

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ard Clochar Community Group Homes
Centre ID:	OSV-0005248
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	1

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:
19 September 2017 09:20	19 September 2017 19:25
20 September 2017 20:30	20 September 2017 17:15

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

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

Summary of findings from this inspection

Background to the inspection:

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The centre had been previously inspected on the 16 and 17 September 2014 and as part of the current inspection; actions taken by the provider to address the findings from the previous inspection were reviewed.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided full-time residential services to adults with

a disability.

How we gathered our evidence:

During the inspection the inspector met with families, 12 residents and 10 staff members as well as the centre's person in charge and director of nursing. The inspector also observed practices and reviewed documents such as personal care plans, medical records, policies and staff files.

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. The inspector found that the service was being provided as it was described in that document. The centre comprised of three bungalows which although separate premises were joined by a connecting corridor. The bungalows were located in a housing estate on the outskirts of a town, but close to local amenities such as shops, pubs and cafes. Residents also had access to two vehicles which enabled them to access leisure facilities and shops in the town and surrounding area.

Overall Findings:

The inspector found that residents had a good quality of life and were supported to access activities which reflected their interests and personal goals. Residents told the inspector that they enjoyed living at the centre and staff supported them to do the things they liked such as going on holidays, having meals out and going to sporting and music events. Residents further told the inspector that they were involved in the running of the centre and attended regular residents meetings where they decided the weekly menu and activities they wished to do. In addition, residents said they helped with the centre's grocery shopping, prepared meals and looked after the garden areas. Where residents were unable to tell the inspector about the quality of service they received, the inspector observed that residents appeared comfortable and relaxed with staff support they received on the day of inspection.

Family members, who met with the inspector, spoke highly of the quality of care and support their relatives received at the centre. Families told the inspector that they visited their relatives regularly and they appeared happy and well supported by the staff, with one family member saying that the centre was a 'home away from home'.

Staff were suitably qualified and knowledgeable on residents' assessed needs and staffing arrangements ensured that residents were supported to access planned and their assessed needs were met. However, the inspector found that although staff had access to training as reflected in the centre's statement of purpose, not all staff had received up-to-date mandatory training as required by the provider.

The provider's risk management arrangements ensured that residents were kept residents safe, although the inspector found that the centre's fire evacuation arrangements required further assessment to ensure their effectiveness in all circumstances. In addition, further information was required on the 'phased evacuation' arrangements in place at the centre.

The centre's premises were in well maintained and their design and layout ensured

that residents' needs were met as well as regulatory requirements.

The inspector interviewed the person in charge who was full-time and suitably qualified. In addition, both the person in charge and director of nursing were knowledgeable on residents' needs as well as their roles and responsibilities under regulation.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found major non-compliance in one outcome which related to all information required under Schedule 2 of the regulations not being available in staff personnel files. Moderate non-compliance was found in four outcomes and related to the assessment of the centre's fire evacuation arrangements, staff training and submission of statutory notifications. Compliance was found in 10 outcomes. Substantial compliance was found in three outcomes which related to residents' written agreements, the annual review of residents' personal plans and the assessment of residents' capacity to self administer medication.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights were aware of their rights and were involved in aspects of the running of the centre.

The provider's up-to-date complaints policy was displayed on communal notice boards in each of the bungalows alongside information about the centre's nominated complaints officer. In addition, an easy-to-read version of the policy, as well as information on the Health Service Executive's confidential recipient and advocacy services, was also displayed on the communal notice boards. Staff told the inspector that residents were asked if they were happy at the centre and had any complaints at the weekly residents' meetings, and their knowledge reflected the provider's policy.

A record of all complaints received was maintained at the centre which included a description of the complaint, actions taken in response and the complainants' satisfaction with the outcome. In addition, the inspector met with both residents and family members during the inspection who said that if they were unhappy with any aspect of the centre they would speak with the staff on duty or the person in charge.

Residents told the inspector that they participated in weekly residents meetings and would decide what activities they wished to do in the week when not at day services, as well as the menu planning and talking about if they had any complaints about the centre. Resident meeting minutes also showed that they were used to provide residents with information on advocacy services, keeping safe and fire safety.

Residents told the inspector that they were visited regularly by their families and were

supported to have overnight stays, which were also reflected in discussions with family members and staff. The centre's layout also provided facilities for residents to meet their visitors in private.

The inspector reviewed arrangements for supporting residents with their personal finances and found that they were in-line with the provider's policies with money being held securely and all transactions being receipted and recorded.

Residents accessed a range of activities in the local community as well as day services in the local area. Some residents had made a choice to retire and arrangements were in place to support them at home and facilitate community based activities during the week which reflected residents' interests and preferences. Residents told the inspector that they went out for meals did personal shopping, planned and went on holidays both in Ireland and abroad and attended both music concerts and sporting events which reflected their personal goals and were recorded in activity records examined.

Throughout the inspection, staff supported residents in a timely, dignified and respectful manner which reflected their assessed needs. Residents told the inspector that they liked the staff and they helped them a lot. Where residents were unable to tell the inspector about the support they received, they appeared both relaxed and comfortable and showed no signs of distress with any support provided by staff during the inspection.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to communicate their needs.

Residents' personal plans included an assessment of their communication needs and indicated any communication aids required such as picture exchange communication systems (PECS), objects of reference and communication dictionaries. In addition, staff told the inspector that residents had been supported to buy personal tablet devices to assist their communication, with various degrees of success which was reflected in personal plan updates. The inspector found that staff knowledge and observed practices on the days of inspection reflected residents' communication needs as described in

personal plans examined.

The centre provided easy-to-read versions of residents' personal plans and written agreements, as well as the centre's complaints policy and pictorial fire evacuation plan. Residents also had access to a range of media at the centre such as radio and television.

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:

Residents were supported to maintain family and personal relationships and to engage in activities in their local community.

The provider had an up-to-date visitor's policy and provided facilities for residents to meet their families and friends in private such seated areas conservatories and porch areas, as well as a second sitting room in one of the bungalows.

Residents told the inspector that they were regularly visited by family members and supported by the centre's staff to go home for overnight stays. The inspector also met with family members during the inspection, who said that they visited their relatives at any time without restriction and they found staff to be very welcoming and supportive.

One family member told the inspector that the centre was 'like a home away from home' for their relative. Whereas another commented that even when they made unannounced visits to the centre, they always found their relative well cared for and happy.

Families told the inspector that they were invited to their relatives' annual personal plan review meetings and kept up-to-date on progress or concerns which related to their relative's needs by the staff, which was reflected in records examined.

The inspector reviewed activity records and found that residents were supported to participate in a variety of activities in the local community such as day services, access local shops, leisure facilities and to go to local cafes, pubs and restaurants. Residents also told the inspector that they were supported to achieve their personal goals such as going on holidays or attend sporting events such as regular soccer and GAA fixtures and see their favourite country musicians in concerts. These residents' experiences were

further reflected in discussions with staff and families.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that although residents had written agreements in place, not all sampled provided clear information on charges to be paid or were signed by the provider.

Residents had accessible written agreements in place at the centre; however, not all agreements reviewed included clear information on the charges to be paid. For example, rent and the provider's maintenance charge for staffing, food and utility costs were combined together into a total figure weekly figure.

In addition, although those written agreements sampled had been signed by the resident or their representative, not all been signed by the provider.

The provider had an up-to-date admissions and discharge policy which reflected the centre's statement of purpose. The centre had no new admissions prior to the inspection; however, one family member described to the inspector, their relative's experience of moving to the centre which reflected the provider's admission policy.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

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 residents' needs were reflected in their personal plans.

The inspector looked at a sample of residents' personal plans, which included assessments on support needs such as healthcare, keeping safe, communication, behaviours that challenges, independent living skills and relationships. Personal plans were up-to-date and reflected both staff knowledge and observed practices on the days of inspection. The inspector found that personal plans were available to residents in an accessible format which presented information through a mixture of photographs, symbols and words.

During the previous inspection the inspector found that residents' personal goals did not include details of the resources allocated and dates for goals to be achieved. During this inspection the inspector found that residents' annual goals now included a description of the goal, the stages and resources required - including named staff and expected timeframes, for their achievement. In addition, residents' progress towards achieving their goals was regularly updated in records. Records showed that goals were agreed between the resident and their key worker every three months, with new goals being identified as previous ones were completed at each quarterly meeting. Residents told the inspector that they were working towards goals such as going on holiday and learning new skills such as making basic meals and drinks and doing both grocery and personal shopping.

Although the inspector found that the majority of residents' personal plans were reviewed annually, one resident's annual review was outstanding at the time of inspection, although this was scheduled to occur within the next month. Where personal plans had been reviewed, records showed that meetings were attended by the resident, their families, centre staff and associated multi-disciplinary professionals such as psychiatrists and social workers.

Furthermore, meeting minutes showed that all aspects of the resident's personal plan had been assessed including healthcare needs, behaviours of concern, medication and personal goal progress. Following review meetings, the inspector found that both personal plans and risk assessments had been updated with any agreed recommendations.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was well-maintained and its design met residents' assessed needs.

The centre comprised of three bungalows located on the outskirts of a town, with access to local amenities such as cafes, public houses and leisure facilities. Although operated as separate premises, the centre's three bungalows were connected together by a corridor between each bungalow.

Each house comprised of four or five resident bedrooms, with each bedroom having its own ensuite shower and toilet facilities. Several of the bedrooms were equipped with overhead hoists to support residents' mobility needs, although on the day of inspection residents' did not require this support.

The inspector found that bedrooms were spacious, well maintained and decorated in-line with residents' preferences. Residents had personalised their rooms with family photos, sporting memorabilia and other items which reflected their interests. Some residents showed the inspector their bedrooms during the inspection and took pride in showing their possessions and said they had chosen their room's colour scheme. All bedrooms had built in wardrobes and provide sufficient storage for clothing and personal items.

The bungalows provided a sufficient number of communal bathroom facilities which included adapted bath facilities as an alternative to ensuite showers. Each bungalow had a communal lounge and kitchen dining room; as well as additional private areas such as seated areas in conservatory areas and front porches. In one bungalow, a second lounge was available and used by residents for relaxation and activities.

A staff office was located in two out of the three bungalows within the centre. The centre's garden areas were well-maintained and accessible to all residents. One resident showed the inspector a vegetable patch which they maintained and also an area where they had been supported by staff to erect a fence for a planned hen house. Staff told the inspector that they planned to install decking to the rear of the centre to provide a further covered patio area for residents.

The inspector observed that suitable arrangements were in place for the safe disposal of general and clinical waste throughout the centre, and laundry facilities were provided in each bungalow.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Although the inspector was assured that risk management arrangements kept residents safe, the provider had not ensured that the effectiveness of the centre's fire evacuation plan had been assessed under minimal staffing conditions and staff had received up-to-date health and safety related training.

The centre's previous inspection had found that fire drills had not been conducted using minimal staffing levels. The inspector reviewed fire drill records and found that, since the last inspection, regular fire drills had been conducted and staff knowledge reflected the centre's evacuation plan. However, an assessment of the centre's arrangements to evacuate all residents using minimal staffing had not been undertaken. Furthermore, the centre's evacuation plan stated that in the event of a fire a 'phased' evacuation would occur which although reflective of staff knowledge, did not provide clear guidance to staff on the operation of a 'phased' evacuation from the centre.

The inspector found that each bungalow was equipped with suitable fire equipment such as a fire alarm, fire doors with magnetic self closures, emergency lighting, fire call points, smoke detectors and fire extinguishers. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

Although staff knowledge reflected the fire arrangements at the centre, training records showed that not all staff had attended up-to-date fire safety training which had been previously identified in the centre's last inspection in 2014.

The inspector observed that the centre's fire evacuation plan was prominently displayed along with an accessible version for residents in each bungalow. Residents' needs, in the event of a fire, had been assessed and recorded in 'Personal Emergency Evacuation Plans' (PEEPs) which were up-to-date and reflected staff knowledge.

The previous inspection had found that the provider's risk management policy did not include arrangements to prevent accidental injury to staff and visitors as well as the procedures to follow in the event of a resident going missing. During this inspection, the inspector reviewed the provider's risk management policy and centre specific safety statement and found they had been updated to include these omissions. In addition, the inspector found that staff knowledge reflected these arrangements as well as actions to be taken in the event of an emergency such as fire, flood or loss of power and infection control practices. The provider maintained a risk register of risks at the centre, which was reflected in up-to-date and regularly reviewed risk assessments on the premises and residents' needs.

A record of all accidents and incidents that had occurred at the centre was maintained and subject to monthly review to identify any incident trends and areas for service development. The person in charge told the inspector that the monthly audit was part of the provider's annual audit schedule and the findings were discussed with staff both individually and in regular team meetings.

Hand hygiene and infection control information was displayed in the bungalows' kitchens and bathrooms, along with the provision of hand sanitisers and segregated waste disposal facilities. However, training records showed that not all staff had received up-to-date hand hygiene and manual handling training in-line with the provider's policies.

The centre had access to two vehicles of which one was adapted for wheelchair users. Records showed that both vehicles were roadworthy, well maintained and suitable taxed and insured.

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):

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

Findings:

The inspector found that the provider had measures in place to protect residents from harm and positively manage behaviours of concern. However, not all staff had received training in safeguarding of vulnerable adults and positive behaviour management.

The inspector found that the provider had an up-to-date policy on the prevention, detection and response to abuse and staff were knowledgeable on what might constitute abuse and the actions they would take, which reflected the provider's policy. The previous inspection had found that not all staff had completed the provider's safeguarding of vulnerable adults training. Training records showed that although the majority of staff had completed up-to-date training, one staff member had not attended in-line with the provider's policies.

Information on the provider's safeguarding of vulnerable adults' policy, including a photograph of the named designated safeguarding officer, was prominently displayed on the communal notice boards. Minutes of the residents' meetings showed that residents were made aware of the provider's safeguarding policy and how to keep themselves safe. Residents told the inspector that if they were unhappy with any aspect of the support they received they would tell either the person in charge or staff on duty.

The inspector reviewed residents' safeguarding plans and found that they were comprehensive and reflected staff knowledge. In addition, safeguarding plans were completed in-line with the provider's policies and reviewed regularly by the designated safeguarding officer to ensure their effectiveness. Furthermore, safeguarding plans were submitted to the provider's safeguarding and protection team in Donegal for review and comment.

The provider had an up-to-date policy on both the management of behaviour that challenges and use of restrictive practices. The centre's restrictive practices included the night-time locking of the front doors and the cleaning materials storage cupboards. The inspector found that these practices were regularly reviewed and records included a clear rationale for their use. The inspector also noted that previous restrictive practices used to support residents' needs had been reviewed regularly in conjunction with a psychiatrist and had been discontinued due to residents' changing needs.

Residents' behaviour support plans clearly described the behaviour that challenges and both the proactive and reactive support strategies for its management, which reflected staff knowledge. Behaviour support plans were regularly reviewed and developed by a suitably qualified behaviour specialist in-line with the provider's policy. However, training records showed that not all staff had completed the provider's positive behaviour management training.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that although the centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA), not all notifications had been submitted within regulatory timeframes.

A record of all notifications submitted to HIQA was kept at the centre including all notifications submitted under Schedule 4 of the regulations. However, the inspector found that not all notifications which related to allegations (confirmed or suspected) of abuse towards a resident had been submitted in-line with regulatory timeframes.

Judgment:

Non Compliant - Moderate

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 residents accessed individualised day services and social activities which reflected their assessed needs, preferences and interests.

The provider had an up-to-date policy on supporting residents to access education and training which was reflected in the centre's statement of purpose. In addition, residents' educational and training needs were assessed as part of their personal plan and reflected staff knowledge.

Residents told the inspector that they attended a range of day services in the local area which they enjoyed. One resident had expressed a desire to do paid work as a goal and records showed that they had been supported by staff to investigate work opportunities. The resident was currently being supported by staff to build a hen house at the centre with the plan to keep chickens and sell the eggs.

Personal plans showed that residents were supported to develop independent living skills such as money recognition, cooking and household cleaning tasks. One resident was supported by staff in work activities around the centre and maintained the garden area's lawn, flower beds and vegetable plot.

Where able to, residents told the inspector that they access to a range of activities in the local community such as local shops, cafes, pubs, leisure facilities in-line with their interests and choices.

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:

Residents were supported to access healthcare professionals and manage their health.

The inspector reviewed residents' healthcare records and found that residents were supported to access a range of allied healthcare professionals in-line with their assessed needs. Records showed that residents attended appointments with healthcare professionals such as general practitioners, psychiatrists, medical consultants, physiotherapists, occupational therapists, chiropodists and dentists.

Residents' personal plans included up-to-date information on their healthcare needs, which reflected staff knowledge. Where residents had dietary needs or weight management programmes in place, they had been supported to access both dietitians and speech and language therapists, with these professionals' recommendations reflected in their personal plans.

Residents were supported to adopt healthy lifestyle choices such as regular exercise and cigarette reduction programmes, which were reflected in personal plans and discussions with staff.

Residents told the inspector that they chose the centre's meals as part of weekly residents meetings and daily discussions with staff. Where residents were unable to voice food choices, staff told the inspector that they indicated their preferences through gestures and actions as well as staff knowledge on their favourite meals, likes and

dislikes.

Residents told the inspector that they were involved in preparing vegetables for meals at the centre as well as making sandwiches and drinks for themselves. Residents also said that they had opportunities to eat out in local cafes, restaurants and pubs as well as order takeaways which was reflected in activity records and food diaries.

Food records maintained at the centre showed that residents had access to a varied and healthy diet as well as snacks and drinks throughout the day. Residents also told the inspector that they did the weekly grocery shopping with staff at local supermarkets which was reflected in activity records and discussions with staff.

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 arrangements reflected the provider's policies and procedures.

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on administration times, route and dosage. The centre maintained an up-to-date signature bank of all staff trained to administer medication which was part of the residents' medication administration records. However, although each resident's medication needs were part of their personal plan, the provider had not completed assessments on each resident's capacity to take responsibly for their own medication.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as emergency epilepsy medication. Protocols were up-to-date, provided information on the circumstances that each medication should be given including maximum dosages and reflected staff knowledge. Training records further showed that all staff who administered emergency epilepsy medication had received up-to-date training in this area.

The inspector observed that medication was securely stored and arrangements were in place for the segregated storage of out of date or discontinued medication. Records and

staff confirmed that out of date or discontinued medication was returned to a local pharmacy for disposal.

Regular medication audits were carried out by designated staff in-line with the provider's policies and furthermore quarterly audits of the centre's medication practices were carried out by a named pharmacist on a quarterly basis from records and staff discussions.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider's statement of purpose for the centre reflected the services and facilities provided.

The previous inspection had found that the centre's statement of purpose did not contain all information required under regulation. The inspector reviewed the centre's statement of purpose and found that it was subject to regular review and had been updated to contain all information required under Schedule 1 of the regulations and reflected the services and facilities provided.

Furthermore, the statement of purpose was reviewed annually and available to residents in an accessible 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

Theme:

Leadership, Governance and Management

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

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

Findings:

Governance and management arrangements ensured that residents were supported in-line with their assessed needs.

The previous inspection had found that the person in charge was not involved in the day-to-day operation of the centre. During this inspection the inspector found that the person in charge was full-time, suitably qualified and present at the centre on a daily basis with an office located in one of the bungalows which they shared with staff. Both staff and family members told the inspector that the person in charge was approachable and supportive and they would have no reservations in raising any concerns with them or any other member of the management team.

The centre's management structure included the person in charge who reported to the Director of Nursing. The person in charge was supported at the centre by a clinical nurse manager who undertook the day-to-day management of one of the centre's three bungalows. Staff knowledge and the centre's statement of purpose reflected the management structure on the days of inspection.

The person in charge facilitated regular staff meetings and records showed discussions on residents' needs, operational management of the centre and the provider's policies. In the absence of the person in charge, minutes showed that the meetings had been facilitated by the centre's clinical nurse manager or Director of Nursing.

The person in charge and delegated staff conducted regular management audits on centre practices which included medication management, health and safety, residents' finances, infection control and personal plans. The inspector found that recommendations from completed audits were discussed in staff meetings and identified actions addressed within agreed timeframes.

The person in charge told the inspector that they ensured their knowledge and practices were up-to-date through attendance at the provider's mandatory training as well as courses relevant to their role, such as leadership and management. In addition, the person in charge was supported by the director of nursing's regular presence in the centre as well as attendance at management team meetings facilitated by either the Director of Nursing or Provider representative.

The inspector found that the person in charge had completed an up-to-date annual review of care and support provided at the centre which was available on the day of inspection. In addition, the provider completed unannounced six monthly visits to the centre with associated reports being available at the 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 centre had suitable arrangements in place in the event of the person in charge's being absent for over 28 days; however the Office of the Chief Inspector had not been notified in accordance with regulatory timeframes.

The person in charge confirmed their understanding of the requirement under regulation to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. However, the person in charge had been recently absent from the centre for over 28 days due to an unanticipated event. Although the provider had put suitable management arrangements in place and informed HIQA of the absence, this had occurred one month after the absence had commenced and therefore not in-line with the regulatory requirements.

The inspector found that staff were aware of management arrangements to be put in place in the absence of the person in charge, which were further reflected in the centre's statement of purpose.

Judgment:
Non Compliant - Moderate

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:

Services and facilities provided at the centre reflected the statement of purpose and residents' assessed needs.

Staffing arrangements ensured that residents were supported in-line with their assessed needs as reflected in personal plans and risk assessments on both a group and one-to-one basis by staff. Residents said that they were supported to achieve their personal goals and planned weekly activities which were further reflected in discussions with staff and records reviewed during the inspection.

Although close to local amenities such as shops and cafes, residents at the centre were further supported through access to two vehicles; of which one was adapted for use by wheelchair users.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Staffing arrangements in place at the centre reflected residents' assessed needs.

The person in charge ensured that both an actual and planned roster was in place. The inspector found that staffing arrangements reflected residents' assessed needs as described in their personal plans and risk assessments. Furthermore more, staffing arrangements ensured that both residents' health and social care needs were addressed in a timely manner by suitably trained staff. In addition some residents, due to their age, had chosen to retire from day services or not attend their placement every day of the week and staffing arrangements had been put in place by the person in charge to accommodate this choice and were reflected in the roster.

Throughout the inspection, residents received support in a timely and respectful manner. Where able to, residents told the inspector that they liked living at the centre

and got to do activities of their choice which was further reflected in discussions with staff and activity and goal records.

Staff told the inspector that they felt supported by the management team and attended regular monthly team meeting. Furthermore, staff had completed an annual personal development plan with either the person in charge, clinical nurse manager or director of nursing which looked at their roles and responsibilities and future training needs.

The previous inspection had found that staff training records were incomplete and did not clearly show whether staff had received up-to-date training. The inspector reviewed records maintained by the person in charge and found that staff had access to both mandatory and centre specific training which related to residents' assessed needs.

The inspector reviewed a sample of staff personnel files and found that they did not contain all documents required under schedule 2 of the regulations such as full employment histories and copies of garda vetting disclosures.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that the provider and person in charge maintained all records required under regulation.

The inspector found that the provider and person in charge maintained up-to-date records which related to residents as required under Schedule 3 of the regulations such as a directory of residents, healthcare records and incidents and accident reports.

The provider ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available at the centre.

In addition, records such as residents' written agreements and records of food provided at the centre were maintained as required under Schedule 4 of the regulations.

The inspector reviewed the provider's policies and procedures and found that all policies required under Schedule 5 of the regulations were in place and reviewed in-line with regulatory timeframes.

The provider had ensured that an up-to-date insurance policy against accidents or injury to residents, staff and visitors was in place for the centre.

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-0005248
Date of Inspection:	19 & 20 September 2017
Date of response:	11 October 2017

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The inspector found that not all written agreements provided clear information on charges to be paid by residents.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All written agreements and Contracts of Care have been amended to provide clear information on charges to be paid.

These will be circulated to all residents and their families / Representatives for sign off.

Proposed Timescale: 17/10/2017

Theme: Effective Services

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

The inspector found that not all residents' written agreement had been signed by the provider.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

All agreements have been signed off on behalf of the provider

Proposed Timescale: 10/10/2017

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:

The inspector found that not all residents' personal plans had been subject to an annual review.

3. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All Annual reviews have been scheduled and will be completed by 17th October 2017

Proposed Timescale: 17/10/2017

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 inspector found that not all staff had received up-to-date manual handling training.

4. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

All staff who require Manual Handling Awareness will complete same.

Proposed Timescale: 13/11/2017

Theme: Effective Services

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

The inspector found that not all staff had received hand hygiene training.

5. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

All staff who require Manual Handling Awareness will complete same.

Proposed Timescale: 13/11/2017

Theme: Effective Services

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

The inspector found that fire evacuation arrangements had not been assessed under minimal staffing conditions. Furthermore, detailed information was not available on the procedures to follow in the event of a 'phased' evacuation of the centre..

6. 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:

A Full evacuation drill was completed on Friday 22nd Sept and a report forwarded to the HIQA inspector along with written details of the phased evacuation process.

Proposed Timescale: 22/09/2017

Theme: Effective Services

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

The inspector found that not all staff had received fire safety training.

7. Action Required:

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

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

All staff who require Fire Safety Training will complete same.

Proposed Timescale: 24/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The inspector found that not all staff had received positive behaviour management training.

8. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Eleven staff from the Community Group Homes have received training on 28th/29th Sept 2017. Remaining staff will be trained on 19th and 20th October 2017

Proposed Timescale: 20/10/2017

Theme: Safe Services

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

The inspector found that not all staff had received 'safeguarding of vulnerable adults' training.

9. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Staff who require safeguarding awareness training will complete same.

Proposed Timescale: 04/10/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The inspector found that not all notifications which related to allegations (confirmed or suspected) of abuse towards a resident had been submitted in-line with regulatory timeframes.

10. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The Person will ensure all future notifications will be made in accordance with the regulation timescales.

Proposed Timescale: 09/10/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The inspector found that an assessment into each resident's capacity to administer medication had not been completed..

11. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Assessments on capacity to self administer medications have been completed for all residents.

Proposed Timescale: 09/10/2017

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:

The provider had not notified the Chief Inspector of the person in charge's previous absence in-line with the regulatory requirements.

12. Action Required:

Under Regulation 32 (3) you are required to: Provide notice in writing to the Chief Inspector where the person in charge is absent as a result of an emergency or unanticipated event, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, specifying (a) the length or expected length of the absence and (b) the expected dates of departure and return.

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

The Person will ensure all future notifications will be made in accordance with the regulation timescales.

Proposed Timescale: 09/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The inspector found that staff records did not include all documents required under Schedule 2 of the regulations.

13. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All requests for garda vetting have been forwarded to the Data Controller by the Director of Nursing on 21/09/2017. All these are in progress and will be forwarded to the inspector by the Data Controller when received.

Proposed Timescale: 30/11/2017