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:	Sea Road Services
Centre ID:	OSV-0002624
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ann Gilmartin
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
12 October 2016 10:30	12 October 2016 19:00
13 October 2016 09:00	13 October 2016 17:00

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

Background to the inspection:
The purpose of this inspection was to inform a registration decision and monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential services for Children and Adults with Disabilities (hereafter called the Standards).This was the third inspection of this designated centre which had two detached, two storey houses located in close proximity to Sligo town. This centre provided residential care to eight residents.

How we gathered our evidence:
The inspector met with all residents during the course of the inspection. Residents in this centre communicated verbally and sensory deficits were identified to the inspector for some residents. The inspector also met with the person in charge, nursing support staff, social care staff and the newly appointed person in charge. The inspector observed practice and reviewed documentation such as personal care plans, healthcare plans, medical information, accident and incident records, meeting minutes, policies, procedures and staff files.

Description of service:
The centre was composed of two houses located in close proximity to each other close to Sligo town. This designated centre provided seven day residential services to eight residents. This residence is a rented property under the remit of the Health Service Executive (HSE). Each house had four residents with one staff support allocated as outlined on rosters. The current staffing model was a sleep in staff at night time. Transport was available to the designated centre. Residents also had access to public transport.

Overall findings:
Overall the inspector found the centre had major non-compliance in residents rights, premises and health and safety; moderate non-compliance in statement of purpose, social care needs and resources; and substantially compliant in records and documentation. The remaining outcomes were compliant. Immediate actions were issued with regard to premises and fire safety on the day of inspection. This was addressed as required, on Friday the 20 of October 2016 with an outline of actions completed by the person in charge. All of these issues will be discussed in detail in the main body of the report and the findings outlined in the actions at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
While the centre was well maintained, comfortable and suitably furnished, the physical layout and design of the house did not fully meet the residents' needs, as it did not provide sufficient privacy options.

On the days of inspection an immediate action was issued with regard to a resident's privacy and dignity. The inspector observed and was also informed by staff, that staff accessed the resident's room at night while they were sleeping to complete household tasks. The inspector found that there was a lack of assessment regarding the needs of the resident and allocation of a bedroom, this will be discussed in detail under outcome 7 and outcome 5, in relation to the areas of concern at the time of inspection. Furthermore in house B the inspector found that due to the layout of the building the routines, practices and facilities did not promote residents' independence or choice.

Each of the residents had their own bedroom at the time of inspection however the inspector found that in both houses the needs of the residents were not reflected in the allocation of bedrooms. In house A, the inspector found that a resident resided in a small box room. While the room was suitably decorated and reflected the resident's choice and input, it had been identified in a previous inspection as unsuitable due to the size and shape of the room. In addition the resident had not been adequately assessed in personal plans regarding their personal space requirements. During discussion with the resident the inspector was also informed that they would like the option of a larger room due to the layout and storage facilities currently available and the inspector observed the living area in comparison to the staffing facility which was larger in contrast.

The inspector found that there was limited space in both houses to facilitate personal activities to be undertaken in private. There was no room available for residents to meet visitors in private if they chose to.

The inspector found that records were maintained of residents' finances inclusive of receipts for items purchased. Residents' personal belongings were also documented. The residents had individual bank accounts with access and support where required to manage their finances.

There was a policy and procedure in regards to management of complaints in the centre. The inspector found that there was an identified complaints person. All staff and residents spoken with were familiar with the complaints process. This was provided in a format suitable for all residents. There was a complaints log and the inspector reviewed this and found that the complaints log had been reviewed at the time of inspection. Outcomes were identified and complainants were aware of the agreed actions where required. There was an appeals person in place to review any dissatisfied complainants. The inspector also found that the complaints process was discussed at the house meetings to ensure that all residents were informed and aware of the process.

Judgment:
Non Compliant - Major

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that the communication needs of residents were met and that the residents were supported to communicate their wishes and needs. A communication policy was completed and available in the centre.

All residents had communication assessments and profiles completed, where required, which was outlined in their personal plans and regularly updated. The inspectors found that staff were informed of how residents communicated and any support they required which promoted their independence. Access to newspapers, television and radio was evident in the centre for all residents ensuring they were informed and enabled to participate in community events.

The inspector found that residents had been supported with assistive technology in the centre for example some residents had access to personal computerised tablets.

Residents and staff informed the inspector that at the time of inspection access to internet had not been completed as there was no available service in the area. Staff had offered alternative arrangements to residents and had also reported this to the current management structure. The inspector found that residents were supported to engage with external agencies to access information formats relevant to their sensory difficulties.

Residents spoke freely with inspectors, fellow residents and staff. Residents discussed their weekly schedules with inspectors, which included attending social events, mass, going shopping, eating out and meeting family. Communication with residents was also supported through the use of pictures for menus, schedules of housework and photos of rostered staff on duty.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that residents were supported to develop and maintain personal relationships and links with the wider community in accordance with their needs, wishes, preferences and abilities.

Families and representatives were encouraged to get involved in the lives of residents. Families were invited to attend meetings and were actively involved in the care planning and provision of care to residents. The inspector found family communication care plans and records were maintained around family involvement and contact.

Residents had pictures of family members in the designated centre. Residents were observed to integrate into the community independently and with support where 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):
No actions were required from the previous inspection.

Findings:
Contracts for the provision of services had been agreed with all residents. The inspector reviewed some contracts and found that they were informative and reflected the service provided at the time of inspection.

There was a policy to guide the admission process and the person in charge was aware of the importance of suitable assessment prior to admission. At the time of inspection there were no planned admissions, transfers or discharges to the designated centre. All eight residents had lived in the centre for ten years when the designated centre was established.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
There was evidence of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, at day centres and in the community. However, improvement was required as the plans did not identify the needs of the residents in regards to facilities and supports provided to residents in the designated centre.

Each resident had a personal plan which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's identified life goals. The inspector found that while staff were aware and informed of sensory difficulties for residents, the personal plan did not outline the supports and facilities required to ensure all residents' individual needs were identified. For example, where a resident had a sensory difficulty it was evident that a review of facilities provided in the centre was not reflective of the residents' ability or supports required. The inspector found that the provider had failed to engage with external agencies to assess the needs and supports for residents with sensory difficulties and ensure all residents are enabled to participate as independently as possible.

There was an annual meeting for each resident attended by the resident, their family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, the inspector found that the goals identified for the previous year had been achieved and current goals were being progressed.

Staff also supported residents' access to the amenities in the local community such as shopping, eating out, meeting their families, attending sporting events and leisure outings. There was a vehicle available to transport residents to day services or other activities they wished to participate in. Arrangements were also made for residents to take holidays, go for outings and attend concerts and musicals. Residents told the inspector of attending concerts, parties and outings, which they said they enjoyed.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
The inspector found that no improvement had been made in regard to premises within the designated centre at the time of inspection. In addition the inspector found additional areas of concern during the course of the inspection.

There were two houses in the designated centre. These houses were located in close proximity to each other. One house facilitated four male residents and the other facilitated four female residents. Houses shall be referred to as house A and B in this report.

House A
The inspector found that this house did not have sufficient bathroom and toilet facilities located downstairs for all residents. Residents had all expressed their concerns regarding limited access to bathroom facilities at the time of inspection in this house. This finding was identified in the last inspection report and had not been addressed. Facilities were put in place for some residents as a temporary measure and the residents affected felt this was suitable at the time of inspection. Call buttons were provided for residents' who required support during the night to access facilities.

House B
In this house the inspector saw that a downstairs toilet facility was located in a resident's bedroom beside the kitchen. There was a number of failings identified in relation to the regulations. The toilet facility also provided the laundry facilities in the house which included a washing machine and tumble dryer. This was not in line with infection control best practice. In addition, the only access into this room was from entering the resident's room which has been discussed under outcome 1. The inspector also observed during the walk around of this premises that cleaning was of poor quality. The inspector found in one bedroom that a wall was covered in sputum on the day of inspection. The person in charge was present during this finding and informed the inspector that this had been actioned in a recent unannounced visit report on the 4 October 2016 prior to the inspection.

Overall the inspector found that there was disparity in the two houses in relation to cleaning systems. There was inadequate communal and private space within both houses. Suitable storage was lacking in both houses with regards to the allocation of a box room for a resident. The inspector found that while cleaning schedules were in place, they failed to outline the cleaning of cooker extract fans. Both fans on the days of inspection were unclean and grease was evident on the extract fan and wall underneath. The inspector found that access to a garage was not available to staff or management. This garage was attached to the residential house and was contained in the floor plans of the designated centre. The inspector was not satisfied that the person in charge was ensuring all aspects of the premises were maintained and monitored as required by the regulations.

The provider had identified an alternative premises as an action in the last inspection report, however this remained on-going at the time of inspection. The inspector was informed that no suitable alternatives had been identified at the time of inspection.

Judgment:
Non Compliant - Major

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:
Overall the inspector found that the provider had not ensured all fire management systems were effective to maintain safety of all residents in the designated centre.

On the days of inspection, the inspector issued two immediate actions. Of the two actions one was in relation to fire procedures with regard to the location of a laundry room located within a residents' bedroom. No fire doors were in place at the time of inspection. This had also been identified from review of a fire risk assessment report completed by an external engineer. The provider responded appropriately and ensured that the risks identified were mitigated by completing the following actions, change to staffing supports, relocation of bedroom, review of Personal emergency evacuation plan (PEEP) and consultation with the resident regarding the changes. The inspector received confirmation post inspection of all completed actions.

The inspector found that while the provider had completed risk assessments relevant to the designated centre which outlined an overview of fire safety as a risk to residents, it had identified issues regarding systems. These issues that had not been addressed which included for example the installation of fire doors in kitchen areas within a three to six months post completion of the report. This was a repeated failing from the previous inspection report and remained outstanding at the time of inspection.

PEEPs (personal emergency egress plan) were in place for all residents, however a centre evacuation plan was not in place to guide all staff how to prioritise supports required for all residents. Fire drills had been completed but were not descriptive and did not identify learning from the drills with regards to impact on residents. The inspector found that a PEEP which was completed for a resident, outlined that they required physical prompting and a photograph to alert them to the risk of fire. Additional fire systems had not been reviewed regarding supports for residents regarding fire safety where required such as specialist devices to assist residents. The inspector also found that an external door located in a bedroom for safe exit was not accessible from the outside due to staff being unable to locate the key. The person in charge ensured that a locksmith attended on the day of inspection and outlined that the key would be available to all staff. This door has a thumb turn lock in place as recommended by fire engineer.

Records demonstrated that fire safety equipment such as the fire alarm; emergency lighting and fire extinguishers were serviced at regular intervals. Staff also had to complete regular checks of the fire alarm system, fire extinguishers and fire doors.

Residents also had individual fire records maintained which demonstrated that residents could individually be evacuated in less than five minutes. From review of the training records staff had completed fire training in the designated centre.

Judgment:
Non Compliant - Major

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 inspector found that the residents in the centre were appropriately safeguarded and protected from harm in the designated.

The inspector found policies on the safeguarding and protection of adults from abuse, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. Staff outlined these procedures during discussion with the inspector and were aware of the designated officer for reporting purposes.To date no allegations or suspicions of abuse had occurred in the centre.

There were clear policies in place on the use of restrictive procedures. There was no restrictive practices in place at the time of inspection that impacted on residents. Residents spoken with reported that they felt safe and supported. They felt confident that they would report any concerns to staff.

There was a training schedule which ensured that each staff member attended training in the prevention of abuse at three yearly intervals. From a review of training records the inspector found that staff were trained in the safeguarding of vulnerable and protection of vulnerable adults.

There was also a policy to guide staff on responding to behaviours that challenge. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, on-going support strategies and reactive strategies. All staff had attended training on managing behaviours that challenged.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

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

The inspector reviewed a record of all notifications that had been submitted to HIQA which was kept at the centre. This included all notifications submitted under Schedule 4 of the regulations as identified on the last inspection.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
The inspector found that the residents were supported in the most part to participate socially in activities suitable to their age, interests and needs at the time of inspection.

The inspector observed staff and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals and preferences and relevant to their changing needs. On review of the daily notes, the inspector found that

some residents were supported by friends and personal assistants to participate in activities of their choice for example, swimming and attending mass. Educational achievements of residents were found to be valued and supported by staff in the centre from a review of daily logs. Certificates were on display in the designated centre.

The inspector found that some residents attended day services while others chose to spend days at home and had a schedule of activities that they independently attended in the local community. The inspector observed some residents in the designated centre leaving on transport to attend day services during the course of the inspection. The inspector found that residents were encouraged to pursue interests and lead busy, fulfilled and meaningful lives in line with their assessed needs with regard to person centred planning.

From discussion with residents, the inspector was informed that additional staffing was beneficial to ensure their participation in social activities and community events. The inspector found that without the additional supports there was a negative impact to residents. At the time of inspection and on review of the roster, additional supports were in place for specific periods at weekends. This is further discussed under outcome 16.

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:
Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their healthcare needs in accordance with their care planning. The inspector saw that residents had opportunities to access allied health professionals such as GP(general practitioner), optician, dentist, psychiatry, neurology and dietician. Residents had access to specialist services and hospital appointments when and where required.

The inspector saw evidence of the monitoring of weight and specific action planning where required to assist residents to enjoy the best possible health. Residents' healthcare documentation was maintained to a high standard and was clear and

accessible. For example, assessments and appointment schedules were completed. The person in charge with the support of community nurses ensured that all medical needs within the medical centre were monitored and supported when required.

Regarding food and nutrition, residents were observed to be provided with home cooked meals, which were on display and chosen by residents in the centre. The inspector observed the evening meal for staff and residents and found that this was a pleasant and sociable event. The inspector discussed meals and food with staff who clearly highlighted that they promoted choice regarding what the residents ate and when they ate. Residents were also observed to have the freedom to choose food and access to food when they wanted.

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 centre had a policy and procedure in place for safe medication management and inspectors found that staff acted in accordance with these procedures.

The person in charge had ensured that assessment of residents had been completed to facilitate self administration of medication. There was safe and suitable storage for all medication in the centre. There were systems in place to guide staff on ordering, storing and disposing of medication in the centre. The inspector found learning from the person in charge in relation to safe storage and disposal of medication. There was a system in place to monitor and review any medication incidents. The person in charge spoke of learning from incidents and outlined strategies to prevent reoccurrence of errors.

Staff spoken with outlined the procedures and practice with regard to ordering, storing and dispensing. The inspector found that staff had support from two nurses in the designated centre and offered guidance as part of their role when required. The inspector found that care plans outlined the residents' preferences and abilities in medication administration.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
As part of the application to register the centre, under the Health Act 2007 (as amended), the provider submitted the centre's statement of purpose to HIQA. The inspector reviewed the document and found that the centre did not provide the facilities to meet the needs for all residents in both houses at the time of inspection.

The inspector also determined that the cumulative findings of the inspection demonstrated that the centre was not meeting the aim of the centre as identified in the document however this is outlined under outcome 6.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found that the designated centre had effective governance and management systems in place.
However the inspector found that improvement was required as issues under outcome seven had not been identified in the risk management of the designated centre.

The person in charge was present to facilitate the inspection. The person in charge demonstrated that they had the knowledge of the legislation and their statutory responsibilities. They also had the appropriate qualifications and experience to fulfil the role.

The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, healthcare assessments, documentation, health and safety and hygiene of premises. The inspector found evidence of unannounced visits and audits and action plans devised by the provider's management team. However the inspector found that while actions had been highlighted in audits, no one had taken ownership of the tasks. For example, cleaning in house B was outlined in an audit and had not been addressed at the time of inspection.

The annual review was available on inspection as required by the regulations. In addition the management team was supported by two nurses who provided supernumerary support in areas such as, medication management, documentation and care planning, on-call supports and residents' daily care. The inspector found there were clear lines of authority whereby the person in charge was supported by an area manager. The inspector found that staff were satisfied with structures in place and found clear and accurate rosters and training schedules in place.

The inspector found that a new person in charge would be commencing following this inspection. The new person in charge met with the inspector during the course of the inspection. Arrangements were in place to support the transition of the person in charge by the previous management. The inspector found that this newly appointed person in charge had familiarity of the designated centre. She presented a comprehensive knowledge of the regulations and her role in relation to the designated centre.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found that there were appropriate arrangements in proposed regarding any absence of the person in charge. On the day of inspection, the monitoring event

was facilitated by a temporary person in charge while the listed person in charge was on annual leave.

The registered provider had made suitable arrangements to provide cover in the absence of the person in charge. Staff were informed and aware of this arrangement. The provider and person in charge were aware of their legal requirements to inform HIQA of any changes or to give notice of any absence of the person in charge within the specified timeframes. The inspector found that the current person in charge had been absent for a period of time exceeding 28 days, however suitable arrangements had been put in place and HIQA had been notified of all changes.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The inspector found that the centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspector found that this was evidenced on review of the facilities provided within the designated centre and the allocation of bedrooms for residents. The inspector found that overall improvement was required to ensure the designated centre was sufficiently resourced to meet the needs of all residents.

In addition, the inspector found that while assessments had been completed for all residents, staff in house A clearly identified there were challenges with regard to supporting all residents for activities. The provider had defined this centre as low supports however this had not been revised in line with the facilities and care and support needs for residents at the time of inspection.

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

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

The inspector found that there was sufficient staffing available in the centre, at the time of inspection, to meet the residents' needs. The actual and planned roster was reviewed and matched the staff on duty on the day of inspection.

A review of a sample of staff files indicated that all staff had received Garda vetting clearance. Staff stated they were confident that they would approach the person in charge to discuss additional training or other matters should they feel the need to.

The inspector found that at the time of inspection there were no formal arrangements in place to ensure staffing supervision was completed and maintained. Staff spoken with informed the inspector that while no formal arrangements were in place they had the support of the two support nurses and could contact the person in charge if required.

Judgment:
Substantially Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The designated centre had complied with all records and documentation requirements as set out in the regulations; however, improvement was required as policies had not been reviewed within the three year time frame.

A residents' directory was also in place and all information requests made by the inspector during inspection were complied with in a prompt manner.

The records as required by Schedule 3 and 4 of the regulations were maintained in the centre.

The policies and procedures as required by Schedule 5 required review. For example, the medicines policy and the nutrition policy had not been reviewed in a three year period as required. The policy on the recruitment, selection and Garda vetting of staff had not been reviewed since 2007.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002624
Date of Inspection:	12 and 13 October 2016
Date of response:	22 December 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident's privacy was not respected by staff entering their bedroom at night to access laundry facilities while the resident was sleeping.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
The resident was provided with his own bedroom on 13/10/2016 which affords him privacy and dignity at all times .

Proposed Timescale: 13/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to a private space to receive visitors.

2. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
• A space is made available within the existing accommodation to ensure their privacy and dignity is respected. Each resident has their own bedroom and they can choose to use this space as they so wish.
• Staff and other residents are respectful at all times to facilitate adequate privacy for personal communication.
• Staff support residents to have professional consultations in private within the living space in the house of alternative private space is sourced outside of the home.
• A visitor's policy is in place.

For the residents of House A:-
• A referral has been made to the Estates Department to source a ground floor, suitably sized accommodation to meet the needs of all the residents and provide adequate space for visitors to meet in private.
• In the interim the garage area will be converted to provide a space affording privacy to visitors

For the residents of House B:-
• There is now a space available for residents to meet since 13/10/2016 in private and works will be carried out to upgrade this space
• The Registered Provider will be responsible for ensuring the upgrade of works will comply with the regulatory requirements. These works will be carried out in conjunction with the Person In Charge.

Proposed Timescale: 30/04/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
1. Facilities in one house did not meet the needs of residents in the designated centre. For example, there was a lack of adequate storage space in a bedroom due to the size and layout of room.

2. Storage in communal areas was limited in both houses

3. Action Required:
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

Please state the actions you have taken or are planning to take:
• An assessment of need will be carried out by the Person in Charge regarding the needs of all residents and additional storage will be provided.
• A total house de-clutter will be carried out
• Upgrade of premises will result in additional storage space
• The Registered Provider will be responsible for ensuring adequate storage space will be provided to meet the needs of the residents. These works will be carried out in conjunction The Person In Charge.

Proposed Timescale: 30/04/2017

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:
1. The designated centre was not meeting the needs of residents at the time of inspection. For example, the individual assessments did not identify the care and supports needs required for all residents residing in both houses, in addition with regard to the current facilities provided.

2. The person in charge had not engaged with external agencies to review where required residents support needs, where specialist guidance would have benefited.

4. Action Required:
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
• A assessment of need will be carried out regarding the needs of all residents.
• All residents' personal plans will be reviewed to ensure that individual needs are assessed, identified and reflected in their plan to meet the facilities and supports

needed.
• A referral will be made to external agencies to request their support and specialist guidance will be sought.

Proposed Timescale: 31/01/2017

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 premises is not meeting the needs of residents.

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

Please state the actions you have taken or are planning to take:
• An assessment of need will be carried out regarding the needs of all residents
For the residents of House A:-
• A referral has been made to the Estates Department to source a ground floor, suitably sized accommodation to meet the needs of all the residents
• In the interim the garage area will be converted to provide additional accessible washroom and laundry facilities and a space will be provided to afford privacy to visitors during this conversion .
• The Registered Provider will be responsible for ensuring the upgrade of works of House A will comply with the regulatory requirements and meet the needs of residents. These works will be carried out in conjunction with the Person In Charge. Upgrade of works will commence 01/02/2017 and will be completed by 30/04/2017.

For the residents of House B:-
• A referral will be made to the Adult referral Committee to source more suitable accommodation for one resident resulting in a reduction in number of residents.
• The current accommodation off the kitchen i.e. staff room/utility/toilet will be upgraded to three separate facilities
• The Registered Provider will be responsible for ensuring the upgrade of works of House B will comply with the regulatory requirements and meet the needs of residents. These works will be carried out in conjunction with the Person In Charge. Upgrade of works will commence 01/02/2017 and will be completed by 30/04/2017.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Premises were found to be unclean at the time of inspection.

6. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
• A deep clean of House B will be undertaken .
• The Registered Provider is responsible for ensuring that a deep clean of the house is undertaken by 21/12/2016. A deep clean will be carried out biannually.
• Cleaning schedules have been reviewed to include daily checks of the priority areas.
• Infection control audits and re-audits will be carried out .
• The Person In Charge will carry out infection control audits every 6weeks.

Proposed Timescale: 21/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to provide equipment to meet the needs of all residents with regards to sensory difficulties.

7. Action Required:
Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

Please state the actions you have taken or are planning to take:
• The use of assistive technology for residents with sensory impairments has been explored. This is being trialled currently.
• A programme will be put in place to assist the service user to become accustomed to this new technology.

Proposed Timescale: 13/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
1. Baths showers and toilets were not of a sufficient number in the designated centre to meet the needs of residents.

2. There was not adequate storage facilities for all residents in the designated centre.

8. 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:
For the residents of House A:-
• The garage area will be converted to provide additional accessible washroom and laundry facilities to meet the needs of the residents
• The Registered Provider will be responsible for ensuring the upgrade of works of House A will comply with the regulatory requirements and meet the needs of residents. These works will be carried out in conjunction with the Person In Charge. Upgrade of works will commence 01/02/2017 and will be completed by 30/04/2016.
• This upgrade will result in additional storage space

For the residents of House B:-
• The current accommodation off the kitchen i.e. staff room/utility/toilet will be upgraded to three separate facilities
• The Registered Provider will be responsible for ensuring the upgrade of works of House B will comply with the regulatory requirements and meet the needs of residents. These works will be carried out in conjunction with the Person In Charge. Upgrade of works will commence 01/02/2017 and will be completed by 30/04/2017.
• A total house de-clutter will be carried out
• The Person In Charge will be responsible for ensuring that a total house de-clutter will be undertaken. This will be maintained by carrying out 6 weekly audits and walkabouts.
• Additional storage will be provided .
• The Registered Provider will be responsible for providing an additional outside storage facility of a garden shed. These works will be carried out in conjunction The Person In Charge.

Proposed Timescale: 30/04/2017

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:
The provider had failed to monitor and review the risks identified in the designated centre for example the inner room located in a bedroom.

9. 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:
• The provider will review all current risks and put controls in place to minimise the risks .

• The use of the inner room will be reviewed and all hazards removed .
• The Registered Provider will be responsible for ensuring the upgrade of works of House B will comply with the regulatory requirements. The use of an inner room will be removed thus minimising risks and hazards. Upgrade of works and removal of an inner room will commence 01/02/2017 and will be completed by 30/04/2017. These works will be carried out in conjunction with the Person In Charge.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not ensured by means of fire safety management and fire drills the safety regarding use of a bedroom which an inner room was located for residents.

10. 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:
• The provider has reviewed the peeps for resident. Resident was consulted and relocated to another area in the house for safety on 13/10/2016.
• Waking night staff was provided on 13/10/2016 and will remain in place until the resident has adjusted and responds confidently to the use of assistive technology and new fire management systems .
• Fire drills will be ongoing monthly to monitor the residents progress and understanding of this new technology
• Fire drill recording sheet have been reviewed to include more detail of residents awareness of fire safety and drills thus greater learning gained.

Proposed Timescale: 13/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to provide the necessary equipment to contain fire in all areas of the designated centre.

11. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
• The use of assistive technology for residents with sensory impairments has been

explored and a programme will be devised to assist the service user to become accustomed to this new technology.
• Fire doors will be upgraded to adhere to current regulations
• Registered provider is responsible for upgrades of fire doors and works. Works will commence 01/02/2016 and completed by 30/04/2017
• Fire drill recording sheet have been reviewed to include more detail of residents awareness of fire safety and drills thus greater learning gained .
• Person In Charge will support residents and staff in carrying out fire drills and will review monthly fire drills.

Proposed Timescale: 30/04/2017

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider has not identified the appropriate care and support needs for residents' in the designated centre.

12. 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:
• The effective delivery of care and support will be ensured through an assessment of need being carried out on all residents .
• The Person In Charge will carry out an assessment of need of residents by 31/01/2017.
• All residents' individual needs and supports will be reflected in their personal plan and done so in conjunction with external agencies to gain their support and specialist guidance
• An upgrade of premises and works to be carried will provide i) space affording residents with privacy for visitors. ii) accessible washroom and laundry facilities to meet the supports and needs of the residents .
• The Registered Provider will be responsible for ensuring the upgrade of works of House A + B will comply with the regulatory requirements and meet the needs of residents. These works will be carried out in conjunction with the Person In Charge. Upgrade of works will commence 01/02/2017 and will be completed by 30/04/2017.
• Additional storage space will be provided for residents
• Thus all improvements will be amended and in accordance with the statement of purpose
• All improvements will be clearly documented in the Statement of Purpose by the Registered Provider by 30/04/2017

Proposed Timescale: 30/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Formal supervision was not in place in the designated centre.

13. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Formal supervision of all staff will commence on Monday, 2nd January 2017. Formal supervision of all staff will filter down from managers, to nursing staff and care staff. The process will be completed on all staff by January 31st 2017.

Proposed Timescale: 31/01/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Policies had not been reviewed within the three year time frame.

14. Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
Policies are currently under review. The Person In Charge will work in conjunction with the Policy and Procedure Group and the Practice Development Co-Ordinator to systematically go through all polices and procedures to review and update them in accordance with best practice. Action will be completed by 28-02-2017

Proposed Timescale: 28/02/2017