

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Maryville
<b>Centre ID:</b>	OSV-0005520
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joanna McMorrow
<b>Lead inspector:</b>	Anne Marie Byrne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From:	To:
10 October 2017 10:00	10 October 2017 19:00
11 October 2017 08:30	11 October 2017 12:00

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

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

**Summary of findings from this inspection**

Background to the inspection:

The purpose of the inspection was to inform a registration decision and to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with three residents, two staff members, the person in charge and the area manager during the inspection process. Of the three residents that the

inspector met with, two spoke directly with the inspector. The inspector reviewed practices and documentation including residents' assessments and personal plans, incident reports, complaints registers, risk registers, policies and procedures, fire management related documents and various risk assessments.

#### Description of the service:

This is a residential service managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. This centre comprised of a two-storey dwelling, that can accommodate four residents with low to moderate intellectual disability from 18 years of age to end of life. Three female residents were living in this centre, with one vacancy at the time of this inspection. The centre comprised of a hallway, four residents' bedrooms, one staff room, a kitchen and dining area, a utility room, a shared bathroom, a shared toilet and two sitting rooms. Residents also had access to well-maintained gardens to the front and rear of the centre.

This was this centre's first inspection, as the centre was previously part of a larger designated centre. The person in charge had the overall responsibility for the service, and she was supported in her role by the provider representative and the area manager for the service. The person in charge had the capacity to visit the centre frequently each week. Two healthcare assistants were rostered on a daily basis and were supported by additional staff to deliver support for social care and personal care as required.

#### Overall judgment of our findings:

The inspector found this service provided residents with individualised care in a homely environment. The provider had put systems in place to monitor the quality of care residents received, and in the main, the inspector found these systems to be effective. The service provided and quality of care delivered was found to be of a high standard in a number of areas including medication management, healthcare, safeguarding, management of complaints and governance and management. Residents rights, privacy and consultation were well promoted in the centre. Staff were found to be very respectful of residents and were knowledgeable of each resident's needs.

Of the 18 outcomes inspected, 15 were compliant, one outcome was substantially compliant and two outcomes were in moderate non-compliance. These outcomes related to premises, health and safety and risk management, statement of purpose and workforce.

The details of these findings can be found in the body of the report and 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector observed that residents were consulted with, and participated in decisions about their care, and in the daily operations of the centre. Residents had access to advocacy services through an external service and information about this service was displayed within the centre. Staff were observed to address residents in a respectful manner.

The provider had a complaints policy in place to guide on the recording, response and management of all complaints received. An easy-to-read version of this policy was displayed in the centre for residents, staff and visitors to reference. The provider had identified a nominated person in the centre to deal with complaints and a photograph of this person was displayed within the centre. Staff who spoke with the inspector were aware of their responsibility in the local management of complaints. The person in charge was actively managing some complaints received at the time of this inspection and a sample of these were reviewed by the inspector. The inspector found complaints were recorded in accordance with the complaints policy, detailed any action taken on foot of the complaints received and if the complainant was satisfied with the outcome of the complaint

The inspector found residents were regularly consulted about how they wished to spend their day. Residents' meetings were held on a monthly basis, giving residents an opportunity to discuss areas such as activity planning, menu planning, grocery planning, complaints, safeguarding, finance management, personal plans and health and safety. Staff who spoke with the inspector said that they were consulting with residents continually and would adapt plans and schedules in response to any change in residents'

preference.

Residents' money was securely stored and all withdrawals and transactions were monitored through the use of the provider's recording and checking system. Residents were facilitated to access their money as they wished and financial capacity assessments were completed for all residents. These guided staff on the level of support they were required to give each resident to manage their finances. Some residents' balances were spot checked by the person in charge and the inspector and no errors were found.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found effective communication systems were in place to support residents' communication needs.

Some residents living in the centre had specific communication needs. The inspector observed staff to interact well with these residents and support them to communicate as required. For example, in one instance, staff supported a resident to communicate directly with the inspector through the use of a specific communication tool. The provider had recently introduced some easy-to-read documents for residents' reference including the statement of purpose, complaints policy, residents guide and written agreements.

Staff were observed to address residents in a courteous manner and staff were knowledgeable of each resident's communication needs. Communication plans were in place for residents who required them. These were found to guide staff on the communication needs of residents and on how best to interpret residents' wishes.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

On the day of inspection, the inspector found relationships between residents and their families were supported. Family members were observed to freely visit residents and a welcoming atmosphere for these visits was observed by the inspector.

The inspector met with some residents' representatives during this inspection process. Representatives spoke highly of the service their relatives received and of the clear communication between staff, the resident and their representatives. Residents and their representatives are invited to participate in the residents' annual reviews and evidence of this involvement was documented in the residents' personal plans. Residents were also facilitated to meet with their visitors in private.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place for the admission of residents, including transfers, discharges and temporary absence of residents.

Each resident living in this centre had a signed written agreement in place. These written agreements were recently reviewed by the provider and the inspector found they now provided clear guidance on the exact amount each resident was required to pay, the services they received and the frequency of payment. Where additional charges applied, these were listed within the written agreements. Easy-to-read versions of these written agreements were available to each resident to read if they wished.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had a comprehensive assessment process in place, which assessed residents' physical, psychological and social care needs. Personal plans were developed where residents' needs were identified through this process. These were found to guide staff on the specific support required by residents. Residents and their representatives were invited to take part in the annual review of these assessments and plans. All personal plans and assessments reviewed by the inspector as part of this inspection were found to be up-to-date.

The inspector reviewed a sample of residents' personal goals. These were found to clearly identify the goals residents wanted to achieve, the staff member assigned to support the resident, the actions required to achieve the goal, updates on the progression towards goal achievement and the timeframe for achievement.

Some residents living in this centre were assessed as requiring one-to-one staff support for some activities, some required supervision, while others engaged independently in activities of their choice. Residents were consulted each week about the activities they wished to engage in. The inspector observed that staff encouraged positive risk taking, with some residents independently visiting nearby friends and going for coffee to local coffee shops. The provider had additional staff support available to ensure residents' social support needs could be met. This included an additional staff member from 17.00 – 21.00 Monday to Friday, and 11.00 – 21.00 Saturday and Sundays. Upon review of residents' care notes, the inspector found residents regularly attended day services, dined out, went shopping, used exercise equipment, went on walks, went on bus trips and attended local religious services. Staff had access to three shared vehicles to bring residents to and from the centre.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The location, design and layout of the centre was found to be suitable for its stated purpose. The centre was found to be clean, spacious, suitably decorated, well-maintained, and provided a homely living environment for the residents living there. However, some improvements were required to the back door exit of the centre.

The centre comprised of a large garage space, utility area, shared toilet, shared bathroom, two sitting rooms, kitchen and dining area, four residents' bedrooms, an en-suite and staff room. Bedrooms were spacious, bright, had sufficient floor space for resident use, and were personalised with residents' personal photographs and belongings. Both sitting rooms were spacious, had electric fireplaces and had ample seating where residents could watch television and interact with staff. There was adequate kitchen and dining space for residents to prepare and enjoy their meals. Garden space was also available to residents both at the front and rear of the centre. The centre was found to be clean and maintained to a high standard at the time of inspection.

The front door to the centre had a ramp and handrails in place for residents' to use when entering the centre. However, similar safety arrangements were not in place to the centre's back door. The inspector observed that the floor at the back door exit was raised in parts, posing a trip hazard to residents when exiting the centre using this route. Some residents living in this centre were assessed with specific mobility needs and staff who spoke with the inspector said that residents with these needs do not currently use the back door exit, due to the risks it poses to them.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall, the health and safety of residents, visitors and staff was promoted and protected. The provider had risk management systems in place; however, improvements were required in relation to the management of residents' falls.

The inspector found that precautions were taken by the provider against the risk of fire. Scheduled monthly, weekly and daily fire checks were maintained by the person in charge. The fire alarm system was maintained in line with manufacturer's guidelines and had zones identified to guide staff on the location of a fire in the centre. Fire equipment was available in the centre and was serviced on an annual basis. The provider had fire doors in place throughout the centre, which were found to have magnetic closers and intumescent strips in place. The centre had two fire exits, which were signed posted and maintained clear throughout the inspection. The procedure to be followed by staff in the event of a fire in the centre was prominently displayed. Emergency lighting was provided to the main hallways and communal rooms of the centre; however, emergency lighting was not available to safely guide from the back door fire exit to the fire assembly point. In addition, adequate emergency lighting was not provided where an upstairs evacuation was required. This was brought to the attention of the person in charge who informed the inspector that these works were due to be carried out later in the week. The inspector received confirmation from the person in charge that these works were fully completed following this inspection.

Records of fire drills were available on the day of inspection, which included day-time and night-time fire drills and the use of upstairs evacuation points. Fire drill records demonstrated staff could evacuate residents from the centre in a timely manner. Staff who spoke with the inspector informed of their involvement in fire drills and demonstrated a clear understanding of how to evacuate residents from the centre. In addition, staff were aware of how they would evacuate residents residing in upstairs accommodation where the downstairs fire exits were inaccessible at the time of an evacuation. A sample of residents' personal emergency evacuation plans (PEEPs) were also reviewed by the inspector and were found to give clear guidance on how to evacuate each resident in the event of a fire.

The provider had systems in place for the management of risk in the centre and for the on-going review of accidents and incidents. Accidents and incidents were reviewed on a monthly basis by the management team and the findings used to understand any trends which were then used to inform risk management activities of the centre. The risk management processes within the centre were guided by the provider's risk management policy. Potential risks and hazards within the centre were noted to be identified, assessed and risk rated using risk assessment tools. The provider had an organisational specific health and safety register which was reviewed on a regular basis

by the person in charge. This register outlined various risk categories specific to the centre and included the current risk rating for each risk category. The register also detailed the current controls in place to mitigate risks, further controls that were required and those responsible for responding to the risks identified.

The inspector observed some good practices in the management of residents' specific risks. In one instance, where residents wished to smoke, the provider had provided residents with a safety alarm that residents brought with them to the designated smoking area. Residents used this alarm system to alert staff when they wanted to come back into the centre. Similarly, residents were also supported and encouraged to participate in positive risk taking. The risk assessments in place to support this practice were updated by the person in charge on the day of the inspection to demonstrate the current and additional control in place to support residents to do this. Some residents living in the centre were assessed with mobility needs. Although the inspector observed risk assessments were completed to guide staff on the level of support these residents required, the inspector found gaps in these assessments, including:

- personal plans did not clearly guide staff on the procedures specific to each resident to be adhered to in the event of un-witnessed or witnessed falls.
- arrangements were not in place to identify specific trends in residents' falls
- staff were not provided with the appropriate training to support them to do specific observations for a residents post fall
- neurological observations were not always completed where residents experienced an un-witnessed fall, which was not in accordance with the provider's falls management policy.
- the organisations falls management risk assessment did not accurately describe all current and additional controls measures in place to mitigate this risk.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place. Efforts

were made by the centre to identify and alleviate the underlying causes of behaviour that challenges for each individual resident. The rights of residents were protected in the use of restrictive procedures and the use of these was being carefully monitored by the person in charge.

There were some environmental restrictions in place including a locked cupboard in the utility room. This restrictive practice was found to have a risk assessment in place, which was regularly reviewed, and guided staff on its appropriate application. No physical or chemical restrictions were in operation at the time of this inspection.

The provider had a safeguarding policy in place. No active safeguarding plans were in place at the time of this inspection. Staff who spoke with the inspector were aware of their responsibility to safeguard residents and to report any concerns they had to the person in charge. A safeguarding officer for the centre was identified and a photograph of this person, with their contact details, was displayed in the centre. All staff had received up-to-date safeguarding training.

Some residents living in the centre presented with some behaviour that challenges. Staff who spoke with the inspector were aware of the specific behaviours types that some residents had and how to effectively support residents during such episodes. Behaviour support plans were in place as required and guided staff on the proactive and reactive strategies to be implemented to support the resident. All staff had received up-to-date training in the management of behaviours that challenge.

**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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

A record of all incidents occurring in the centre was maintained, and where required, notified to the Chief Inspector. No gaps in the reporting of notifiable incidents were found during this inspection.

**Judgment:**  
Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that residents were supported to participate socially in activities suitable to their age, interests and needs.

Residents were engaged in social activities, internal and external to the centre. Residents regularly engaged in day-services, local sports groups, day trips to local attractions, shopping and various personal appointments. At the time of inspection, some residents were under-going a six week advocacy course. Other residents told the inspector that they were part of a local sports group that had involvement with the special Olympics.

No residents living in this centre were in employment at the time of this inspection.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that each resident was supported to achieve and enjoy the best possible health. Residents' healthcare needs were met in line with their personal plans and through timely access to healthcare services.

Residents had access to allied healthcare services and a clear recording system was in place to demonstrate which healthcare professionals were involved in each residents'

care. Where residents had specific healthcare needs the inspector found the required personal plans were in place, which identified the specific support required by these residents.

Residents were involved in the preparation of meals, if they wished to do so, they were also supported to regularly dine out. Residents' involvement in planning for grocery shopping and meal planning was regularly sought. On the day of the inspection, the inspector observed residents accessing the kitchen for some snacks and refreshments, as they wished. A fully equipped kitchen and dining area was available for residents to use.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were written operational policies and procedures relating to the ordering, prescribing, storage and administration of medicines to residents.

Medicines were stored in a locked cupboard and were dispensed in their original packaging, which was clearly labelled with the residents' details. Medicines were administered by healthcare assistants, who had received up-to-date training in the safe administration of medicines. A number of prescription sheets were reviewed by the inspector, these were found to provide details on the identification of the resident, the medicines prescribed, the prescribed dosage, the route and the time of administration. Each prescription sheet outlined the date of commencement and discontinuation of prescribed medicines. The inspector reviewed a sample of medication administration records and found no gaps in the administration practices.

No resident was taking responsibility for their own medicines at the time of this inspection. The person in charge had recently completed capacity assessments for each resident, to identify the support residents would require, should they wish to self-administer their own medicines. The person in charge also informed the inspector of additional controls that were recently implemented to the centre's medication system, in relation to regular stock control and obtaining copies of residents' original prescriptions.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had developed a statement of purpose, a copy of this document was available at the centre. The inspector found the statement of purpose was regularly updated to reflect the services provided to residents. An updated statement of purpose was issued to the inspector following this inspection which was found to contain all information as 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):**

This was the centre's first inspection by the Authority.

**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.

The person in charge had overall responsibility for the centre. She was supported in her

role by the provider representative and the area manager. She had in excess of three years management experience and was very familiar with the service, was knowledgeable of residents' needs and was very familiar with the staff working in the centre. Staff who spoke with the inspector said the person in charge was very supportive of the service, was approachable and responsive where operational issues arose. The person in charge held an administrative role and visited the centre most days to meet with residents and staff. At the time of inspection, the person in charge was undertaking a further course in management.

The provider had systems in place to ensure the service provided to residents was safe and consistently monitored. These systems included regular meetings between staff members and the management team, to discuss issues specific to the centre. Additional governance meetings and incident review meetings were also held. These were attended to by various members of the management team. The person in charge and the area manager also meet regularly each week to discuss any areas of concern within the centre.

An annual review of the service and six monthly unannounced provider visits were completed and up-to-date at the time of this inspection. Action plans were developed following each visit and review and demonstrated how the centre planned to address the areas of non-compliance identified. All actions were found to be completed within their specified timeframes. A number of audits were also in operation including health and safety, care planning, finance audits, medication audits and meal and mealtimes.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had arrangements in place for the area manager to take responsibility for the management of the centre if the person in charge was absent from the centre for more than 28 days.

**Judgment:**  
Compliant

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<b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
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<b>Theme:</b> Use of Resources
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<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre’s first inspection by the Authority.
<b>Findings:</b> The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.  The centre had access to shared vehicles to transport residents to various services. Records of how often the centre used this shared transport were available. Staff who spoke with the inspector said they did not experience any difficulty in accessing these vehicles. The inspector found there were sufficient resources to support residents achieve their individual personal plans.  There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents at the time of inspection.

<b>Judgment:</b> Compliant
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<b>Outcome 17: Workforce</b> <i>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.</i>
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<b>Theme:</b> Responsive Workforce
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<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre’s first inspection by the Authority.
<b>Findings:</b> The inspector found that residents received continuity of care, that staff had up-to-date mandatory training and were suitably supervised in their role. However, improvements were required to the rostering arrangements of the centre to ensure residents' social

care needs were being met at all times.

Training records were maintained for the centre and all staff had received up-to-date training in areas such as behaviour support, manual handling, safeguarding and fire safety. There was a planned and actual roster for the centre, which detailed the name of each staff member working in the centre and each shift start and finish time. The inspector also reviewed a sample of three staff files, which contained all information as required by schedule 2 of the regulations.

The person in charge had access to agency staff as required and the inspector observed consistency in the agency staff members that worked in the centre. Additional staff support was rostered from 7.15 - 8.15am each morning to assist with personal care, and a further staff support was rostered from 17.00 - 21.00 Monday to Friday and 11.00 - 21.00 Saturday and Sunday to provide social support to residents. However, upon review of previous residents' meeting minutes, the inspector observed residents regularly made requests to attend live music sessions in the local town. One resident who spoke with the inspector said that she would like to attend such events at night, but she was aware staff were not always available to bring her. Staff who spoke with the inspector said that although the additional staff support for social care has been invaluable to the quality of social care that residents now receive, due to the manner in which these additional hours are currently rostered, staff are not always available to provide social care support to residents who wish to attend activities after 21.00pm. This was brought to the attention of the person in charge and area manager at the time of the 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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall, the inspector found documentation records were accessible, legible and well

maintained.

There was a directory of residents in place which contained all information as required by Schedule 3 of the regulations for each resident. The inspector reviewed a sample of Schedule 5 policies and procedures available at the centre during the inspection. These were found to be up-to-date, accessible to staff and met the requirements of Schedule 5 of the regulations.

A copy of the statement of purpose and residents' guide was available in the centre.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Anne Marie Byrne  
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-0005520
<b>Date of Inspection:</b>	10 & 11 October 2017
<b>Date of response:</b>	06 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:**

The provider failed to ensure the back door exit was suitable to meet the assessed mobility needs of some residents living in this centre.

**1. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed

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

and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- A review of the environment at the back door will be carried out by the OT and a Technical expert.
- All recommendations will be implemented to ensure full access ability for all residents.

**Proposed Timescale:** 28/02/2018

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The provider failed to ensure the following falls management arrangements were in place:

- Personal plans did not clearly guide staff on the procedures specific to the resident to be adhered to in the event of un-witnessed or witnessed falls.
- Arrangements were not in place to identify specific trends in residents' falls
- Staff were not provided with the appropriate training to support them to care for a resident following a fall
- Neurological observations were not always completed where residents experienced an un-witnessed fall, which was not in accordance with the provider's falls management policy.
- The organisations falls management risk assessment did not accurately describe all current and additional controls measures in place to mitigate this risk.

**2. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- Personal Plans have been reviewed to include specific guidelines for staff on the management of Observed and Un observed falls for one resident.
- A Falls diary is now in place to assist on Falls Management Policy to include how to carry out neurological observations.
- Risk Assessments have been reviewed to include all controls.
- Neurological observations are carried out as required in line with the centres policy.

**Proposed Timescale:** 03/11/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The provider failed to ensure that the rostering of social care support to residents was responsive to the social care needs of residents living in the centre.

**3. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- The rosters have been reviewed and altered to ensure that the assessed needs of the residents are met.
- Adequate staff will be in place to meet the social care needs of residents.

**Proposed Timescale:** 03/11/2017