

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002445
Centre county:	Cavan
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 June 2016 09:05 To: 24 June 2016 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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 17: Workforce

Summary of findings from this inspection

Background to the inspection

This unannounced monitoring inspection was the third inspection of the centre and was carried out to monitor ongoing regulatory compliance. As part of the inspection, the inspector reviewed actions the provider had undertaken since the previous inspection conducted on 16 and 18 December 2014. The designated centre is part of the service provided by the Health Service Executive in Cavan and Monaghan, and provides residential services to adults with an intellectual disability.

How we gathered our evidence

During the inspection the inspector met with all five residents at the centre. Residents told the inspector that they enjoyed living at the centre, and that they were supported by staff in a respectful and dignified manner. Residents told the inspector that they were supported to access activities of their choice in the local community, and were involved in decisions on how the service would develop. The inspector met with staff members, observed practices and reviewed documentation such as personal care plans, medical records, risk assessments, medical records,

policies and procedures and staff files.

The inspector found the centre did not have a person in charge at the time of inspection. In the absence of a person in charge the centre was managed by the provider's Disability Manager and Director of Nursing.

Description of the service

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre was a two storey detached house close to a nearby town, with easy access to all local amenities and shops. The centre comprised of 5 bedrooms, one with full en-suite facilities on the ground floor and one bedroom on the first floor with a shower. In addition, the centre had a communal bathroom with a walk in shower on the first floor also. The centre also provided a communal sitting room and kitchen/dining room.

Overall findings

Overall, the inspector found that residents had a good quality of life in the centre, and the provider had arrangements to promote the rights of residents and the safety of residents. The inspector found that the provider had put systems in place to ensure that the regulations were being met, and that actions identified in the previous inspection had been addressed with further detail to be described in the main body of this report.

The inspector found compliance in seven out of the twelve outcomes inspected, with a particular positive focus on the promotion of residents' rights, access and healthcare support. One outcome was found to be substantially compliant, and four were found to be off moderate non compliance.

The provider representatives demonstrated knowledge and competence during the inspection and the inspector found them to be fit persons in relation to the temporary management arrangements for the centre in the absence of a person in charge. This resulted in positive experiences for residents, the details of which are described in the report.

Good practices were identified in areas such as:

- Residents access to information on advocacy and making a complaint (Outcome 1)
- Residents were supported to work towards developmental and aspiration goals (Outcome 5)
- Staff were knowledgeable regarding resident safety and safeguarding from abuse (Outcome 8)
- Residents had access to allied healthcare professionals (Outcome 11)
- Medication management systems at the centre met all regulatory requirements (Outcome 12)
- Staffing levels at the centre enabled residents to participate in activities of choice and access the local community (Outcome 17)

The inspector found that a lack of governance and management systems had resulted in;

- Not all residents had an accessible format of their annual personal goals (Outcome 5)
- Not all risks in the centre had been assessed (Outcome 7)
- Residents' Personal emergency evacuation plans did not fully detail arrangements in the event of an evacuation (Outcome 7)
- Fire drills conducted at the centre did not simulated evacuations with the minimum staffing levels (Outcome 7)
- The provider had not notified the Authority of the absence of the person in charge (Outcome 15)
- The provider had completed an annual review of quality and safety of care and support; however this was not available at the centre for residents and their representatives (Outcome 14)
- The provider had undertaken unannounced six monthly visits to the centre; however written reports were only available for the one visit in 2015 (Outcome 14)

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):

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

Findings:

The inspector found there were policies and procedures in place to ensure residents' rights were promoted and they were involved the running of the centre.

The inspector reviewed actions undertaken by the provider to address areas required in the previous inspection of the centre. Documentation reviewed by the inspector showed that residents' personal information was filed in a manner ensuring confidentiality. For example, financial records were being stored separately to information on the residents' social care and healthcare needs.

Accessible information on advocacy services was displayed on the residents' notice board in the kitchen/dining room as well as in some residents' bedrooms. Both staff and the provider told the inspector that a national advocacy service representative had visited the centre and spoken with residents. This was reflected in resident meetings reviewed. Resident meeting minutes further showed that the person in charge had discussed access to advocacy services with residents as well as actively facilitating their views on the centre.

The inspector reviewed the centre's complaints policy and found that this included the names of individuals responsible for receiving and managing complaints in the organisation along with their contact details. The inspector interviewed staff on their understanding of the centre's complaints policy and they were clearly able to explain the stages they would adopt if they received a complaint from a resident. Residents also told the inspector who they would speak too if they had a complaint they wished to voice.

All residents had their own bedrooms, residents told the inspector that they had been consulted on the colour schemes for their bedrooms and had chosen all of the furnishings.

The centre had a visitor's policy, stating that visitors were welcomed without restriction. Residents told the inspector that family and friends visited them at the centre and this was reflected by daily care notes and interviews with staff. The centre did not have a separate visitor's room; however both residents and staff told the inspector that with mutual agreement of all residents, visitors could use the sitting room or kitchen/dining area if privacy was required.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

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

Findings:

The inspector found the actions from the previous inspection had been implemented.

The inspector found that centre's contracts of care were informative on the type of support and expectations residents could expect from the centre. The inspector reviewed residents' contracts of care and found they outlined the supports and services residents received at the centre including total fees charged. From a review of residents' personal plans and financial records, and discussions with both residents and staff at the centre it was evident that the contracts were reflective of the service received by residents.

The inspector reviewed the admissions, discharge and transfer policy. Three residents had left the centre in the last 12 months moving to more suitable accommodation. The inspector found that transition plans had been developed, and these were reflective of the centre's policy.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector found the centre supported residents to develop skills of everyday living and to achieve their personal goals.

The inspector reviewed residents' personal plans and found these to be person centred and reflected the needs and preferences of residents. Residents' support needs such as community activity support, personal care needs, circles of support and dietary requirements were outlined in their personal plans. Personal plans were reviewed on an annual basis with the resident. The inspector found their representative were actively engaged with as part of the review process.

A system is in place to capture residents' goals. Goals were aspirational in nature and supported residents' developmental and recreational wants and wishes. For example, residents went on regular holidays and day trips within Ireland, attended a pilgrimage abroad and developed a pictorial calendar. The inspector found that annual goals were reviewed. Documentation, reviewed by the inspector, showed that the effectiveness of the goal was assessed. Residents spoke to the inspector and confirmed the annual goals they were hoping to achieve. Staff told the inspector that residents were encouraged to participate as fully as possible in their review meetings. It was evident that annual goals were based on the individuals' needs and wishes.

Accessible personal care plans were available to residents and some residents had commenced the 'Listen to Me ' workbook which further informed staff of their needs and preferences. However, the inspector found that not all residents had an easy read or simplified version of their annual goals available.

The inspector reviewed residents' daily care notes and found that residents accessed a wide range of activities within the local community. Residents told the inspector that they visited local shops, beauticians, hairdressers and restaurants. Residents also told the inspector that they accessed these activities on their own with staff. If residents went on group activities, such as meals at local restaurants, this was with their agreement.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

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

Findings:

The inspector found that since the last inspection the centre had undertaken measures to increase the personal and communal space at the centre however, the current layout of the building did not meet the needs of all residents.

Since the last inspection the centre had reduced the number of residents supported from eight to five. This had allowed each resident to have their own bedroom which was not the case before with residents sharing rooms. This also resulted in residents having additional space in the sitting room area. Residents showed the inspector their bedrooms, telling them that they had chosen the paint colour and new furniture in their rooms.

The centre did not have a toilet on the ground floor which presented difficulties for a resident with mobility difficulties. Staff informed the inspector that that the resident by consent accessed the en-suite bathroom of a ground floor bedroom. Although, the inspector observed consent being given for the resident to use the bathroom, the arrangements were not suitable for the needs of both residents, as access was only possible through going through the resident's bedroom, impacting on their privacy and personal space.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The centre had both a risk management policy and emergency procedure in place, but these did not fully address the needs of residents.

The centre's risk register which was comprehensive in nature, outlining risks affecting the welfare of staff and residents. However, the inspector found that risks assessments were not in place for all potential risks. For example, a stair lift had recently been installed to support resident needs, but a risk assessment had not been conducted on possible risks to other residents using the stairs.

The inspector found, for the most part, there were policies, procedures and systems in place to ensure effective fire safety management however improvements were required. The previous inspection found that evacuation drills were not conducted to a level to ensure resident and staff awareness of procedure. The inspector found that the previous action had been addressed with drills occurring monthly and both residents and staff knowledge reflected the centre's evacuation protocol. However, the inspector found that evacuation drills did not simulate a night time evacuation with minimum staffing levels.

The inspector reviewed the residents' person emergency evacuation plans (PEEP). The plans identified those residents who required assistance to evacuate in the event of a fire. The inspector observed an emergency evacuation sledge at the centre, which staff confirmed would be used in the evacuation of residents. However, its use was not referenced in residents' PEEPs and simulated drills had not involved its use to assess effectiveness in an emergency.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The centre had policies in place which protected residents from possible abuse and provide personalised support in the management of behavioural needs.

The inspector observed residents being supported in a respectful and dignified manner by staff throughout the inspection. Residents appeared comfortable with staff and informed the inspector that they liked the staff and were happy with the support they received. Residents told the inspector that the previous person in charge had retired and confirmed who was managing the centre until a new manager was recruited.

The centre had a policy and procedure in place to protect residents from abuse. Related information was displayed on the residents' notice board in the kitchen/dining room, which identified the centres designated safeguarding officer. Staff told the inspector what actions they would take if they suspected abuse. Staff told the inspector what constituted abuse and what may be an indication that abuse could be occurring. Staff training records showed that all permanent staff at the centre had attended safeguarding of vulnerable adults training. Residents told the inspector that they felt safe at the centre and in the event of not being happy would tell either the staff or the centre's manager.

Policies at the centre included the management of behaviours that challenged and the use of restrictive practices. The inspector reviewed behavioural support plans and found these to be in line with the centre's policy explaining both the behaviour the resident may engage in, reasons for the behaviour, and supports to be provided. Plans were reviewed regularly by a named psychologist and meeting minutes showed how interventions were assessed for their suitability and effectiveness. Staff were knowledgeable about the needs of residents and support, which was reflective of both the personal behaviour plans and the centre's policy.

Where medication was required to assist in the management of behaviour, the inspector reviewed protocols showing that this medication was to be used as the last resort, after other actions such as relaxation techniques had been used. Protocols also stated when the staff should contact nursing staff from another centre who were identified as the persons to administer the prescribed medication. Staff training records also showed that staff had accessed training in the positive management of behaviour, which reflected the needs of the residents at the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The centre ensured that residents were comprehensively supported to manage their health.

The inspector reviewed residents' healthcare records and found that residents had access to a range of allied healthcare professionals including general practitioners, chiropodists and speech and language therapists. Residents with assessed risks associated with swallowing had clear guidance from speech and language therapists. The inspector found their recommended supports were documented in personal care plans and reviewed annually or as required. Staff told the inspector that residents accessed a general practitioner at a local medical surgery. The inspector found that residents had choice regarding their general practitioner.

The inspector reviewed records relating to epilepsy management and saw evidence that residents were reviewed regularly by their doctor specifically in relation to the prescribing of emergency epilepsy medication. Staff showed the inspector the written protocol to be used in the event of an epileptic seizure. Staff were knowledgeable and clearly explained the protocol to be used including the calling of emergency services and nursing staff from another centre who would administer the prescribed medication.

The inspector found residents' food and nutrition requirements were met. This was evident from a review of food records at the centre. The centre maintained individual menu records for each resident which the inspector reviewed. Staff told the inspector that residents had their main meal at the day centre during the week and choose their evening meal when back at the centre. The records reflected individual choice and a variety of foods. Residents told the inspector that they choose their own meals and would help to prepare meals, as well as doing the food shopping for the centre with staff.

The inspector observed meal time at the centre. Residents were involved in meal preparation based on their abilities. Meal time was a positive experience with residents discussing their day at the day centre as well as plans for the weekend.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre's medication policy and practices were being implemented by staff.

The inspector reviewed the centre's medication management arrangements which were in line with the provider's organisational policy. Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets also clearly showed the medication prescribed for the person, its dosage, times to be administered and the route of administration. Medication recording sheets reflected the prescription sheets for each resident and medication was given in accordance with the prescribed times to the resident. Staff signed when they had administered medication in the administration records for each resident and a staff signature bank was maintained in the centre's medication file. The inspector found protocols were in place for the administration of as required medication. For example, the inspector reviewed protocols for the administration of epilepsy medication.

Medication was stored in a secure cabinet with as required medication (PRN) being secured in a separate location. Liquid and cream based medications were stored in a separate locked refrigerated cabinet at the centre. Arrangements were in place at the centre for the storage and disposal of out of date medication. Medication of this nature was stored securely away from medication that was in regular use.

The centre had not had any recent medication errors; however staff were able to tell the inspector what they would do in situations such as misadministration of medication.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre's statement of purpose was reflective of the service provided to residents and was in accordance with Schedule 1 of the regulations.

The centre's statement of purpose had been reviewed following the previous inspection and described the service provided to residents as observed by the inspector. The statement of purpose included a narrative of the centre's floor plans including the sizes of bedrooms and communal areas such as the kitchen/dining room and sitting room. The statement of purpose also included arrangements for the absence of the person in charge, which reflected the inspector's observations and interviews with staff at the time of the inspection, which were not available in the previous version.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that although the provider had management and governance systems in place at the centre, these required further development to meet the requirements of the Regulations.

The inspector reviewed audit systems introduced at the centre. The audit captured areas such as medication administration and fire safety. The audits assessed whether the centre was run in accordance with policies and areas for improvement were addressed through regular staff meetings. Both staff and the provider confirmed team meetings would continue in the absence of a person in charge at the centre.

The Director of Nursing visited the centre weekly to monitor the needs of residents, support staff and ensure care practices were in line with policy. Staff confirmed the frequency of management visits and that the Director was approachable and supportive. Staff had access to an 'out of hours' on call system for support, with support being provided through a roster by persons identified under arrangements to deputise for the

person in charge.

The Director of Nursing was knowledgeable on the needs of residents and was recognised by both residents and staff at the centre. The Director was able to inform the inspector of their responsibilities under regulation.

The annual quality and safety of care and support review for 2015 was centre specific and showed compliance against regulation and included feedback from resident on the service they received. Furthermore, the review included actions from unannounced provider visits, internal audits, incidents & accidents and complaints. The review identified areas for improvement, giving timeframes and naming persons responsible to address specific actions. However, the review was not available for residents to request at the centre.

Unannounced six monthly visits were conducted and the inspector reviewed the available report. Although both the provider and staff confirmed regular visits happened, the provider was only able to provide an example of one written six month report for 2015, and also the report was not available at the centre for residents to request.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider had not informed the Health Information and Quality Authority (HIQA) of the absence of the centre's person in charge, although the inspector found that deputising arrangements were as described in the centre's statement of purpose.

The inspector on arrival at the centre was informed that the person in charge had retired. Further investigation identified that the provider had not submitted relevant notifications to HIQA on the change in the centre's management arrangements.

The inspector discussed management arrangements in place during the absence of a person in charge. The provider told the inspector that the centre is managed by the Director of Nursing and Disability Manager as stated in the centre's Statement of Purpose. The management team confirmed that they had made arrangements to

regularly visit the centre and had arrangements in place outside of office hours.

Discussions with staff confirmed the temporary management arrangements and that named managers had visited the service on a weekly basis. Residents were also able to inform the inspector who were the named managers and that they saw the person on a weekly basis. Inspectors observed one of the named managers with residents in the centre and they were recognised by name. Interviews with the named manager (Director of Nursing) confirmed that they were knowledgeable about the needs of the residents and the overall centre.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found the staffing levels and training at the centre was reflective of the needs of residents.

Following the previous inspection, the inspector found that the number of residents at the centre had reduced from eight to five. The centre's roster reflected that although the number of residents had reduced, the staffing at the centre had remained stable. The roster showed that on weekday evenings and at the weekend, residents were supported by two members of staff. The inspector reviewed daily care notes and discussed access to activities with residents and staff, which showed that residents were able to access a range of activities of interest in the local community. Staff and residents told inspectors that they had the opportunity during the week to have a day off from their day service placement. The inspector was told that this was not a set day off during the week and would change dependent on the residents' wishes and chosen activities during the week. The inspector reviewed the rota and found that the centre had both a planned and actual rota, with the actual rota indicating staff absences for example annual leave and reflected the staffing at the time of the inspection.

Staff training records reflected that staff accessed mandatory training such as manual handling, fire safety, safeguarding of vulnerable adults, as well as training which

reflected the needs of the residents at the centre for example positive behaviour management. Staff informed the inspector that they attended team meetings chaired by the person in charge. The inspector reviewed meeting minutes which showed discussions on topics such as resident needs, staff training and organisational policy. Although staff did not have annual performance reviews or formal planned supervision, they told the inspector that they had regular informal supervision with the previous manager.

Staff were knowledgeable about the regulations and standards proportionate to their roles and responsibilities and informed the inspector of incidents such as a serious injury to a resident which they would need to inform their line manager about, who would then inform HIQA.

The inspector also reviewed a sample of two staff members' personnel files, which contained all information as prescribed under Schedule 2 of the regulations.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002445
Date of Inspection:	24 June 2016
Date of response:	04 August 2016

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 05: Social Care Needs

Theme: Effective Services

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

All residents did not have access to an easy read or simplified version of their annual goals.

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

1. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

All residents will have access to an easy read or simplified version of their annual goals by the below date.

Proposed Timescale: 31/08/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The centre did not have sufficient communal toilet facilities to meet the needs of residents.

2. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Disability manager initially corresponded with Estates on 3rd Aug outlining the problem and requested an urgent inspection of the premises with a view to assessing the feasibility of an extension to facilitate a communal toilet facility. Further correspondence was sent on 15th Aug reinforcing the urgency of the above request. Will forward on inspection date when confirmed by estates. A full Multi Disciplinary review has also been scheduled for Aug 31st to fully review this resident's needs and ensure that all appropriate supports are identified and put in place.

Proposed Timescale: 09/09/2016

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:

As outlined in the body of the report the provider had not identified all risks in the centre.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system

for responding to emergencies.

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

Following completion of assessment all risks have been now been identified in the centre.

Proposed Timescale: 15/07/2016

Theme: Effective Services

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

Fire drills had not been conducted with minimum staffing levels.

4. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A Fire drill was conducted on 26.06.16 with the minimum staffing levels and will continue at regular intervals.

Proposed Timescale: 26/06/2016

Theme: Effective Services

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

Personal emergency evacuation plan did not include use of specialised fire evacuation equipment.

5. Action Required:

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

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

Personal emergency evacuation plan now includes the use of specialised fire evacuation equipment.

Proposed Timescale: 20/07/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Six monthly unannounced visit reports were not available at the centre.

6. Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

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

Six monthly unannounced visit reports are now available at the centre.

Proposed Timescale: 27/06/2016

Theme: Leadership, Governance and Management

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

The centre's annual review of quality and safety of care and support was not available in the centre.

7. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

The centre's annual review of quality and safety of care and support is now available in the centre.

Proposed Timescale: 27/06/2016

Theme: Leadership, Governance and Management

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

The provider had not prepared a written report following six monthly unannounced visits to the centre.

8. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns

regarding the standard of care and support.

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

The provider had conducted unannounced visits to the centre. One 6 monthly safety and quality of care and support report and the annual review of the quality and of care and support was completed for the centre for 2015. Unannounced visits to the designated centre at least once every six months or more frequently will continue and a written report on the safety and quality of care and support will be prepared six monthly and be made available on site.

Proposed Timescale: 01/08/2016

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

Ensure that continuous absences of the person in charge for 28 days or more are notified to HIQA.

9. Action Required:

Under Regulation 32 (1) you are required to: Provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.

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

The provider has informed the Health Information and Quality Authority of the person in charge's absence on the 26.06.16 through submission of an NF30 to the Authority.

Proposed Timescale: 26/06/2016