

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Glendalough Service
<b>Centre ID:</b>	OSV-0005553
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	2

## **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:
22 November 2017 11:00	22 November 2017 18:45
23 November 2017 08:30	23 November 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 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The centre had been previously inspected on the 21 of February 2017 and as part of the current inspection actions taken by the provider to address the findings from the previous inspection were reviewed.

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

disability.

How we gathered our evidence:

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

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of two bungalows and a two storey dwelling, in close proximity to each other. The bungalows were joined by a connecting corridor. The bungalows were located in a housing estate on the outskirts of a town but close to local amenities such as shops, pubs and cafes. Residents also had access to two vehicles which enabled them to access leisure facilities and shops in the town and surrounding area.

Overall Findings:

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

Staff were suitably qualified and knowledgeable on residents' assessed needs and staffing arrangements ensured that residents were suitably assessed and that they were supported to access planned activities.

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

Summary of regulatory compliance:

The centre was inspected against 18 outcomes, 15 were found to be compliant with the regulations, two were substantially compliant regarding written agreements and documentation. One outcome was in moderate non-compliance.

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

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

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

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

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

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

Residents told the inspector that they were visited regularly by their families and were supported to have overnight stays, which was also reflected in discussions with family members and staff. The centre's layout also provided facilities for residents to meet their visitors in private.

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

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

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

**Judgment:**  
Compliant

### **Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

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

No actions were required from the previous inspection.

#### **Findings:**

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

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

on the days of inspection reflected residents' communication needs as described in personal plans examined.

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

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

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

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

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

Residents told the inspector that they were regularly visited by family members and supported by the centre's staff to go home for overnight stays.

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

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

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that although residents had written agreements in place not all, were signed by the provider.

Residents had accessible written agreements in place at the centre which included clear information on the charges to be paid. For example, rent and the providers maintenance charge for staffing, food and utility costs were all listed in the written agreement in place. However, the provider had not signed all written agreements sampled, although they had been signed by the representative or next of kin.

The provider had an up-to-date admissions and discharge policy in place which reflected the centre's statement of purpose. The centre had no new admissions prior to the 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):**



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

**Findings:**

The inspector found that residents' needs were reflected in their personal plans.

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

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

Although the inspector found that the majority of residents' personal plans were reviewed annually, one resident's annual review was not completed at the time of inspection, although this was scheduled to occur within the next month. Where personal plans had been reviewed, records showed that meetings were attended by the resident, their families, centre staff and associated multi-disciplinary professionals such as psychiatrists and social workers.

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

**Judgment:**

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 design and layout of the centre suited the needs of residents. The centre was well-maintained both internally and externally and was clean, warm, suitably furnished and comfortable. Significant work had been undertaken to ensure that all areas of the centre were maintained and safe for all residents who lived there. The staff work space was completed and provided staff appropriate space to complete work duties when required.

There was a variety of communal space including a sitting room and a large kitchen with dining area. The inspector found the kitchen to be well equipped and clean.

Bedrooms were bright, well-furnished and personalised with residents' personal belongings, pictures and souvenirs. Residents had adequate personal storage space and wardrobes. All bedrooms had en-suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities. Some of the bedroom doors were fitted with push pad automatic opening mechanisms to promote the independence of the frailer residents. In addition, sensor lights had been fitted in some communal areas to increase the safety of residents.

There was a well equipped utility room with laundry facilities, where residents did their own laundry. Residents had access to a washing machine, tumble drier and outdoor clothes line.

There were suitable arrangements for the disposal of general waste. Refuse bins which were stored externally and were emptied by contract with a private company. There was no clinical waste being generated in the centre.

Residents had good access to the outdoors. There was a safe, well maintained garden and seating areas at the back of the house.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management***The health and safety of residents, visitors and staff is promoted and protected.***Theme:**

Effective Services

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

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

**Findings:**

Although the provider's risk management arrangements kept residents safe, the provider had ensured that the effectiveness of the centre's fire evacuation plan had been assessed under minimal staffing conditions and staff had received up-to-date health and safety related training.

The centre's previous inspection had found that fire drills had been conducted using minimal staffing levels. The inspector reviewed fire drill records and found that, since the last inspection, regular fire drills had been conducted and staff knowledge reflected the centre's evacuation plan.

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

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

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

The inspector was assured that risk management arrangements kept residents safe, the provider had ensured that the effectiveness of the centre's fire evacuation plan had been assessed under minimal staffing conditions and staff had received up-to-date health and safety related training.

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

The previous inspection had found that the provider's risk management policy did include arrangements to prevent accidental injury to staff and visitors as well as the procedures to follow in the event of a resident going missing. During this inspection, the inspector reviewed the provider's risk management policy and centre specific safety statement and found they had been updated to include these. In addition, the inspector found that staff knowledge reflected these arrangements as well as actions to be taken in the event of an emergency such as fire, flood or loss of power and infection control practices. The provider maintained a risk register of risks at the centre, which was reflected in up-to-date and regularly reviewed risk assessments on the premises and residents' needs.

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

Hand hygiene and infection control information was displayed in the bungalows' kitchens and bathrooms, along with the provision of hand sanitisers and segregated waste disposal facilities. However, training records showed that all staff had received up-to-date hand hygiene and manual handling training in-line with the provider's policies.

The centre had access to a vehicle and records showed that both vehicles were roadworthy, well maintained and suitable taxed and insured.

**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:**

The inspector found that the provider had measures in place to protect residents from harm and positively manage behaviours of concern.

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

Information on the provider's safeguarding of vulnerable adults' policy, including a photograph of the named designated safeguarding officer, was prominently displayed on the communal notice boards. Minutes of the residents' meetings showed that residents

were made aware of the provider's safeguarding policy and how to keep themselves safe. Residents told the inspector that if they were unhappy with any aspect of the support they received they would tell either the person in charge or staff on duty.

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

The provider had an up-to-date policy on both the management of behaviour that challenges and use of restrictive practices. The centre's restrictive practices included the night-time locking of the front doors and the cleaning materials storage cupboards. The inspector found that these practices were regularly reviewed and records included a clear rationale for their use. Where restrictive practices were in use, the inspector found that they were in line with the providers national policy. In addition, they were reviewed as part of a multidisciplinary process as scheduled.

Residents' behaviour support plans clearly described the behaviour that challenges and both the proactive and reactive support strategies for its management, which reflected staff knowledge. Behaviour support plans were regularly reviewed and developed by a suitably qualified behaviour specialist in-line with the provider's policy.

All staff were trained in positive behaviour support in the centre, on review of training records.

**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:**

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

A record of all notifications submitted to HIQA was kept at the centre. However, the inspector found that some notifications which related to allegations (confirmed or

suspected) of abuse towards a resident had not been submitted in-line with regulatory timeframes. In addition, admissions of residents to hospital were not reported within three working days as required by the regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

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

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

Residents told the inspector that they attended a range of day services in the local area which they enjoyed. One resident had expressed a desire to do paid work as a goal and records showed that they had been supported by staff to investigate work opportunities.

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

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

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

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

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

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

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

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

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

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

**Judgment:**

Compliant

---

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre's medication arrangements reflected the provider's policies and procedures.

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on administration times, route and dosage. The centre maintained an up-to-date signature bank of all staff trained to administer medication which was part of the residents' medication administration records. The provider had completed assessments on each resident's capacity to take responsibly for their own medication.

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

The inspector observed that medication was securely stored and arrangements were in place for the segregated storage of out-of-date or discontinued medication. Records and staff confirmed that out-of-date or discontinued medication was returned to a local pharmacy for disposal.

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

**Judgment:**

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:**

The statement of purpose reflected the services and facilities provided.

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

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

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found effective management systems were in place that supported and promoted the delivery of safe and quality care. There was a clearly defined management structure that identified the lines of authority and accountability in the centre.

The person in charge had overall responsibility for the centre. They were supported by the provider's representative and a person participating in management. The person in charge was found to have a good knowledge of each residents' needs and of the operational management of the centre. The person in charge held an administrative role

and visited the centre on a daily basis and met with residents and staff.

There were management systems in place to ensure the service provided to residents was safe and effectively monitored. The person in charge held regular staff meetings in the centre, where topics specific to the operation of the centre were discussed. Various monthly meetings were also attended by the person in charge, including governance meetings and incidents review meetings.

The annual review of the service and six monthly unannounced provider visits were occurring within the centre. The reports from these were available to inspectors during the inspection. Action plans were developed following each visit and review, to demonstrate how the provider planned to address the areas of non-compliance. All actions were found to be completed within agreed timeframes. The provider's representative outlined plans to ensure de-congregation of the centre was completed in line with the organisation's plan.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre had suitable arrangements in place in the event of the person in charge's being absent for over 28 days.

The person in charge confirmed their understanding of the requirement under regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days.

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

**Judgment:**

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:**

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

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

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

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

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

The person in charge ensured that both an actual and planned roster was in place. The inspector found that staffing arrangements reflected residents' assessed needs as

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

Throughout the inspection, residents were observed to receive support in a timely and respectful manner. Where able to, residents told the inspector that they liked living at the centre and got to do activities of their choice, which was further reflected in discussions with staff.

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

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

The inspector reviewed a sample of staff personnel files and found that they contained all documents required under schedule 2 of the regulations such as full employment histories and copies of garda vetting disclosures.

**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 inspector found that the provider and person in charge maintained all records required under the regulations.

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

The provider ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available at the centre. In addition, records such as residents' written agreements and records of food provided at the centre were maintained as required under Schedule 4 of the regulations.

The inspector reviewed the provider's policies and procedures and found that not all policies required under Schedule 5 of the regulations were in place and reviewed in-line with regulatory timeframes. For example, the provider had a code of conduct in place for recruitment and retention of staff and the provider did not have a policy in place to guide staff.

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

**Judgment:**

Substantially Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0005553
<b>Date of Inspection:</b>	22 & 23 November 2017
<b>Date of response:</b>	03 January 2018

### 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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The inspector found that the provider had not signed all residents written agreements in the centre.

**1. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each

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

resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

All contracts of care have been signed and are in place in this designated centre.

**Proposed Timescale:** 23/11/2017

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

The person in charge failed to report hospitalisation of residents within three working days, as required.

**2. Action Required:**

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

The PIC will ensure that all notifications are submitted to HIQA within the specified timeframe.

In the absence of the PIC all incidents will be notified to the director of nursing, and where applicable notifications will be submitted by the director of nursing to HIQA within the specified timeframe.

**Proposed Timescale:** 20/12/2017

**Theme:** Safe Services

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

The person in charge had failed to ensure that all incidents that resulted in suspected abuse to residents were reported within three days, as required.

**3. Action Required:**

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

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

In the absence of the PIC all incidents will be notified to the director of nursing, and where applicable notifications will be submitted by the director of nursing to HIQA within the specified timeframe

**Proposed Timescale:** 20/12/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The provider failed to ensure that there was a policy was in place for recruitment and retention of staff in the centre.

**4. 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:**

The National Recruitment Service operates under the Commission for Public Service Appointments (CPSA) Code of Practice and you will find relevant information regarding the recruitment process on the HSE website.

Policy on recruitment and retention of staff will be developed by below date.

**Proposed Timescale:** 28/02/2017