

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillview
Centre ID:	OSV-0002481
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
10 October 2017 09:30	10 October 2017 16:00
11 October 2017 09:30	11 October 2017 14:30

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 inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This was the third inspection in the centre. The previous inspection was undertaken on 23 March 2017. As part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

The centre was operated by the Health Services Executive in Westmeath. This centre was inspected as part of a much larger designated centre in 2015. However, the

parent organisation undertook a reconfiguration of services in January 2016 and this centre became a standalone designated centre.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with two of the four residents living in the centre. These two residents outlined to the inspector how they enjoyed living in the centre and of the many activities which they were involved in. It was evident that the residents were very proud of their home and in particular their individual bedrooms and the back garden. The inspector observed warm interactions between residents with the staff caring for them.

The inspector interviewed the assistant director of nursing, the person in charge, a staff nurse and a care assistant. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The service provided was described in the providers statement of purpose, dated May 2017. The centre consisted of a two storey detached house located in a town in Westmeath. The property was owned by the provider. Each of the residents living in the centre had been living together for an extended period. The centre provided full time residential care for four adult residents with intellectual disabilities.

There was a secure garden and recreational facilities to the rear of the centre. Each of the residents had their own bedroom. At the time of the last inspection a fifth service user had been living in the centre but had since been discharged. The bedroom used by this service user had since been converted into an additional sitting room. The person in charge outlined that no further admissions were planned and that the provider was applying to register the centre for four residents only at any one time.

Overall Judgment of our findings:

The inspector found that residents were well cared for and that the provider had arrangements in place to promote their rights and safety. The person in charge demonstrated knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre.

Good practice was identified in areas such as:

- Resident's communication needs were met. (Outcome 2)
- The well being and welfare of those living in the centre was maintained by a good standard of evidence-based care and support. (Outcome 5)
- Resident's healthcare needs were met in line with their personal plans and assessments. (Outcome 11)
- There were systems in place to ensure the safe management and administration of medications. (Outcome 12)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to service user's needs. (Outcome 14)

Areas for improvement were identified in areas such as:

- A number of refurbishment works as identified at the time of the last inspection, had not yet been completed. (Outcome 6)
- Improvements were required in relation to supervision arrangements for the person in charge. (Outcome 17)
- A number of schedule 5 policies required review.

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:

There were systems in place to support resident's rights and others were proposed.

There was a residents' guide in place which provided information on rights, including the providers charter of rights and information regarding the National Advocacy service. There was a rights folder in place with accessible information for service users regarding their rights. It was noted that residents rights were periodically discussed at staff team meetings and residents meetings. There were guidelines for staff on advocacy, dated April 2016. Accessible information leaflets were available for residents on the national advocacy service and the independent advocates contact details. Staff interviewed demonstrated a satisfactory knowledge of resident's rights and their responsibility to uphold them.

There were appropriate procedures in place for the management of complaints. There was a written and verbal complaints procedure, dated September 2016. The complaints procedure was on display on the centres notice board and included contact details for the complaints officer. The inspector reviewed the complaint log and found that all complaints had been appropriately recorded and included details of the outcome of the complaint. There was evidence that the assistant director of nursing and the person in charge met on a monthly basis to review all complaints. There were only a small number of complaints in the preceding period and these were all found to have been dealt with appropriately.

There were arrangements in place to promote residents being treated with dignity and respect. There was sufficient space in the centre for residents to have time on their

own, or to have private contact with family and significant others as required. Each of the residents had their own bedroom. There was also two separate sitting rooms, a kitchen come dining area and seating areas in the back garden.

There were arrangements in place to keep resident's personal belongings, including monies, safe. The service had a guideline on the management of personal valuables, dated April 2016. Records were maintained of all personal belongings and of each residents money. There was a secure safe in each of the residents bedrooms and in the utility room which was used to store resident's pocket money within individual envelopes. An account book was maintained for each resident with counts recorded of each residents money balance twice daily by two members of staff. In line the procedure in place, two staff member signed off on all receipts for items purchased by residents. An audit of arrangements in place was undertaken at regular intervals.

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.

Individual communication requirements were highlighted in residents personal plans and reflected in practice. Communication passports were on file for residents who required same. There were picture exchange and object of interest to assist an identified resident to choose diet, activities, daily routines and journey destinations. Other assistive technologies and aids were also in place. Communication notice boards were in place for residents who required same, which provided guidance on how best to communicate with the individual resident and listed 'My meaningful activities'.

Each of the residents engaged in a good range of activities in the local community. Each of the residents had access to televisions and radios in their own bedrooms and there were communal ones. A local newspaper and sporting magazine was also available in the centre.

Judgment:

Compliant

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Outcome 03: Family and personal relationships and links with the community <i>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.</i>

Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings: Residents are supported to develop and maintain personal relationships and links with the community. Positive relationships between residents and their family members were supported. There was adequate communal space to allow residents to receive visitors in private. There was evidence that families were kept informed of their relatives wellbeing with records maintained of all contacts. Residents families were invited and where possible attended personal planning meetings and reviews in accordance with the residents wishes. A record was maintained of all visitors to the centre. There were no restrictions on visits.

Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i>

Theme: Effective Services

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings: There were appropriate arrangements in place for the admission and discharge of service users. There were policies and procedures in place for admitting residents, including transfers, discharges and temporary absence of service users. There had been no new admissions to the centre for a prolonged number of year. The four residents living in the centre had

been living together for an extended period and each were considered to have a good relationship with each other.

Each resident had a written agreement in place which outlined the services to be provided and all fees. This had been reviewed with each of the residents and their families were appropriate within the previous six month period.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The wellbeing and welfare of those living in the centre was maintained by a good standard of evidence-based care and support.

Each resident's health, personal and social care needs were fully assessed. There was documentary evidence to show that residents, family representatives were appropriate, and members of the multidisciplinary team were involved in assessments to identify individual needs and choices.

The arrangements to meet each resident's assessed needs were set out in a personal plans that reflected his or her needs, interests and capacities. New person centred planning templates had been introduced across the service in the preceding period. The provider had a care plan coordinator in place who visited the centre at periodic intervals to review plans in place and provide training for staff.

Personal goals were set for residents and their implementation was monitored. These included goals for community participation. There was evidence that residents engaged in a good range of community based activities. Examples included, evening classes in topics such as flower arranging and knitting classes, retirement group, bingo, gaelic athletic association matches, craft group, skills teaching class, health and safety discussion group, art exhibitions, multisensory room engagement, art galleries and

fishing groups, cinema, bowling, swimming, music concert, garden festival, hotel breaks, visits to local shops and restaurants and day trips to larger towns. Records were maintained of activities undertaken and progress in meeting goals set were out in personal plans. An individual weekly timetable of activities were set out on notice boards in residents bedrooms.

There were processes in place to formally review resident's personal support plans on a yearly basis. There was documentary evidence to show that the resident, their family representative, where appropriate were involved in the revision of personal plans as per the requirements of the regulations. The inspector found that reviews focused on improving the lives of the residents.

Judgment:

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):

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

Findings:

Overall, the design and layout of the centre was fit for purpose and promoted resident's safety, dignity and independence. However, a number of refurbishment works as identified at the time of the last inspection, had not yet been completed.

The centre was homely and comfortable with adequate furnishings. There was adequate private and communal accommodation for residents, including adequate dining and private accommodation. Each resident had their own bedroom. There was adequate communal accommodation with two sitting rooms and a kitchen come dining area. There was suitable lighting and ventilation in place. There was a nice sized garden to the rear of the centre.

Some refurbishment work had been undertaken since the last inspection. This included, some refurbishment work in the kitchen, replacement of tiles in the bathroom and the repair of an outside gate and garden furniture. However, the exterior and interior of the premises required painting, alteration to an upstairs shower facility was required to facilitate safe access by residents and a raised floor area at the front and back door entrance required to be removed to facilitate safe access. It was noted that the provider

had a plan in place to address these matters over the following period.

Specialist equipment was in place for residents who required same. Servicing arrangements were in place for same.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The health and safety of service users, visitors and staff were promoted and protected.

There was a risk management policy in place, dated July 2016, which met with the requirements of the regulations. There was a risk register in place which was being maintained as a 'living' document and was regularly reviewed. The inspector reviewed a sample of individual risk assessments for residents which contained a good level of detail, were specific to the individual and had appropriate measures in place to control and manage the risks identified. There was a risk assessment guidelines document, dated April 2015.

There was a safety statement, dated August 2017, with written risk assessments pertaining to the environment and work practices. Safety data sheets for all harmful substances were maintained in the centre. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly. Records of daily and weekly health and safety checks of all areas were maintained. There was an identified health and safety officer.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This promoted opportunities for learning to improve services and prevent incidences. Overall there were a low number of incidents in the centre. There was an incident reporting policy. Records showed that the assistant director of nursing and person in charge met on a monthly basis to review all incidents and identify any trends and agree actions and learning to minimise reoccurrence. The inspector reviewed a sample of incident report forms and found that an appropriate record was maintained of actions taken and follow up proposed. All forms were signed off by the person in charge.

There were procedures in place for the prevention and control of infection. There was

an infection control policy and procedure in place. A cleaning schedule was in place and records were maintained of tasks undertaken. Colour coded cleaning equipment was used and appropriately stored. There were sufficient facilities for hand hygiene available and paper hand towels were in use. Posters were appropriately displayed. There were adequate arrangements in place for the disposal of waste.

Adequate precautions against the risk of fire were in place. There was documentary evidence, from an external company, to show that fire safety equipment and the fire alarm system were appropriately serviced. There were fire safety guidelines in place. Adequate means of escape were observed and all fire exits were unobstructed. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. There was accessible information available for residents regarding 'staying safe from fire'. Each service user had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the service user. Staff who spoke with the inspector were familiar with the fire evacuation procedures. Fire drills involved residents and were undertaken on a regular basis. There was an identified fire safety officer.

There were appropriate arrangements in place for the moving and handling of residents were required. Records showed that all staff had received appropriate training in manual handling.

There was a site specific emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to keep residents safe and to protect them from abuse.

The centre had a procedure for dealing with suspicions of abuse, dated May 2016. There had been no allegations or suspicions of abuse in the preceding 12 month period. The inspector observed staff interacting with residents in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and the national guidance. The contact details for the designated officer was on display in the centre.

There were guidelines on provision of intimate care, dated May 2016. The inspector found that intimate care plans in place were of a good quality with sufficient information to assist staff in meeting the intimate care needs of residents who required support in this area.

Residents were provided with emotional and behavioural support. None of the residents living in the centre displayed any behaviours that challenged. Records showed that staff had attended appropriate training, although the procedure for responding to individuals who demonstrate behaviours of concern and the procedure for the use of restrictive practices was overdue for review. There were no environmental or physical restraints in use in the centre.

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 centre were maintained and where required, notified to the Chief inspector.

All required notifications were found to have been reported to HIQA within the timelines required in the regulations. There was a procedure in place for reporting notifiable events to guide staff.

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 social participation, education and training were encouraged and facilitated in the centre.

There was a policy on access to education, training and development opportunities in place, dated July 2015. Person centred plans included a section on training and education with goals set were appropriate. A schedule of weekly activities was in place with records maintained of activities undertaken. Each of the residents were engaged in a day service and a good range of other social activities. These included, evening classes in topics such as flower arranging and knitting classes, retirement group, bingo, craft group, skills teaching class, health and safety discussion group, art exhibitions, multisensory room engagement, art galleries and fishing groups.

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:

Resident's healthcare needs were met in line with their personal plans and assessments.

Each resident's health needs were appropriately assessed and met by the care provided in the centre. There were two staff nurses working in the centre and an on-call nurse available at all other times. This meant that residents had ready access to this expertise should they require same. Each of the residents had an up-to-date hospital passport in place with appropriate information should they require to be transferred to hospital in

the event of an emergency. Each of the residents had their own general practitioner by whom they were regularly reviewed. Information on specific conditions was available in the centre and individual care plans were in place to guide staff.

The centre had a fully equipped kitchen come dining area. There was a policy on the provision of nutritionally balanced meals in residential care, which was overdue for review. Each of the resident's personal plans included a section with information on their food preferences, meal time experience and a nutrition screening assessment. The inspector reviewed minutes of the resident meetings where menu options were discussed and agreed on a weekly basis. Records were maintained of meals provided. The inspector observed that there was an adequate supply of healthy snacks available and that a range of healthy and nutritious meals were prepared for residents in the centre. Pictured menu cards were available to support individual residents in making choices where required. Health promotional information was available for staff and residents on healthy food choices.

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):

Findings:

There were systems in place to ensure the safe management and administration of medications.

There were guidelines on ordering, receipt, transport, safe administration and secure storage of medications, dated December 2015. There was a user friendly and accessible document for residents on 'understanding my medications'. All medications were administered by a registered staff nurse. A staff nurse interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. There was a secure press for the storage of medicines. A medication fridge was also in place, although not required for use at the time of inspection. There were processes in place for the handling and storage of medicines. Medication logs were maintained of all medication received in the centre.

Records showed that a self medicating capacity needs assessment had been completed for each of the residents which found that it was not suitable for the residents to be responsible for their own medications.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to the pharmacy who signed receipt of same with a staff member. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. The pharmacist attended the centre on a yearly basis and completed an audit. Prescription and administration records were reviewed on a regular basis with audits undertaken by the person in charge.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose, dated May 2017, that accurately described the service that was provided in the centre.

The statement of purpose set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were provided for residents. It contained all of the information required by schedule 1 of the Regulations.

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 were management systems in place to ensure that the service provided was safe, consistent and appropriate to service user's needs.

In line with regulatory requirements, the provider had undertaken an annual review of the quality and safety of care in the centre. An unannounced visit by the provider had been undertaken in August 2017, with the production of a written report.

An audit schedule was in place. Areas audited included, care planning, financial management, restrictive interventions, medication management processes, complaints and health and safety. There was evidence that actions were taken to address issues identified in these audits. The assistant director of nursing visited the centre on a regular basis as recorded in the visitors book. There was documentary evidence that incidents reports, complaints and audits were reviewed on a monthly basis as part of these visits.

The centre was managed by a suitably skilled and experienced person. The person in charge held a full time post and was not responsible for any other centre, although she was responsible for duty rosters within the community area. She had been manager in the centre for more than two years and she had more than 15 years experience of working in a management role within the service. There was evidence that she was effectively engaged in the governance, operational management and administration of the centre on a consistent basis.

The person in charge was a qualified nurse. She had completed an internal training course regarding the role of the person in charge. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support requirements for residents in the centre.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. On call arrangements were in place and staff were aware of these and the contact details. The person in charge reported to the assistant director of nursing. There was evidence that the person in charge and assistant director of nursing met informally on a regular basis where it was reported performance development and review were discussed.

Judgment:

Compliant

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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:
There were arrangements in place for the chief inspector to be notified of the proposed absence of the person in charge from the designated centre and arrangements for the management of the centre in the event that the person in charge was absent.

Judgment:
Compliant

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

Theme:
Use of Resources

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

Findings:
The centre is resourced to ensure the effective delivery of care and support in accordance with the centres statement of purpose.

There were enough resources in the centre to support residents achieving their individual personal plans. The facilities and services in the centre reflected the statement of purpose.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. However, improvements were required in relation to supervision arrangements for the person in charge.

There was an actual and planned staff roster in place. The majority of the staff team had worked in the centre for an extended period. This meant that service users had continuity in their care givers. It was noted that there were a number of agency staff members working regular hours in the centre for a prolonged period. It was reported that these staff members were in the process of being recruited into full time positions in the service. There was a procedure for the recruitment of staff, dated July 2016.

There were guidelines on the provision of statutory and mandatory training, dated June 2015. A training programme was in place for staff and records showed that staff were up-to-date with mandatory training requirements. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre.

There were staff supervision arrangements in place. A procedure on professional supervision, dated May 2016 was in place. This document stated that supervision should be undertaken every 4- 6 weeks with staff. The inspector reviewed a sample of supervision files and found that staff had received formal supervision from the person in charge, at the frequency specified in the providers policy and that it was of a good quality. However, it was identified that the person in charge had not received formal supervision.

There were no volunteers working in the centre at the time of inspection.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Records were maintained in the centre as required by the regulations. However, a number of schedule 5 policies were overdue for review.

A directory of residents was maintained which contained all of the required information. Records in respect of schedule 2,3 and 4 of the regulations were in place and well maintained. However, a number of the schedule 5 policies were out of date and in need of review.

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:

Maureen Burns Rees
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-0002481
Date of Inspection:	10 & 11 October 2017
Date of response:	02 November 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 06: Safe and suitable premises

Theme: Effective Services

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

A number of refurbishment works as identified at the time of the last inspection, had not yet been completed.

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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

construction and kept in a good state of repair externally and internally.

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

Action

Timescale

Raised floor area at the front door and back door will be removed to facilitate safe access. 31/01/18

Alterations to the upstairs shower facility will be carried out as per recommendations 31/01/18

Interior and Exterior painting of the facility will be carried out subject to funding 30/06/18

Proposed Timescale: 30/06/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

It was identified that the person in charge had not received formal supervision.

2. Action Required:

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

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

Action

Timescale

Formal supervision has been carried out with the person in charge Completed 13/10/17

Proposed Timescale: 13/10/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

A number of the schedule 5 policies were out of date and in need of review.

3. Action Required:

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

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

Action

Timeline

A policy review group has been established and monthly meetings have been scheduled for 2017 and 2018. Completed

31/05/17

A priority list for policy review has been developed.

Completed

30/06/17

All schedule 5 policies will be reviewed in line with the priority list. All policies will be reviewed by 30th June 2018. 30/06/18

Proposed Timescale: 30/06/2018