

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002562
Centre county:	Dublin 20
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Deirdre Murphy
Lead inspector:	Leone Ewings
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	15
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:
15 January 2015 10:00	15 January 2015 16:30
16 January 2015 10:00	16 January 2015 14:00

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

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff of the centre were also sought.

The nominated person on behalf of the provider was found to have made improvements within the centre since the last inspection and fully addressed all but

one of the non-compliances. The fitness of the person in charge was determined through a satisfactory interview held on 9 February 2015 further to the inspection date, as she was on leave at the time of the registration inspection. The fitness of the deputy manager and the nursing service manager was also assessed throughout the inspection process to determine their fitness for registration purposes and both were found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was also considered as part of a separate meeting held where a formal interview took place during 2012.

The centre accommodates 16 residents (including one short term respite bed) and provides 24 hour nursing and social care. The centre provides care for residents with physical and sensory disability including those with acquired brain injury and complex health care needs. Access to healthcare resources included; psychiatry, physiotherapy, medical officer, dietician, speech and language therapy, occupational therapy, dental and chiropody services was evidenced. Many of these services were based on the larger health services campus the designated centre was located on and very accessible.

Two questionnaires completed by a relative and one from a resident were received by the Authority prior to the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, some were satisfied good communication practices and local access to medical and healthcare facilities on site was beneficial. Some feedback related to issues regarding the accessibility of transport at evenings and weekends, and the proposed de-congregation of the centre.

Evidence of good practice was found across all outcomes, management had addressed/ or were in the process of addressing the four outcomes with non-compliances from the last inspection on 16 and 17 July 2014. The person in charge and provider was in the process of addressing a non-compliance relating to contracts of care and the review of one policy. 12 out of 18 outcomes inspected against were deemed to be in compliance with the Regulations.

As part of the application for registration the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The action plans at the end of this report identifies the six outcomes under which improvements are required; premises, personal plans, documentation, contracts of care and notification relating to the absence of the person in charge.

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:

Residents' were consulted with and participated in decisions about their care. They were provided with information about their rights and each resident's privacy and dignity was fully respected.

Resident meetings took place each month and were chaired by one of the residents. They also discussed and planned group and individual activities, planned outings, transport and discussed any issues of concern. For example, staff expenses when accompanying residents had been discussed and the matter was being reviewed in order to standardise policy and procedure in this area. Actions following each meeting were addressed and documented and communicated at the next meeting through the minutes being read out.

There was a private visitor's room where residents could receive visitors in private. Information and access to advocacy was promoted and encouraged. Visits to and from family homes/friends and pre-arranged visitors/friends calling to centre were also discussed at these meetings.

Resident's privacy and dignity was respected. The inspector noted that some residents had a key which enabled them to lock their bedroom door. The bathroom/shower room and toilet doors had privacy locks in place. All residents had their own bedroom and windows had blinds and curtains in place.

The rights of residents' were respected. Residents' told the inspector they had choice and retained autonomy of their own life. The inspector met residents' over the two day

inspection. Residents' said they were free to make choices about their daily routine and when needed were facilitated by staff.

Details of religious services available on site were available in the resident's guide, each resident could exercise their right to vote which was facilitated and supported by staff.

There was a policy and procedure for the management of residents' monies by staff and a procedure on personal possessions. Six residents fully managed their own funds, and the remainder had some supports in place from staff to manage their own monies. There were clear, concise records and receipts to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process in place reflected the policy. Staff encouraged and taught residents how to be independent with their finances.

There was a detailed complaints policy in place. One complaint was being addressed and in the process of resolution at the time of the inspection. The written records relating to this verbal complaint had been fully documented to date.

The inspector observed the use of an access door near bedroom accommodation which had been left open, and assurances were given that this practice would cease, as this compromised residents privacy and security in this corridor.

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:

Residents' communication needs were met.

Residents had their communication needs outlined in their assessment and those who required more detailed assessment had this completed. The inspector saw evidence that these residents' had input from multi-disciplinary team members and this input had led to additional communication aids being developed and made available to residents with communication needs.

Staff were observed communicating with all residents in a kind, patient and sensitive manner. Staff appeared to know the mannerisms and means of communication of non-

verbal residents' well, and had no difficulty in interpreting what residents' were communicating. A strong focus on behaviours as a means of communication was evident. For example, a resident's physical movements were interpreted as experiencing some discomfort, the resident was then assessed for any underlying reasons for the discomfort and appropriate action taken. The relevant care plans clearly outlined the means of communication and informed and guided staff.

Residents' had access to personal and communal televisions in the house, music systems, radios and computers. One resident told the inspector she was looking forward to buying an electronic tablet at the weekend. All relevant information was available to residents such as the complaints policy. The inspector was informed that plans were in development to address the need to offer choices of meals, fruit, and drinks in pictorial format to assist with resident choice. This had not been fully implemented to date.

Residents had access to telephones at the centre, and media. Some individual plans identified communication with family as a goal, and this had been explored and reviewed as part of each personal plan.

The occupational therapy kitchen was fully accessible and used on a daily basis. A pre-arranged schedule was in place for residents to access personal assistance hours.

Assistive technology and devices were evident. However, a resident noted that sometimes access to the internet was not always reliable.

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 develop and maintain personal relationships and links with the wider community. This was a developing area for residents living at the centre, particularly with the plans in place for de-congregation.

There were no restrictions on visitors. They had access to a quiet room where they could receive visitors in private. Residents' told the inspector that they had visitors of their choice visit them in their home. The inspector observed a relative of a resident who visited frequently. Residents' spoke to the inspector about activities undertaken outside

the centre such as theatre and swimming. Residents' spoken with confirmed they had chosen for their families to be involved in their assessment and care plans and there was written evidence that they had assisted staff in completing these documents. Family contact and communication was recorded in the daily narrative.

Residents used facilities in the local community. One resident told the inspector how he regularly visited local coffee shops and shopping centre. There was transport available for residents who attended day centre by an external provider. The centre this used established community transport services, and taxis to attend appointment and social outings. For example, two residents attended the cinema with activities staff on the day of the inspection.

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):

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

Findings:

The provider had partially addressed the non-compliance relating to the contracts of care and 10 of the 15 long term residents had signed contracts of care. All contracts had been issued by the provider for review, the provider evidenced correspondence which confirmed efforts to complete this non-compliance.

The contracts reviewed were signed and dated by the respective resident/or representative and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged.

No admissions had taken place since the time of the last inspection in line with the statement of purpose. Two short term admissions for respite care had taken place since the last inspection however, there was no person receiving respite care during this inspection.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the care supports provided to the residents were appropriate to meet their assessed needs and a good standard of activity and social supports were in place. The centre was home to a number of residents who had lived there for a long time, and had routines and supports in place to facilitate and support their individual wishes. Each resident had a detailed healthcare plan and a personal plan known as an individual plan.

The inspector reviewed four resident's records and found that they had a comprehensive assessment completed. There was some evidence that the resident, or their representative and the person in charge were actively involved in this assessment. Each resident had a comprehensive assessment completed which reflected their needs, interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. For example, development of independence related to cooking and shopping to maintain independence.

However, some residents only had one or two goals identified in their individual plan, and any short and long term plans were not clearly identified. For example, use of the jacuzzi was identified as a goal but the resident had not used this facility for over six months. Other individual plans did not capture aspects of supports and social contacts that had changed since the time of the last inspection and this aspect required review. Another example, was a resident who sat out twice a week, but was now getting up three times a week and her opportunities for social contact had increased, and this was not documented in the individual plan in place for the resident.

Some residents had detailed individual personal plan reviews written up by key working staff, but no overall review of how the individual plan was evaluated in conjunction with the health care plans written up by nursing staff. Evidence of the involvement of the resident and / or their representative in planning and reviewing outcomes was limited and could be improved.

Clinical needs were clearly identified on assessment and had a corresponding detailed care plan in place. These care plans were clear, concise and reflected the residents' identified changing needs. The residents' wishes and specific requirements around health and intimate support plans were identified clearly and independence promoted and kept under review.

The centre had implemented a key worker system and had introduced new documentation to be more reflective of residents living at the centre, and the social model. Training had been put in place to increase awareness of staff to the social care model and residents' files reflected this change to a more outcome based personal plans in place.

Staff and supports to residents relating to long term care decisions and de-congregation of the centre, were available on site from project team staff employed by an external agency, and based on site. Their roles were outlined in the statement of purpose and function, to assist with decisions and future care provision relating to the de-congregation of this care setting which is planned for by the provider. Residents and relatives confirmed that a consultation process had taken place, and information had been made available and communicated to inform any future decisions by residents. Residents spoken with were positive about the project and the future.

The provider updated the inspector with regard to progress and information and appropriate supports for residents and relatives were being considered as part of the long term planning process. This included residents who had communicated a wish to transfer to long term care elsewhere. For example, the transfer process for one resident had taken place since the last inspection and a further resident transfer to long term care, was being planned at the time of this inspection. The inspector was satisfied that the transfer and discharge process was being managed in a safe manner which respected the residents' individual rights. The inspector recommended that residents were given an opportunity to visit any possible new home, under consideration in order to make an informed choice about their transfer. Full social work supports were in place on site to enable this transition to take place.

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 location, design and layout of the centre was found to be suitable to meet the current profile of residents' individual and collective needs in a comfortable way. However, some improvements were required to fully meet legislative requirements. The centre commenced operating in 1987 and is in the process of de-congregation. The single storey building was originally designed to accommodate a much larger number of residents. Reduction in numbers has created a variety of large and smaller bed rooms which now accommodate one person. All rooms were described in the statement of purpose as single and contained hand washing facilities, bed, furniture including wardrobes, chairs and tables, with storage for all residents. The layout of the bedroom accommodation is separated into a male and female side. Some residents could access lockable facilities for personal items, but not all had the same access provided. The statement of purpose also described the supports and plans in place with regard to the de-congregation of the 15 long term residents.

The building was in general well maintained furniture fixtures and fittings were domestic in character and although décor appeared dated and worn in some aspects, all areas were neat, visually clean and clutter free. Bedrooms size was adequate to meet each resident's individual requirements. Overall the centre was found to be warm and hygienic, and had completed recent works to improve heating and plumbing. However, the extension or newest part of the centre known as the Sheomra did not have an integrated heating system in place and had not been included in the recent refurbishment. Free-standing heaters were in use where residents could access hydrotherapy, snoezelem, crafts, beauty treatments and a communal space and where one resident ate breakfast. This method of heating requires review, as the inspector was informed that rooms needed to be warmed before resident use and this limited the access to this facility in the colder months.

The inspector saw evidence of repairs and improvements since the last inspection including repairs to ramp at the front door and new work surfaces in the Sheomra had been completed. Redecoration of resident accommodation was ongoing, residents had been consulted with regard to colour choices, but the inspector was informed that this had not been fully implemented as a single neutral colour had been supplied for use in the centre. One resident was accommodated in the respite bedroom while redecoration took place in his room.

There were sufficient toilet facilities for all residents, privacy locks were in place. Assistive equipment was readily available including moving and handling equipment. However, two pieces of equipment were left in the corridor. The deputy manager informed the inspector that they were awaiting repair.

Access to shower/bath facilities was communal and satisfactory provision was in place with regard to the level of assistive equipment provision to meet the collective needs of residents. The facilities overall at the centre was found to meet the assessed needs of the current resident profile. However, improvements were required relating to further redecoration, accessibility and evidence of fire and planning compliance had not been submitted as part of the application to register.

The main kitchen facility was located on the main campus site and food transported the short distance to the centre. The centre had its' own kitchen area which was mainly used by catering staff. One resident frequently used the occupational therapy (OT) kitchen facilities in the OT room. One resident also enjoyed using the Sheomra kitchen table area where there were tea and coffee facilities. This facility had been developed since the time of the last inspection to offer more independent food preparation and dining for residents. Most residents ate their meals in the main day/dining space where there were sufficient space, with tables and chairs in place, and the area was suitably decorated.

The building was in general maintained to an adequate standard and furniture and some of the fixtures and fittings were domestic in character and although décor appeared dated and worn in some aspects, all areas were neat, visually clean and clutter free. Efforts by the residents to reflect individuality and preferences in relation to colour and furnishings in bedrooms were noted and photographs pictures and fixtures which reflected interests and hobbies were evident.

The communal areas included the day/dining area, and a small sitting room for visitors or private meetings, and a smoking room.

The garden was safe and secure, and could be accessed by residents. Car parking spaces were available at the front of the building and the centre was surrounded by park land, trees and native deer.

Evidence that the building complied with the Planning and Development Act 2000-2013 signed by a suitable qualified competent person as required by Registration Regulation (5)(3)(c) was not provided.

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:
The non-compliance relating to the risk assessment of the smoking area in the garden has been addressed. The inspector confirmed that appropriate control measures were in place both internally in the smoking room for residents and the outdoor smoking shelter

for the safe disposal of combustible materials for residents who wished to smoke. The inspector was informed that the smoke free policy in place was being updated at present, and this non-compliance is reflected in Outcome 18 of the report.

Overall, the health and safety of residents, visitors and staff was promoted and protected in that policies and procedures for risk management and health and safety were available and staff were aware of them. Records were readily available and found to be well maintained regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the system and equipment. Individual personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff in case of emergency. Staff had received training in fire safety as required under the legislation and all staff spoken with demonstrated a good knowledge of the procedures to be followed in the event of a fire, and the contents of the emergency plan.

There was an up to date safety statement in place. Arrangements were also in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. In conversation with them it was found that staff were fully aware of these procedures.

Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was found. A centre specific emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was available and had recently been reviewed. The plan identified all resources available to ensure residents safety such as alternative accommodation. Some additional equipment to effectively and safely respond to emergencies was available such as search torches, blankets and lists of emergency numbers.

Accident and incident records reviewed indicated systems were in place to derive learning, improve standards of care and improve safe systems in place to prevent recurrence.

There was an infection prevention and control policy in place and practices throughout the house were safe. For example, a resident was identified as requiring specific infection prevention and control measures and these measures were found to be fully implemented for the short period of time required.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. Improvements to clinical documentation had taken place since the time of the last inspection. Improvements had taken place with regard to the policy on adult safeguarding which was now centre specific. There had been no reports relating to allegations of abuse or adult safeguarding issues identified since the time of the last inspection. A visitor's log was maintained at the entrance foyer.

The written safeguarding policy provided clear guidance for staff to manage incidents of abuse. In conversation with some staff members, the inspector found they were knowledgeable and competent regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. In conversations with them some residents expressed feeling safe and could tell inspectors the names of staff they were familiar with. Although not all residents spoken to were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety. Behavioural supports to manage behaviour that challenges was well documented and interventions by staff appropriate to reassure and support residents.

A restraint-free environment was observed to be promoted within the centre in line with best practice. However, some improvement relating to documentation in resident records was found to be required. Records of alternative, less restrictive measures which may have been considered or trialled prior to the use was in place but not in all cases. For example, residents' with one or two bed rails was not clearly outlined, and the specific use of safety lap belts assessed for by occupational therapists. This aspect is outlined in Outcome 18 of this report.

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector. The inspector reviewed all notifications prior to this inspection. Quarterly reports had been submitted to the Chief Inspector in a timely manner. One incident notifiable within three working days had occurred to date, and was properly notified and reviewed on this 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:

Residents; opportunities for new experiences, social participation, education and training were facilitated and supported by staff. Twelve residents had been identified by the project co-ordinator and activity has been focused on learning new skills to promote independence with the aim of community living. Some residents had a full individualised weekly schedule which included attending day centre/care facilities, and access to personal assistants for activity of their own choice. For example, some residents travelled with a personal assistant to personal activity such as shopping and cinema

Residents told the inspector that they liked attending concerts and local events in the community. The inspector met one resident who was learning controls in a new power chair to gain greater independence and mobility. This was a developing area and was

considered as part of each residents personal plan with discussion and inputs from the project team evident.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The health care needs of residents were being met and records reflecting this were available for review in each resident's file. Documentation and recording of clinical interventions took place, and these records fully reflected the residents' health care status. There was a high standard of medical and nursing documentation which accurately reflected the interventions for each resident in the sample of records reviewed.

The residents showed the inspector evidence that they were facilitated to access and to seek appropriate treatment and therapies from allied health care professionals when required. They were satisfied that the allied health services were availed of promptly to meet their needs. For example, some residents had inputs from the occupational therapy services and complex seating issues resolved satisfactorily. Written evidence of relevant reviews were available and informed care planning. One resident had a gastrostomy feeding tube in place and regular monitoring of the residents weight was completed by staff and review by the dietician took place on a regular basis.

The Influenza vaccine had been offered, accepted and administered. Evidence of this was available in residents' files. Residents also had access to medical, physiotherapy, dental, chiropody, speech and language therapy, dietetics, social work and the ear care service.

The inspector saw that residents had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Some residents had particular dietary requirements, which were fully catered for. For example, some residents required a modified consistency diet and written guidance was in place, to inform menu planning and facilitate appropriate foods from the dietician and speech and language therapist. The inspector noted that supplementary foods were provided by staff which had been prescribed by the medical officer.

Some residents were encouraged and actively involved in planning, preparing, cooking, serving and cleaning up after their own meals with supports from staff. Dining tables and chairs with adequate space for wheelchair users was used each day for meals at the centre. The kitchen was well equipped and staff had received training in basic food hygiene. In practice catering staff offered choice from the food which came from the main kitchen and alternatives were offered. The menu was modified particularly for the needs of the residents and choices and options. Residents also went shopping for personal food items and could arrange delivery of foods to the centre if desired.

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:

Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and appropriate procedures for the ordering, storing and returning medication including unused and out-of-date medicines.

The inspector found evidence of safe medication management practices with policies in place being fully implemented in practice. All medication was administered by registered nurses. The inspector noted that no residents were formally involved with self medication at this time. Systems were in place and observed to be fully implemented for the safe ordering, handling, storage and disposal of medication at the centre. One resident had medication administered as crushed and this was prescribed in line with best practice. A system of recording incidents relating to medication error was in place and there had been none documented since the date of the last inspection.

Each resident had their medication reviewed by the medical officer, and medication audit was completed to maintain standards. The nursing staff had evidence of up to date medication training and updates provided.

Judgment:

Compliant

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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:
A copy of the statement of purpose was submitted to the Authority and reviewed prior to the inspection. It included details of the services and facilities provided. It also contained the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. The statement of purpose also contained updated details of the proposed de-congregation of the centre and supports in place to manage this process by the provider and project team.

A copy of the statement of purpose had been made available to residents and their representatives.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and

experienced nurse who has been nominated as the person in charge, with authority, accountability and responsibility for the provision of the service. She was not on duty at the time of this registration inspection and was the named person in charge, employed full-time to manage this centre. The inspector noted that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. She was present for the monitoring event on 16 and 17 July 2014, and she had a good knowledge and understanding of each resident having worked with them for a number of years. All residents knew her well. An interview will to be scheduled on her return from leave.

The person in charge reports to the nursing services manager who reports to the assistant director of nursing, who then reports to the director of nursing. The inspector was informed the nursing service manager meets with the person in charge at least four times a week and was available for any supports required. The nominated person on behalf of the provider attended the centre when required and was available on the hospital campus. The nominated person has changed since the time of the monitoring inspection and the Authority was notified in line with legislation.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. A written review of the health and safety and quality of care and support provided to residents' within the centre had not yet been prepared. However, the inspector was informed that the information to inform an annual review of the service, and any future service improvements was available and needed to be collated.

Documents were not provided with the application to register regarding compliance with fire and planning under Regulation 5 of the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. These two documents are required before a recommendation to register can be made.

Judgment:

Non Compliant - Major

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 Chief Inspector had not been notified of the planned absence of the person in

charge of the centre for more than 28 days by the provider. This was discussed with the current provider nominee at the feedback meeting. However, the inspector was satisfied that appropriate arrangements were in place for the management of the centre during her absence.

A nominated person participating in management as deputy manager was in place and she demonstrated a good clinical knowledge of residents' and had the required experience and qualifications to manage the centre in the absence of the person in charge.

Judgment:

Non Compliant - Major

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 centre was resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. The facilities and services in the centre reflected the statement of purpose. There were enough resources in place to support residents achieving their individual personal plans. For example, residents who required a staff member to accompany them to appointments or social occasions were fully accommodated.

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:

The non-compliance relating to additional training for staff in social care had been addressed by the provider. A further two days training had been provided for all staff by external providers and staff confirmed attendance at this training. Arrangements for staff cover for anticipated leave was clearly established and a support system from the on call nurse managers was in place. The nursing care provided was evidence based and met the assessed needs of each resident to a high standard.

There were appropriate numbers and skill mix of staff to meet the assessed needs of the 15 residents. Ten registered nurses and 14 health care assistants provided direct care and support to residents on a rostered basis. Staff mostly worked 12 hour shifts and staffing was flexibly managed. Staffing was supplemented by the project team which was not currently fully staffed and had a part time vacancy, and two volunteer workers. Additional staff from activities, catering, administration, laundry and household supported residents in day to day living.

Education and training had been provided to all staff and was confirmed in the mandatory training records provided to the inspector. The training received included care planning, cardio pulmonary resuscitation (CPR), moving and handling, crisis prevention intervention training and medication management.

Staff who spoke with the inspector were clear about actions to take to safeguard residents with regard to their role at the centre. The person in charge completed the roster for staffing based on the assessed needs and requirements of the residents of the centre. Health care assistants were supervised and supported in their role by nursing staff and were active in the day to day lives of each resident. The staffing rosters reviewed indicated adequate staffing was in place to meet the changing needs and proposed activities of each resident on the day of the inspection.

Overall residents reported satisfaction with the quality of care delivery and numbers of staff at the centre. Two pre-inspection questionnaires were returned prior to the inspection from a resident and a relative. At the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents and staff were supervised appropriate to their role. The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. Staffing levels and skill mix were reviewed by the person in charge and nursing services manager to ensure the safe effective delivery of quality care to the current number and profile of service users.

The inspector observed staff and residents interactions and found that staff were respectful and attentive to residents at all times. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner. Further to a review of rosters for 2014, a regular relief nurse was utilised to meet any unanticipated leave, and agency staff did not take overall charge of a shift. Three staff

were available overnight to meet residents assessed needs. Activity staff were fully involved with planning and implementing activity and engaged with residents meeting their short and long term goals of their individual plans.

The recruitment process in place was safe and robust and the provider had arranged for staff files to be made available for review. Three staff files reviewed included all the required documents outlined in Schedule 2 of the regulations, and all staff were selected and vetted in accordance with best practice.

Judgment:

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 emergency admissions policy which had been updated further to the last inspection.

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The inspector found that general records as required under Schedule 4 of the Regulations were maintained including key records such as, accident and incidents, nursing and medical records. All records required under Schedule 3 of the Regulations were maintained in the centre however, further improvements were required in respect of maintaining clinical records in accordance with professional standards.

The centre had established a personal planning system during 2014, and reviews were now taking place. As outlined in Outcome 5 greater detail was required and linkage to the overall healthcare planning in place. The comprehensive care planning system to ensure care needs were appropriately and regularly assessed managed was found to be

adequate. However, improvements were required relating to specific documented details about the use of safety belts, bed rails and alternatives trialled prior to the use of any restraint was implemented.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. There was a written directory of residents available which included all the required information.

The centre had a most of the written operational policies as outlined in schedule 5 available for review, some were under review and not specific to this centre. For example, the smoke free policy. The policy on access to education, training and development was in draft format.

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:

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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-0002562
Date of Inspection:	15 January 2015
Date of response:	12 February 2015

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:

Five contracts of care remain unsigned by the resident or their representative.

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

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

terms on which that resident shall reside in the designated centre.

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

Management will continue to address this issue by writing to the individuals involved on a quarterly basis. Management is available to meet with individuals and their respective families / committees to answer any questions they may have.

Proposed Timescale: 30/04/2015

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 person in charge did not fully evidence that personal plans were prepared with the involvement of the resident or their representative.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Personal Plans are reviewed on a three monthly basis (or more frequently if required) in consultation with each resident or their representative. The introduction of a new Personal Plan Consultation record will be put in place to provide evidence of Resident/ Representative participation, inclusion and collaboration.

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

Personal plans were not fully reviewed to evaluate goals, and a number did not identify short and long term goal setting in the plan.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All residents with short and long term goals will have clear documentary evidence of these goals and these goals will be reviewed three monthly or earlier if necessary.

Proposed Timescale: 17/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Two pieces of equipment in need of repair was stored in the corridors of the centre.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

A room in Cuan Aoibheann will be designated to the storage of equipment that is not in working order and is awaiting repair. The relevant personnel will be contacted immediately when it is noted that equipment is in need of repair and the equipment will be moved to this room.

Proposed Timescale: Completed

Theme: Effective Services

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

The wheel in room was not equipped with an accessible door for wheelchair users.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

A manual hook will be put in place so the door can remain open and the room will be accessible to wheelchair users at all times.

Proposed Timescale: 23/02/2015

Theme: Effective Services

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

A schedule of decorating for corridors and bedrooms was not completed to date after recent plumbing works.

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:

Decorating of corridors and bedrooms will continue and will be completed within ten weeks

Proposed Timescale: 24/04/2015

Theme: Effective Services

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

The heating provided in the sheomra extension was not adequate.

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:

Increased electrical heating output will be provided via wall or ceiling mounted heaters.

Proposed Timescale: 17/04/2015

Theme: Effective Services

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

All residents did not have access to lockable storage facilities in their bedrooms.

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:

Lockable storage units are currently being sourced for the remaining residents who do not have this facility.

Proposed Timescale: 16/03/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Documents were not provided with the application to register evidencing compliance with fire and planning legislative requirements.

Action Required:

Under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

The Registered Provider notes the letter received from the Authority on 13th January 2015, stating that applications that have been submitted prior to March 1st 2015 without the above mentioned two documents will be processed up to a point of proposed decision, assuming all else is in order.

Proposed Timescale: 01/03/2015

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 did not notify the Authority of a planned absence of the person in charge of more than 28 days one month prior to this absence.

Action Required:

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

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

The provider notes this point and will ensure that this does not occur again. NF 21 form was completed and submitted to the Authority when the person in charge returned from annual leave.

Proposed Timescale: Completed and ongoing.

Theme: Leadership, Governance and Management

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

Written notice of the arrangements for the governance of the centre in the absence of the person in charge was not received by the Chief Inspector.

Action Required:

Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

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

The provider notes this point and will ensure that this does not occur again. Arrangements were in place and a person was identified and was actively managing the

unit in the absence of the person in charge. The Authority will be notified in a timely manner of arrangements in place in the absence of the person in charge in future.

Proposed Timescale: Ongoing.

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on access to education, training and development was in draft form, and the smoke free policy was not centre specific.

Action Required:

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

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

The policy on access to education, training and development will be signed off by 27th February 2015.

The smoke free policy will be amended to be centre specific by 23 February 2015.

Proposed Timescale: 27/02/2015

Theme: Use of Information

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

Some care plans were not specific enough to guide and inform staff about the use of bed rails and lap belts in use at the centre, and measures used prior to the use of this equipment was not evidenced in all instances.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All seating care plans / assessments from Occupational therapy will be placed into each Residents Individual plan which will guide and inform staff about the specific use of equipment at the centre. Nursing records will be updated accordingly.

Proposed Timescale: 19/02/2015