

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rossbarna
Centre ID:	OSV-0005333
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joanna McMorrow
Lead inspector:	Ivan Cormican
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal 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:
04 October 2017 10:00	04 October 2017 19:30
05 October 2017 08:30	05 October 2017 14:00

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

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

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and also to inform a registration decision. The previous inspection of this centre took place on 15 and 16 February 2016. Eleven actions were identified following the previous inspection. The inspector found that nine of these actions had been implemented as described; however, two of these actions had not been addressed and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with nine residents who were observed to interact warmly with staff and appeared to enjoy their surroundings. Five of the residents could communicate verbally, two residents had some verbal skills which were supported with sign language and two residents were non-verbal. The inspector also spoke with nine staff members, including the person in charge and the provider's representative. The inspector also met with one family member who voiced their satisfaction with the service. Questionnaires which were submitted to residents and their families prior to the inspection were reviewed and indicated a high level of satisfaction with the service provided; however, some questionnaires stated that additional staffing supports would benefit the residents. The inspector also observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised two large detached houses and accommodated up to nine residents who have an intellectual disability. Both houses were located within a short drive of a large town and transport was provided to residents who wished to access the community. The centre was warm, clean and was appropriately equipped to meet the residents' needs. Some residents were supported to attend a nearby day service while other residents were offered individual programmes from the designated centre.

Overall judgment of our findings:

This inspection found a good level of compliance with the regulations and residents appeared to enjoy a good level of care. Outcomes including social care needs, health and safety, notifications, healthcare, medications and governance and management were found to be in compliance with the regulations. However, the inspector also found that improvements were required in relation to outcomes including residents' rights, communication, links with the community, admissions, premises, general welfare and development, safeguarding, statement of purpose, workforce and records.

The reasons for these findings are explained 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):

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

Findings:

On the days of inspection, the inspector found that some improvements were required in regards to the rights and dignity of residents in the designated centre. One action from the previous inspection had not been fully addressed as residents' funds continuing to be held in a central account in the main campus building.

Residents attended regular house meetings where items such as meal choice and activities were discussed. Staff were also observed offering residents a choice of meals and activities of their own preference on the day of inspection.

Staff were observed knocking on residents' bedroom doors before entering and also treating residents in a warm and caring manner. Residents looked relaxed in the presence of staff and appeared to enjoy their company. Staff were also guided in the delivery of personal care by intimate care plans which were regularly reviewed and which promoted the independence of each resident. However, the inspector observed the presence of a viewing panel in one residents bedroom door, which did not promote the privacy and dignity of a resident. Documentation reviewed indicated that it was no longer used but there was no rationale its continued presence in the centre. Staff also indicated that it was no longer used but was part of care which was provided to the resident in the recent past.

The inspector also found that staff were conducting regular checks of residents overnight; however, this practice had not been subject to review and residents or their representatives had not been consulted in regards to these night time checks.

The centre had a policy and procedures for recording and responding to complaints. Information on making a complaint and the local complaints officer was also readily available to residents. The inspector reviewed a sample of complaints and found that the person in charge had responded to complaints in a prompt manner and had also given feedback to all complainants as to the outcome of their complaint.

Residents were supported to manage their finances and accurate records of all financial transactions made were maintained. The person in charge was also supporting residents to open their own personal bank accounts.

Judgment:

Non Compliant - Moderate

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:

On the days of inspection, the inspector found that communication with residents was promoted in the designated centre. However, some improvements were required in regards to access to the Internet and communication plans in the centre.

The inspector reviewed a sample of personal plans which contained a communication profile on each resident. These profiles included areas such as 'how I communicate', 'how you can help me to communicate' and 'this is how I tell you that I am happy or upset'. Speech and language therapists were also involved in supporting residents who required assistance and augmented communications systems were put in place when required. Staff were found to have a good knowledge of residents' individual communication plans and had also received specific training to support one resident to communicate. However, the inspector found that a listening device used in the centre had not been identified as a communication aid for one resident.

Residents in both houses in the designated centre had access to television, newspapers and radio; however, only one house had access to the Internet.

Judgment:

Substantially 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:

On the days of inspection, the inspector found that residents were supported to have visitors in their home. However, some improvements were required to the recording of residents' activities in the community.

Each house in the designated centre had an adequate number of reception rooms in which residents could receive visits from families and friends in private. Staff on duty maintained detailed records of all family contact including visits, phone calls and attendance at annual planning meetings. These records indicated that residents were visited by their families on a regular basis. The inspector met with a family member who was visiting their son on the day of inspection. The family member stated that they always felt welcome in the designated centre and was always facilitated to visit their son.

The inspector found that the provider demonstrated that residents were accessing the community on a daily basis but the residents' activities in the community were not always being recorded in a consistent manner.

Judgment:

Substantially 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:

On the days of inspection, the inspector reviewed a sample of written agreements which

were signed by residents' family representatives and a representative from the organisation who was providing the service. The inspector found that all agreements contained the fees that the resident will pay and any additional charges which the resident may incur. However, the inspector found that not all written agreements were available for review in the designated centre.

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:

On the days of inspection, the inspector found that the social care needs of residents were maintained to a good standard. The action from the previous inspection had been addressed with evidence indicating that residents and their family members were involved in identifying social care goals.

Each resident had a personal plan on the days of inspection and the inspector reviewed a sample of these plans. Personal plans were reviewed on at least an annual basis and contained areas such as personal goals, assessment of needs, healthcare, intimate care plans and behavioural support plans. Plans were also made available to residents in an accessible format.

Residents identified goals at their annual planning meeting and were supported to achieve those goals by named staff within the centre. Each identified goal had an associated action plan and the inspector found that good progress had been made in assisting residents in achieving goals such as going on holidays, attending concerts, attending seaweed baths and having personal pampering days.

Residents were also supported to engage in their local community on a daily basis to attend music sessions, horse riding, swimming and to use local services such as restaurants and public houses.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

On the days of inspection, the inspector found that one house in the designated centre was meeting the assessed needs of residents; however, some improvements were required to the other house which made up the centre. The action from the previous inspection had not been fully addressed as some renovations in this house continued to be required.

The designated centre consisted of two large houses, both of which were found to be warm and clean on the day of inspection. Residents' bedrooms in both houses were large and had suitable storage for their personal possessions. One house in the designated centre had also been adapted with contrasting colours around hand rails, door sets, door handle and light switches to promote the independence of a resident who was visually impaired.

One of the houses in the centre required some improvements as there was insufficient space to store residents' personal files in a secure manner. This was brought to the attention of the person in charge who was aware of this but indicated that there was nowhere else to store the files. The person in charge had also requested improvements in regards to this with the landlord since the previous inspection, but no further progress had been made in resolving this issue.

The inspector also noted that one resident's access to and from their bedroom was impeded by an office door which was left open in order to facilitate staff to access this small room. Residents had also complained that this house required painting both internally and externally. The person in charge had given feedback to the residents and the requested interior painting had been completed; however, the exterior of the building had not been painted.

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):

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

Findings:

On the days of inspection, the inspector found that the provider promoted the health and safety of residents, visitors and staff. The actions from the previous inspection had been addressed and staff were up to date with infection control training.

Recommendations from a fire safety expert had also been implemented by the provider.

Both houses in the centre had a fire alarm, smoke detectors, heat detectors, emergency lighting and fire doors in place. Personal emergency evacuation plans (PEEPs) had been developed which stated the support the resident may require to evacuate the centre. General evacuation procedures were also on display to advise staff in the event of having to evacuate the centre.

The provider had procedures in place to monitor fire precautions within the centre and staff were conducting regular checks of fire precautions. All fire doors had door closers in place and all fire doors were observed to be closed on the day of inspection. An issue with two fire doors not closing independently had also been logged with maintenance. Fire drills were occurring at regular intervals and records of these indicated that all residents could be evacuated in a prompt manner.

The provider had a risk management policy in place. The person in charge maintained a risk register and had completed risk assessments for each resident. Each risk assessment was risk-rated and included a comprehensive list of control measures to mitigate the identified risk. The provider also had systems in place for the monitoring and response to adverse events with all recorded incidents responded to in a timely manner by the person in charge.

The provider proposed to have a cleaning schedule and colour coded mops to guide staff in regards to their use.

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:

On the days of inspection, the inspector found that the provider had policies and procedures in place to protect residents from potential abuse. The action from the previous inspection had been addressed with behavioural support plans now including the use of proactive strategies and any restrictive procedures which may be implemented. However, some improvements were required to restrictive practices within the centre.

There were no active safeguarding plans in place on the days of inspection. Staff had a good understanding of the procedures and policies used to safeguard residents and could identify the designated person to manage any allegations of abuse.

There were some restrictive practices in place on the days of inspection which were supported by risk assessments and guidance in their use from appropriate qualified professionals. These identified restrictive practices had protocols and logs for their use in place and the resident's family members were aware that they were being implemented. However, the use of two listening devices had not been recommended by a appropriate qualified professional and there was some confusion in regards to if they were a requirement of a medical condition or a behaviour of concern.

Judgment:

Substantially 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:

On the days of inspection, the inspector found that the person in charge maintained records of all events which had been notified to the Health Information and Quality Authority (HIQA). The person in charge also had a good knowledge of all events which are to be notified to HIQA.

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):

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

Findings:

On the days of inspection, the inspector found that some residents were supported to access further education and training; however, this was not delivered in a consistent manner to all residents.

Some residents training needs were facilitated through a local day service where they had access to further training in areas such as computers, sports and independent living. Staff also indicated that further funding had been sought to implement an arts and craft class from the designated centre.

A review of personal plans stated that some residents who did not attend a day service had activity programmes in place in areas such as life skills, social skills and cookery. However, there was no documented evidence available for review which stated that each of these programmes were occurring within the centre. The inspector also found that a formal assessment to establish each resident's educational, training and employment goals had not occurred.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: On the days of inspection, the inspector found that the best possible health of the residents was promoted in the designated centre.</p> <p>Residents visited their general practitioner (GP) on a regular basis and were supported to attend appointments with professionals such as neurologists, psychiatrists, ophthalmologists and speech and language therapists. One resident was seen by a tissue viability nurse on a regular basis, and a management plan had been in place to support this resident, when they had a wound.</p> <p>Staff maintained logs of all appointments with medical professionals and detailed progress notes of all appointments were maintained. These included comprehensive medical histories. Staff were also conducting monthly weight measurements for residents and there was evidence that a varied diet was offered to residents, which included fresh fruit and vegetables.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: On the days of inspection, the inspector found that appropriate medication practices were in place.</p> <p>Medication was stored in a locked cupboard and the keys were securely held by the senior staff on duty. All medications held within the medication cupboard were in date and had appropriate labels attached. Only registered nurses were administering medications in the centre and prescription sheets contained all the necessary information so that medicines could be administered in safe manner. A review of medication administration recording sheets indicted that all medications had been</p>

administered as prescribed.

Residents had been assessed to self-medicate but none were self-medicating on the day of inspection.

Staff were conducting regular medication stock control audits in the centre and a pharmacist also audited the centre on a six monthly basis. The person in charge was also conducting monthly audits of medication practices within the centre.

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):

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

Findings:

The inspector found that the centre had a statement of purpose in place which broadly outlined the services to be provided. The action from the previous inspection had been addressed, with details of the houses in the designated centre now including the room sizes. However, the inspector found that not all requirements of Schedule 1 of the regulations were included in the statement of purpose.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

On the days of inspection, the inspector found that the designated centre had appropriate governance and management arrangements in place.

The person in charge was in a full-time role and attended the designated centre on a daily basis. The person in charge had detailed knowledge of the care needs of residents and was supported in her role by senior management of the organisation. The person in charge was conducting a quality improvement plan on a monthly basis which examined 18 outcomes. Any identified issues under each outcome were supported by a clear action plan and timelines for completion. The inspector found that the person in charge had made good progress in addressing all actions identified as part of this quality improvement initiative.

The provider had conducted an unannounced six-monthly audit in regards to the quality of care provided in the centre. The audit examined previous audit action plans and a number of outcomes within the service. Some actions were identified in areas such as complaints, incident reviews and fire precautions and the inspector found that these issues had been addressed by the person in charge.

Residents and their families were also consulted as part of the annual review of the service provided. The annual review examined themes within the service such as person-centered planning, effective services, workforce and safety. The annual review had occurred in the days prior to the inspection and the person in charge was aware of the action plan, which was generated to support any identified areas for improvement.

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:

On the days of inspection, the inspector found that the provider was aware of the requirement to notify the Chief Inspector in some instances when the person in charge

may be absent from the designated centre. The provider also had suitable on-call arrangements in place when the person in charge was absent from the centre.

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):

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

Findings:

On the days of inspection, the inspector found that the designated centre was adequately resourced to meet the assessed needs of the residents. The action from the previous inspection had been addressed, with additional funding made available to complete the required recommendations of a report generated by a fire expert.

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:

On the days of inspection, the inspector found that the provider had appropriate staff numbers in place to meet the assessed needs of residents. The action from the previous inspection had been addressed with staff up-to-date with training needs. However, improvements were required to the information contained within staff files.

The inspector reviewed a sample of staff files and found gaps in regards to employment histories. There was evidence available which indicated that all staff had a Garda vetting disclosure in accordance with the national Vetting Bureau; however, this vetting disclosure was not available for review.

Staff were receiving regular support and supervision and were also attending regular team meetings. Staff were also up-to-date with training needs and had received training in fire safety, safeguarding, infection control, manual handling and supporting residents with behaviours that may challenge.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

On the days of inspection, the inspector found that, overall, records were maintained to a good standard and supported the delivery of care to residents. The provider had all the required policies as stated in Schedule 5 of the regulations; however, the inspector found that not all requirements of Schedule 3 of the regulations were in place.

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:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005333
Date of Inspection:	04 & 05 October 2017
Date of response:	09 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider failed to ensure that residents and their representatives had been consulted in regards to the practice of night time checks.

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

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

accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

Since inspection all residents and families have been consulted and agreed to night time checks. MDT reviews to discuss the continued use of comfort checks at night will be arranged for each individual, their families and advocates.

Proposed Timescale: 31/03/2018

Theme: Individualised Supports and Care

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

The presence of a door viewer did not promote the respect and dignity of one resident in the designated centre.

The provider also failed to ensure that the practice of night time checks had been subject to review to ensure that the privacy of residents was maintained.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

An MDT review has been completed on the door viewer with the Clinical Psychologist (conference call), and in consultation with resident and family to discuss this practice, a decision was agreed to retain door viewer and a protocol, procedure and rationale has been agreed and will be signed off by Clinical Psychologist, and resident care plan/BSP updated.

Proposed Timescale: 30/11/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The provider had not identified that a listening device used in the centre was required to support a resident to communicate with staff.

3. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

A review in consultation with the SLT will be carried out with discussion around support and assistance in communication in accordance with residents needs, and this will be detailed in the care plan/BSP of the resident.

Proposed Timescale: 30/11/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure that all residents had access to the internet.

4. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

The Provider will ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

Proposed Timescale: 31/03/2018

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

Theme: Individualised Supports and Care

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

The provider failed to ensure that residents' activities in the community were recorded in a consistent manner.

5. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Documentation has been reviewed and resident's activities are now clearly documented and recorded in a consistent manner, these activities supports the residents to develop and maintain personal relationships and links with their community in accordance with their wishes

Proposed Timescale: 05/11/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The provider failed to ensure that all written agreements were available for review.

6. Action Required:

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

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

All written agreements will be in place in the agreed timeframe, consultation with one resident's family is completed, it is agreed that the family will submit a letter around the residents contract of care agreed with the HSE

Proposed Timescale: 20/11/2017

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 that the external aspect of the designated centre was appropriately decorated.

7. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The provider will ensure that the external aspect of the designated centre will be appropriately decorated by the time scale below.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

The provider failed to ensure that one resident's access to their bedroom was not impeded.

8. Action Required:

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

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

The provider will ensure that the designated centre adheres to best practice in achieving and promoting accessibility and will carry out the required alterations to the premises of the designated centre by the timescale below.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

The provider failed to ensure that suitable storage was available for resident's personal plans.

9. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The personal Plans of residents are now moved to the inner sitting room, and stored in a suitable press which can be accessed by residents and staff.

Proposed Timescale: 05/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that the use of listening devices had been identified as a restrictive practice and had been reviewed in line with appropriate professional advice.

10. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The Listening device is subject to review in consultation with the SLT/ Medical Teams as required, the practice agreed around same will be detailed in the care plan/

communication plans of the residents, and will no longer will be considered as a restrictive practice.

Proposed Timescale: 30/11/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The person in charge failed to demonstrate that documented training had occurred for all residents as stated in their personal plan. The person in charge also failed to ensure that an assessment had been conducted to establish each resident's training, educational and employment goals.

11. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The person in charge will ensure that an assessment will be researched and carried out to establish each resident's training, educational and employment goals. From this assessment a goal plan will be developed with each individual, suitable to their strengths, choice and future training and education needs.

Proposed Timescale: 31/01/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that all the requirements of Schedule 1 of the regulations was included in the centre's statement of purpose.

12. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Person in charge completed a new statement of purpose in line with the requirements as outlined in the Schedule 1 of the Regulations, and sent to the Inspector.

Proposed Timescale: 15/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge failed to ensure that employment histories and a vetting disclosure in accordance with the National Vetting Bureau was available in all staff files.

13. Action Required:

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

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

The person in charge continues to update the HR files of all employees in the designated centre. The Person in charge is still awaiting the disclosures requested. The Provider will ensure that information and documents as specified in Schedule 2 are completed for all staff by the timescale below.

Proposed Timescale: 31/12/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider failed to ensure that all aspects of the directory of residents was in place.

14. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The directory of residents has been updated to ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 31/10/2017

