpose was available for the residents and staff. The provider/PIC confirmed to the inspector that the position of the PIC had been advertised and that the interviewing process was at an advanced stage. In the event of an appointment, the current statement of purpose would require updating.

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

Judgement:
Compliant

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

Findings:
Concerns regarding governance had been highlighted in the most recent inspection of 4 February 2014. It was evident that the actions required from the previous inspection were satisfactorily implemented. Management systems were now in place to ensure that the service provided was safe, appropriate to residents' needs and consistently monitored. Effective systems were in place that supported and promoted the delivery of safe quality care systems. There was a clearly defined management structure in place that identified the lines of accountability and authority. The centre was managed by a suitably qualified, skilled and experienced provider/PIC who demonstrated her knowledge of the legislation and her statutory responsibilities. It was evident that both the KSM and acting KSM had in-depth knowledge of the residents availing of respite. Robust systems of local management were in place to ensure the safe care of the residents while on a respite break. Staff were knowledgeable of the residents and were observed interacting with the residents in a genial manner.

There was evidence of consultation with residents and with staff and it was evident that the outcomes such consultations were acted upon.

Training for staff was ongoing.

Residents knew the provider/PIC, KSM, acting KSM and staff and spoke in a positive manner in regard to all staff.

The provider stated that she was temporarily acting as PIC. The organisation had advertised the post of PIC and envisioned that the new PIC would establish responsibility for this centre and two other services within the parent organisation.

On the days of this registration inspection, the inspector was satisfied that the centre was managed by a suitably qualified, skilled and experience person with authority, accountability and responsibility for the provision of the service and who had a regular presence in the centre.

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

Judgement:
Compliant

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

Findings:
There were suitable arrangements in place for the management of the designated centre in the absence of the PIC. The provider/PIC was aware of the responsibilities to notify the Chief Inspector of planned and emergency absences. The KSM acted for the provider/PIC in her absence. In the event that the KSM was off, the acting KSM was on duty. A shift leader/coordinator was identified to all staff on a daily basis. On speaking with the shift leader/coordinator on duty, it was evident that she was knowledgeable with regard to her statutory duties, had sufficient knowledge of the Regulations and had a clear understanding of the management structure in the centre.

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

Judgement:
Non Compliant - Moderate

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

Findings:
There was evidence that the centre's resources were regularly reviewed and monitored. Staffing levels were continually reviewed to ensure that the staffing levels met the needs of the respite residents. The centre had access to maintenance services. However, resources allocated to housekeeping duty hours required review. The centre had eight hours allocated to housekeeping per week; four hours on Monday and four hours on Friday. As observed and confirmed by the provider/PIC, the care staff carried out housekeeping duties on the other days. The provider/PIC was asked to review the current working arrangements as care staff also attended to residents' personal care and prepared all meals, accompanied residents on excursions and led the daily activities programme.

There were no formal arrangements in place for the deep cleaning regime of the centre.

The centre had a wheelchair accessible bus which could accommodate two wheelchair users at the same time. The KSM stated that this was being reviewed as not all residents could go on an excursion should they choose to. On the days of inspection, the centre had five residents who used a wheelchair and one ambulant resident. Residents confirmed to the inspector that they could not go on the bus as it was not their turn.

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

Judgement:
Non Compliant - Moderate

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

Findings:
There were appropriate staff numbers and skills mix to meet the needs of residents and ensure the safe delivery of the respite service.
Staffing levels took into account the statement of purpose and the layout of the

building.
Residents received assistance, interventions and care in a respectful, timely and safe manner. The staff roster (current, previous week and forthcoming week) was reviewed.

Staff had access to a broad range of training. There was evidence that the KSM had a robust training programme in place for staff with mandatory/refresher training organised. However:
- one staff member had not attended training on food hygiene
- one staff member had not attended training in fire safety
- staff had not attended training on managing behaviours that challenge.

Staff were supervised appropriate to their role. The centre had a policy on the recruitment of staff. A review of a sample of staff files indicated that none had evidence of the staff members' date of birth and some staff photographic identity was difficult to recognise.

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

Judgement:
Compliant

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

Findings:
The centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Documentation as stipulated in Schedule 3 of the Regulations pertinent to the residents' files was in place. All records, assessments, person centred risk assessments, residents' consents were available, accurate and up to date. All records pertaining to the centre were maintained in a manner so as to ensure completeness, accuracy and east of retrieval. The centre was adequately insured against accidents, or injury to residents, staff and visitors,

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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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[1]

Centre name:	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
Centre ID:	ORG-0008233
Date of Inspection:	20 May 2014
Date of response:	16 June 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not providing an effective complaints procedure for residents which was in an accessible and age-appropriate format and included an appeals procedure.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The Enable Ireland national complaints policy is under review and will be updated to

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

include a new accessible version where appropriate

Proposed Timescale: 31/07/2014

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not ensuring that a person who was not involved in the matters the subject of a complaint was nominated to deal with complaints by or on behalf of residents.

Action Required:
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

Please state the actions you have taken or are planning to take:
Action completed.
A complaints officer and appeals person is in place to deal with complaints and this is communicated to all respite users on admission, we will ensure that these personnel are not involved in the original complaint.
Respite users will be offered the support of an advocate if desired to assist them to make a complaint.
The external appeals person is via the HSE as per the organisations policy.

Proposed Timescale: 23/06/2014

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:
Not ensuring that the agreement for the provision of services included details of the services to be provided for that resident and where appropriate, the fees to be charged.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Action completed.
Service agreement updated/amended to include charge applicable for therapy services if required by resident.
Information regarding insurance of personal belongings also updated

Proposed Timescale: 19/06/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not making adequate arrangements for reviewing fire precautions.

Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
Action completed.
Review of current procedure to take place to simplify existing check system at staff meeting. Appropriate time will be allocated for paperwork to be completed to ensure that the checks in relation to fire precautions are recorded.

Proposed Timescale: 01/07/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One staff member had not attended training in fire safety.

Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
Staff member on leave. Fire Training will be carried out on the staff member's return.

Proposed Timescale: 31/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not recording checks on residents on whom restrictive measures are used and who consent to such checks.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
Action completed.
Individual Risk Assessments capture the use of bedrails and the controls that are in place including recommendation on checks over night and this is documented following each check.

Proposed Timescale: 19/06/2014

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not ensuring that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
A review of housekeeping arrangements will be completed and its recommendations implemented.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not ensuring that information and documents as specified in Schedule 2 were obtained for all staff.

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:
Passport/Drivers Licences copies will be held on the personnel file of all staff

Proposed Timescale: 30/08/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training had not been provided for all staff in the following;
- managing behaviours that challenge
- one staff member had not attended training in food hygiene
- one staff member had not attended training in fire safety.

Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
Refresher HACCP Training is schedules for all staff in December 2014/January 2015 during closure of the service.
Individual session with staff member planned.

As staff member is on leave, fire training will be carried out on the staff member's return before 31 July 2014

Behaviours that challenge training will take place for all staff by August 31st 2014

Proposed Timescale: 31/08/2014