

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Re Nua
Centre ID:	OSV-0002618
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joanna McMorrow
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
07 November 2017 10:30	07 November 2017 18:30
08 November 2017 08:55	08 November 2017 11:50

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 all three residents who live in this centre, three staff members, the person in charge and the area manager during the inspection process.

All three residents were able to communicate directly with the inspector, or with minor assistance from staff members. The inspector reviewed practices and documentation including residents' assessments and personal plans, incident reports, complaints registers, health and safety 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 bungalow that can accommodate three residents with low to moderate intellectual disability from 18 years of age to end of life. Two female residents and one male resident were living in this centre at the time of the inspection, ranging from 72 to 78 years of age. The centre comprised of a hallway, three residents' bedrooms, one staff room, a kitchen and dining area, a utility room, a shared bathroom, two toilets and 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. Healthcare assistants and staff nurses were rostered on a daily basis and were supported by additional staff to deliver support for social care and personal care as required. On-call arrangements were also in place to support staff working after 5pm and at weekends.

Overall judgment of our findings:

Overall, the inspector found that the assessed needs of residents living in this centre were met through person-centred systems and were delivered by staff who were very familiar with residents' assessed needs. The inspector found this service provided residents with a homely environment and residents' independence was promoted through various communication systems and activity schedules. The provider had put systems in place to monitor the quality of care residents received. Overall, the inspector found these systems to be effective. The quality of care delivered was found to be of a high standard in a number of areas including complaints management, safeguarding, fire safety, governance and management, privacy and dignity, resident consultation, medication management, healthcare, staff rostering and risk management. 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, two were substantially-compliant, and one outcome was in major non-compliance.

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.

The provider had an easy-to-read complaints procedure displayed to guide on the recording, response, management and appeals process of all complaints received. The person in charge was identified as the complaints officer for the centre and her photograph was displayed in the centre for residents to identify. Although there were no active complaints at the time of this inspection, the person in charge maintained a record of the nature, management and outcome of all complaints received.

Residents were regularly consulted about how they wished to spend their day and residents' meetings occurred every Tuesday. Staff who spoke with the inspector informed that given the age profile of some residents living on the centre, on-going consultation with residents each day assured staff that residents were engaging in activities suitable to their healthcare, social and cognitive needs. Staff who spoke with the inspector were very aware of residents' preferred routines and demonstrated a clear understanding of their role in supporting residents to choose how they wished to spend their day.

Residents' money was maintained in the centre, with each resident having their own personal wallet and personal account log book. Financial capacity assessments were completed for each resident, with guidelines in place as to how staff were required to support residents with their finances. Some residents' balances were spot checked by a staff member and the inspector and no errors were found. The residents' finance policy

also guided on additional personal account checks to be completed by staff at the end of each shift; however, the inspector found confusion among staff members who spoke with the inspector, as to the frequency of these checks. Although the inspector observed staff were conducting some checks to residents' personal accounts, it was also unclear from these records if these checks were occurring in line with the centre's finance policy.

Judgment:

Substantially 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 visual and hearing impairments. The inspector observed staff to interact well with these residents and support them to communicate as required. For example, a navigation system was in place in the centre to support a resident who was visually impaired, to independently move around the centre. Points of reference were also placed along handrails to inform this resident of what direction to take to get from his bedroom and bathroom. For residents who experienced a hearing impairment, assistive technology was provided in their bedroom to alert where the fire alarm was activated. These residents were found to have communication assessments completed and comprehensive communication profiles in place.

Staff who spoke with the inspector were very aware of residents' specific communication needs. Staff also informed the inspector that they had sought the guidance and assistance of external professionals to ensure effective communication strategies were developed for these residents. Residents with specific communication needs were provided with some assistive technology including large button remote controls and dialogue dvds. The provider had recently introduced some easy-to-read documents for residents' including the statement of purpose, complaints policy, residents guide and written agreements.

Judgment:

Compliant

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Outcome 03: Family and personal relationships and links with the community <i>Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.</i>
Theme: Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s): This was the centre’s first inspection by the Authority.
Findings: The inspector found that arrangements were in place to support and promote family and personal relationships with residents. Residents' families were invited to the annual review of residents' personal plans, and residents were encouraged and supported to regularly visits their families. Residents had access to rooms within the centre to meet with their visitors in private if they wished.
Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services <i>Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.</i>
Theme: Effective Services
Outstanding requirement(s) from previous inspection(s): This was the centre’s first inspection by the Authority.
Findings: Each resident living in this centre had a signed easy-to-read written agreement in place. These written agreements 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 in an appendix at the back of written agreements.
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:

Overall, the inspector found residents were involved in the planning of activities, and were supported to engage in activities suitable to their abilities.

A comprehensive assessment process was in place for each resident which included an assessment of their care needs. These assessments were found to be reviewed annually or more frequently if required. Personal plans were developed for each resident, and were found to provide very specific guidelines to staff on the support they were required to give to residents each day. Residents and their representatives were found to be involved in the assessment and personal planning process. Staff who spoke with the inspector were found to be very knowledgeable of residents' assessed needs and demonstrated how personal plans supported them to meet the care needs of each resident living in the centre. The inspector noted a variety of goals were planned; including, hotel breaks, making of a will, going to concerts and visiting friends. Each goal had an action plan in place which identified what actions were required to achieve the goal, the name person responsible to support the resident, the date of review and any progression made towards achievement.

One resident attended a local day-service and was supported to go to local shops independently as she wished. Staff told the inspector that some residents were recently given the responsibility of delivering the weekly grocery list for the centre into a local grocery shop. Residents were also encouraged to have overnight visits with their family, with one resident telling the inspector that she was going home to visit a family member that evening. Due to the age profile of some residents living in this centre, some were no longer attending a day service. In this instance, the provider had ensured social activities were scheduled in the centre each week for these residents. These activities included beauty treatments, weekly music sessions, reflexology, gardening and arts and crafts. The person in charge had also ensured that where any resident required one-to-one support, additional staff support was available to these residents, should they wish to participate in an activity outside of the centre. For instance, on the day of inspection, these residents were supported by staff to attend a weekly music event in a local nursing home. Staff who spoke with the inspector said they also had access to a full-time vehicle to bring these residents on trips, concerts and activities outside the centre.

One resident had transitioned to this centre four weeks prior to this inspection. The inspector met with this resident, who said she was now very familiar with staff members, felt very welcome and at home in the centre. Staff also told the inspector that the person in charge had arrangements in place to ensure they were supported to get to know this resident and their assessed needs during the transition period.

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 inspector observed the centre to be clean, spacious, suitably decorated, well-maintained, and provided a homely living environment for the residents. However, some improvements were required to the back door exit of the centre.

The centre comprised of a utility area, two toilets, a shared bathroom, two sitting rooms, kitchen and dining area, three residents' bedrooms and a staff room. Bedrooms were personalised, spacious, bright and had sufficient floor space for residents' use. A resident who recently transitioned to the centre told the inspector of the plans she had to redecorate her bedroom walls, curtains and furnishings. She also told the inspector that she was facilitated to bring her own furniture with her and that staff supported her buy new furnishings as part of their transition. Both sitting rooms were spacious and had enough seating for the number of residents living in the centre. Residents had access to two shower facilities, their own storage space for their toiletries and shower seating was provided to residents who required it. There was adequate kitchen and dining space for residents to enjoy their meals. A garden area was available to residents at the front and back of the centre. Staff told the inspector that the garden area to the rear of the centre was renovated in 2013, with a large emphasis placed on providing a sensory space for residents to use. The inspector observed this garden area to have raised plant and vegetable beds to facilitate residents to use as part of their activity schedule. A covered seating area was also available to residents to use.

The front door and back door to the centre had ramps and handrails in place for residents' to use. However, the inspector observed that the the back door exit pathway

was raised in parts, posing a trip hazard to residents, staff and visitors when exiting the centre using this route.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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 inspector found the provider had adequate fire safety arrangements and risk management systems in place.

Precautions were taken by the provider against the risk of fire including, a zoned fire alarm system, fire doors throughout the centre, scheduled fire checks, regular fire drills, up-to-date staff training in fire safety, emergency lighting and regular maintenance of fire equipment. Fire drill records reviewed by the inspector demonstrated that staff could evacuate residents in a timely manner. Staff who spoke with the inspector were knowledgeable of the support required by each resident in the event of an evacuation and of their role in alerting the emergency services. Personal evacuation plans were in place for each resident to guide on the level of staff support they would require in the event of an evacuation. The fire procedure was also displayed in the centre and provided clear guidance to staff on how to respond to a fire in the centre.

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 regularly reviewed by the person in charge and at monthly governance meetings. The inspector observed that following recent medication related incidents, controls measures were put in place by the person in charge to include additional staff training and a discussion with staff about these incidents at staff meetings. A health and safety register was in place and was regularly reviewed and updated by the person in charge, with each risk assessment clearly identifying what control measures were in place to mitigate these risks. A sample of some organisational risk assessments were reviewed by the inspector with the person in charge, who demonstrated a strong understanding of the centre's risk management system.

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):

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

Findings:

Overall, the inspector found the provider had measures in place to protect residents from being harmed or suffering abuse. Staff were aware of their responsibility in supporting residents with behaviours that challenge. Where restrictive practices were in place, these were found to be appropriately risk assessed.

The person in charge informed the inspector that there were no active safeguarding plans in place at the time of the 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. All staff had received up-to-date training in safeguarding.

Some residents living in the centre presented with some behaviours that challenge. Staff who spoke with the inspector were aware of the specific behaviours that residents had, what the triggers for these behaviours were and how to effectively support them during such episodes. Behaviour support plans were in place and a record of previous behaviours which occurred were maintained also. All staff had received up-to-date training in the management of behaviours that challenge.

There was a locked cupboard in the centre which contained cleaning chemicals. The inspector found that the person in charge had adequately risk assessed this restrictive practice.

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>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.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that residents were supported to participate socially and develop skills in activities suitable to their age, interests and needs.</p> <p>Residents were engaged in social activities, inside and outside of the centre. One resident attended a local day-service Monday to Friday. Other residents were supported by staff to access the community regularly to go to music sessions, concerts, shops, the hairdresser and post office. Staff told the inspector that the centre recently became involved in a local men's shed to get gardening ideas for the rear garden. At the time of inspection, some residents were waiting to commence a course in advocacy.</p> <p>No residents were in employment at the time of this inspection.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>

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.

Some residents living in this centre presented with specific healthcare needs. The inspector found appropriate assessments were completed and personal plans developed to guide staff on how to support residents with these needs. Residents had access to a GP and other allied healthcare professionals including speech and language therapists, physiotherapists, chiropodists and behaviour support specialists.

Residents were supported to dine out or have their meals in the centre. Residents were encouraged to assist in the preparation of meals if they wished, with one resident telling the inspector that she regularly helps to load the dishwasher and set the table before meals. Residents were involved in the planning of meals, which was discussed with them at weekly residents' meetings. An information folder was available in the kitchen to staff which contained information about residents' food likes and dislikes, preferred dining routines and specific dietary requirements.

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:

Overall, the inspector found the provider had systems in place to ensure the safe administration of medicines to all residents. No residents were taking responsibility for the administration of their own medicines at the time of this inspection.

Medicines were stored in a locked cupboard, with some dispensed using a compliance

aid and others in their original packaging. Medicines were clearly labelled with the residents' details and administered by nurses or healthcare assistants. The inspector observed that all healthcare assistants working in the centre had received up-to-date training in the safe administration of medicines. A sample 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. The inspector reviewed a sample of medication administration records and found no gaps in the administration practices. A culture of reporting medication errors was promoted within the centre, and the inspector observed that where errors occurred, they were recorded and actioned in a timely manner. The person in charge also had a system in place for regular auditing of the centre's medication systems.

Capacity assessments were recently completed for each resident, to identify the support residents would require, should they wish to self-administer their own medicines. No residents were currently taking responsibility for their own medicines at the time of this inspection.

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 a statement of purpose in place for the centre to outline the services the centre intended to meet. The inspector found this document contained 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.

The person in charge had overall responsibility for the centre and was supported in her role by the provider representative and the area manager. She was very familiar with the service, has over three years management experience, was found to be knowledgeable of residents' needs and was very familiar with the staff working in the centre. The person in charge held an administrative role and visited the centre very regularly to meet with residents and staff.

The provider had systems in place to ensure the service provided to residents was safe and consistently monitored. Regular staff meetings were occurring to provide staff with an opportunity to discuss areas such as safeguarding, residents' feedback, residents' progression of residents' personal goals, incidents and audit findings, house concerns and record management. Regular person in charge and governance meetings facilitated discussions around staff rostering, absenteeism, policy development, governance and quality and safety. The person in charge and the area manager also meet regularly to discuss any areas of concern within the centre. Staff who spoke with the inspector said that they were kept informed of any changes within the service and felt they were supported by the management team.

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 completed by staff and the person in charge including cleaning audits, health and safety, care planning, finance audits and medication audits.

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 that where the person in charge was absent for more than 28 days, the area manager for the service would take responsibility for the service.

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):

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

Findings:

The inspector found that the provider had ensured the centre was suitability resourced. Staff and residents had access to a full-time vehicle. The person in charge told the inspector she had adequate resources in place to meet the rostering needs of the centre. During this inspection, the inspector observed no gaps where resources were not provided to meet the assessed needs residents.

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:

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

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

Findings:

Overall, the inspector found the provider had adequate staffing arrangements in place to meet the assessed needs of residents. In addition, the inspector found that residents received continuity of care, staff had up-to-date mandatory training and were suitably supervised in their role. However, some improvements were required to the maintenance of schedule 2 documents.

Training records demonstrated that all staff had received up-to-date training in areas such as fire safety, safe administration of medicines, behaviour support, manual handling, safeguarding and hand hygiene. The person in charge had also conducted supervision with all staff working in the centre. 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 centre was not in use of agency staff and no volunteers were working in the centre at the time of this inspection. Staff nurses and healthcare assistants were rostered in this centre, with sleepover staff in place each night. An additional two days social care support was provided to the service and the person in charge told the inspector that this ensured adequate staff support was in place for residents' social care needs during the week and at weekends. The person in charge also said that where residents wished to attend events outside the centre after 6pm, arrangements were put in place to ensure additional staff were rostered to support these residents. An on-call system was in place to support staff working after 17.00hrs and at weekends. The person in charge told the inspector that she currently had the staff resources available to her to meet the rostering needs of the service.

Of the three reviewed a sample of three staff files reviewed by the inspector, adequate garda vetting records were not in place for two staff files reviewed.

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):

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

Findings:

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 also reviewed a sample of schedule 5 policies and procedures and 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. Overall, the inspector found documentation records were accessible, legible and well maintained.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002618
Date of Inspection:	07 November 2017
Date of response:	4 December 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure monitoring of residents' personal accounts was in line with policy and procedure.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Staff will conduct checks to residents' personal accounts when coming on , and going off duty in line with centre's financial policy.

Proposed Timescale: 29/11/2017

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 the back door exit of the centre did not pose a fall risk hazard to residents.

2. Action Required:

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

The Person in Charge will contact Estates department for advice and recommendations to reduce a trip hazard to residents, staff and visitors when exiting the back door exit of the centre. Works recommended by Estates will be completed.

Proposed Timescale: 28/02/2018

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 all information as required by schedule 2 of the regulations were in place for all staff.

3. 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 has contacted the Data Controllers' office in relation to outstanding Garda Vetting records. All outstanding documents will be forwarded to HIQA when received from Data Controllers ` office.

Proposed Timescale: 13/01/2018