

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Innisfree
<b>Centre ID:</b>	OSV-0002627
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joanna McMorrow
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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 11:00	07 November 2017 19:00
08 November 2017 08:50	08 November 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 inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

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

How we gathered our evidence:

During the inspection, the inspector spoke with four residents in a group setting about the quality of care and support they received when at the centre. In addition, the inspector interviewed one staff member as well as the person in charge. Furthermore, the inspector reviewed questionnaires completed by residents who used the centre. The inspector observed practices and reviewed documents such as personal care plans, medical records, policies and staff files.

#### Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of a single-storey house on the outskirts of a town and close to amenities such as shops and leisure facilities.

#### Overall Findings:

The inspector found that residents were supported in line with their assessed needs as described in their personal plans. Residents told the inspector that they were able to do activities of their choice and were supported in the centre. Residents said that staff at the centre were friendly and supportive and the manager was responsive and approachable. The inspector observed that residents were happy with the support they received from staff throughout the inspection. The centre was well-maintained, with its design and layout meeting the needs of residents who accessed the service.

The centre was inspected against 18 outcomes. The inspector found compliance in 14 outcomes inspected. Moderate non-compliance was found in four outcomes.

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

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were consulted and involved in making decisions about their centre.

The provider's complaints policy was up-to-date and included information on how to lodge a complaint and the provider's appeals procedure. In addition, the complaints policy was prominently displayed on the notice board, alongside an accessible version for residents. Information about the provider's complaints officer and advocacy services was displayed on the notice board. The person in charge maintained a record of all complaints received which included actions taken, the current status of the complaint and the complainants' satisfaction with the outcome.

Residents told the inspector that they were happy and enjoyed coming to the centre and had no complaints; however, they said they would speak to staff on duty or the person in charge if they were unhappy about the service they received. Residents told the inspector that at the weekly house hold meetings they decided activities they would do and the meals they would have at the centre, which was reflected in residents' meeting' records. In addition, a residents' meeting was held with each resident on a weekly basis. Meeting minutes showed that residents were made aware of their right to make a complaint and had also been updated on the centre's fire safety arrangements.

The inspector reviewed arrangements for supporting residents with their personal finances while at the centre. Residents were supported in line with the provider's policies, with all transactions being receipted and recorded. Where residents chose to manage their own finances, this was recorded and supported by staff.

<b>Judgment:</b> Compliant

**Outcome 02: Communication**  
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

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

**Findings:**  
Residents were supported with their assessed communication needs.

Residents' personal plans included an assessment of their communication ability. Staff knowledge reflected residents' communication needs as described in their personal plans.

There were easy-to-read versions of the centre's statement of purpose and the provider's complaints and safeguarding policies available for residents. The centre also provided a computer with games and communication programmes in the dining room, which was also accessed by residents.

Residents had access to a range of media while at the centre such as radio, television and the internet. One resident told the inspector that they were given the centre's internet password so they could continue to use their smart phone during their stay.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

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

**Findings:**

The inspector found that residents were supported to maintain relationships and access the local community.

The provider had an up-to-date visitor's policy. There were no restrictions on visitors to the centre and facilities were provided for residents to meet their family and friends in private.

Staff told the inspector, that regular communication occurred between the centre and residents' families. Records examined showed communication which related to residents' experiences while at the centre, changes to residents' health and medication and planning for social events.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre had an up-to-date admissions and discharge policy; residents' written agreements contained sufficient information about the charges for the service provided.

The centre had an up-to-date admissions and discharge policy which was reflected in the statement of purpose. The inspector reviewed family questionnaires and found that their described experiences reflected the provider's admission policy in relation to residents' residential care.

Residents had accessible written agreements in place, which included the total fees charged and any additional charges to be met at the centre such as, community activities, clothing and toiletries. Written agreements included information on the services and facilities available and reflected the centre's statement of purpose. In addition, written agreements had been signed by both the provider and the resident or their representative.

**Judgment:**

Compliant

## **Outcome 05: Social Care Needs**

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

### **Theme:**

Effective Services

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

No actions were required from the previous inspection.

### **Findings:**

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

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

Personal plans included residents' annual goals which reflected their likes and preferences. Residents told the inspector that they were working towards goals such as increasing their independent living skills in areas such as personal laundry and shopping, as well as social activities - which included planning holidays and organising a birthday party.

The inspector reviewed residents' personal plans and goal records and found that they included information on actions to be taken for each annual goal, along with named staff supports and expected timeframes for achievement. In addition, regular updates on progress towards the goal's achievement were recorded by staff.

Residents' personal plans were subject to an annual review and records showed that the effectiveness of all aspects of the residents' personal plans was reviewed including identified support needs and whether previous annual goals were achieved. Meeting minutes showed that reviews were attended by the resident and their families, along with multi-disciplinary professionals such as psychiatrists and social workers. In addition, recommendations from review meetings were reflected in residents' personal plans and risk assessments examined by the inspector.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that the centre was clean; however, significant improvement was required to ensure the residents were provided with safe and suitable living space in-line with their assessed needs..

The inspector completed a walk around internally and externally of the centre. While the rooms were clean, personalised and well-decorated, the layout and facilities required an upgrade in line with the assessed needs of residents. The inspector found that there were two bathrooms in the centre, which had noticeable damage to flooring, walls and ceilings, at the time of inspection. An occupational therapist had completed a comprehensive assessment of the bathroom facilities in-line with residents assessed needs. This report was completed in September 2016 and had also identified that work was required to improve the bathroom facilities in the centre. The report outlined that a wet room facility was required with hand rails to aid mobility.

The drive leading to the centre sloped down towards the front door. Several residents had mobility issues and the person in charge and occupational therapist had completed an assessment of all living spaces in the centre. A hand rail had been identified to assist all residents to mobilise safely in an external area of the centre. However, this was not installed on the day of inspection and no timeframe was specified for completion of this hand rail.

In addition, the laundry room, had significant water damage and mould present on the walls and ceiling, with paint peeling off the walls at the time of inspection.

The inspector found that private space was limited in the centre; however, residents respected each others privacy. In addition, the person in charge's office space was also available for all residents in the centre if required.

**Judgment:**

**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):**

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

**Findings:**

The provider had up-to-date policies on risk management and health and safety. In addition, the centre's safety statement was up-to-date and provided guidance to staff on risk control measures for areas such as infection control, storage of chemical substances and manual handling practices. The safety statement included procedures to be followed at the centre in the event of emergencies such as fire and the loss of power or water. Procedures described in the centre's safety statement were reflected in discussions with staff. However, improvement was required to fire safety in the centre.

The person in charge maintained an up-to-date risk register and risk assessments had been completed on all highlighted risks which related to the centre' premises, practices and residents needs. Assessments were regularly reviewed and reflected staff knowledge. In addition, the person in charge maintained a record of accidents and incidents which had occurred and team meeting minutes showed that these records were regularly discussed and resident's personal plans amended where appropriate. The centre's risk management arrangements ensured that residents were kept safe.

The provider had up-to-date policies on risk management and health and safety. In addition, the centre's safety statement was up-to-date and provided guidance to staff on risk control measures for areas such as infection control, storage of chemical substances and manual handling practices. The safety statement included the procedures to be followed at the centre in the event of emergencies such as fire and the loss of power or water. Procedures described in the centre's safety statement were reflected in discussions with staff.

Although personal plans, risk assessments and discussions with staff showed that residents' manual handling needs were minimal in nature, training records showed that all staff had received up-to-date manual handling training in-line with the provider's policies .

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre. In addition, segregated waste disposal facilities. Training records showed that all staff had completed either up-to-date hand hygiene or infection control training at the centre.

The centre's fire evacuation plans was displayed along with an accessible pictorial version for residents and reflected both resident and staff knowledge. In addition, all residents had an up-to-date 'personal emergency evacuation plan' (PEEPs) which assessed their ability to evacuate the building in the event of fire and any supports required. The inspector found that staff knowledge reflected residents' PEEPs reviewed during the inspection.

The inspector reviewed records and found that all staff had received up-to-date fire safety training in-line with the provider's policies following the last inspection.

During the inspection, the inspector was provided with individual fire risk assessment reports, which were completed in 2015 and 2016 for the centre. Recommended actions from these reports were rated as low, medium and high risk actions, with each action having a specific timeframe for completion. However, at the time of this inspection, a number of medium and high risk actions were not completed. For instance, of the total 10 actions identified for the centre, 8 actions were not completed in line with the recommended timeframe for completion. Of the 8 actions not completed, these were orange rated actions, which were recommended to be completed within six to twelve months of when they were identified in July, 2016. The provider nominee was not present on the day of inspection. The person in charge informed the inspector that plans were in place to complete these outstanding actions. However, these plans were reliant on new contracts being established with the housing association and this had not been completed at the time of inspection. Furthermore, the provider felt that a new fire risk report was required to guide what work was required. Completion of the report was 5 to 8 weeks, at the time of inspection. Therefore, no clear plan was in place and no timeframes for starting or commencing all work required was provided to the inspector.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire safety equipment was regularly serviced by an external contractor as well as weekly internal checks on fire equipment being completed by staff. Residents who spoke with the staff were informed about the procedures in place to evacuate and they also completed a checklist each night for safety.

Regular fire drills were conducted at the centre and records showed that all staff and residents had participated in a simulated evacuation. Furthermore, drills had been conducted using minimal staffing levels to assess their effectiveness in all circumstances.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

*to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

Residents were protected from harm and supported with the management of behaviour that challenges.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Staff had received up-to-date training in both safeguarding vulnerable adults and open disclosures.

The inspector spoke with staff and found that they were informed and aware of how to manage concerns of abuse and were familiar with the procedures in place. A designated person was clearly identified and accessible for residents and staff should the need arise. The person in charge was found to monitor all systems such as documentation, incidents and notifications to ensure there were no barriers to disclosing concerns of abuse.

The inspectors observed that residents were treated with respect and dignity at all times during the inspection. Staff had received training in behaviour management approaches and there was a policy and procedure in place to guide and support staff. Inspectors found evidence in personal plans of on-going reviews and multidisciplinary support through psychology and behaviour therapists.

There was a policy in place on the use of restrictive procedures. Inspectors found that where restrictive procedures were in place, these were being reviewed by allied health professionals and management at the centre.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The person in charge maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

The inspector reviewed accident and incident records and found that all reportable events under Schedule 4 of the regulations had been submitted to the Health Information and Quality Authority (HIQA) by the person in charge and provider. In addition, a record of submitted notifications was maintained at the centre and notifications had been sent to HIQA in accordance with regulatory timeframes.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents' were supported to meet their educational needs and to participate in activities which reflected their needs and choices.

The provider had policies on access to education and training for both adults and children. Residents' educational and training needs were assessed as part of their personal plan. Records showed that adults were supported to attend their day service while at the centre. In addition, documents showed that regular communication occurred between the day service and the centre on residents' assessed needs.

Residents told the inspector that staff ensured that residents maintained activities and friendships in their local community. On review of personal plans, the inspector found that all residents were engaging with the local community at weekly events, for example spiritual events.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents' health care needs were supported in-line with their personal plans when at the centre.

Residents' personal plans included an assessment of their current healthcare and medication needs. Records and discussions with staff showed that residents' needs were updated prior to each admission by their families. Staff were knowledgeable on residents' health care needs and daily records showed that support was provided in-line with their assessed needs and the recommendations of allied healthcare professionals. However, the inspector found that residents end of life wishes or directives were not documented.

Residents told the inspector that they chose the centre's meals at weekly house residents' meetings. During the inspection, residents invited the inspector to attend their weekly meeting. The inspector observed that the residents were all participants, had a voice and chose meals of their choice. Food diaries showed that residents were provided with a variety of healthy and nutritious meals as well as having the opportunity to order takeaways and go for meals out in the local community.

Residents at the centre on the days of inspection, told the inspector that they choose not to be involved in the preparation of meals. However, records examined showed that other residents were involved in meal preparation dependent on their ability, which was reflected in discussions with staff.

Where residents were supported with weight management programmes or special diets, the inspector found that this was reflected in residents' personal plans and staff knowledge.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Medication management arrangements in place at the centre reflected the provider's policies and procedures.

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details, as well as information on prescribed medications such as administration times, route and dosage. In addition, a signature bank was maintained of all staff trained to administer medication at the centre.

Medication was securely stored at the centre. Staff told the inspector that residents' medication was recorded and accounted for on a weekly basis at the centre, in-line with the weekly delivery of medications which was reflected in records examined.

Arrangements were in place for the segregated storage and disposal out-of-date or discontinued medication.

Residents' personal plans included an assessment of the residents' medication needs and their capacity to self-administer medication.

Regular medication audits were carried out by the person in charge on the administration of 'as and when required' medication (PRN) and medication administration practices at the centre to ensure they were in-line with the provider's policy.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider's statement of purpose reflected the services and facilities provided.

The inspector looked at the centre's statement of purpose. This was reviewed annually and contained all the information required under Schedule 1 of the regulations. The statement of purpose reflected the services and facilities provided at the centre and was available to residents in an accessible version.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that the centre was well run and audits were completed regarding the quality and safety of care provided in the centre. Further improvement was required regarding remedial works and fire safety work outstanding.

The annual review of the service was completed in October 2017 and the provider had conducted the unannounced visit in April 2017. There were action plans in place for both audits and the inspector found that a number of the actions had been completed since the last inspection. However, a number of significant actions remained outstanding and had not been completed within proposed timeframes by the provider. The person in charge was aware of all outstanding actions required and informed the inspector that this had been escalated to appropriate senior management to address these failings. However, no clear plan was in place to address these issues. In addition, the inspector found that no clear arrangement was in place for the completion of all outstanding work required in the centre. The provider was negotiating a new lease at the time of inspection and hoped to include fire safety work and building work required as part of the terms and conditions.

The provider had failed to address outstanding actions from a fire risk report. In addition, the actions identified had rolled over from a previous report in 2015. At the time of inspection, there were eight actions outstanding in a fire risk report. The provider had a plan in place that this work would be undertaken by the housing association as part of the tenancy agreement. This included the remedial works required

and this agreement had not been finalised at the time of inspection.

The person in charge had overall responsibility for the centre and was supported in her role by the provider, staff nurse, care assistants and the director of nursing. The person in charge demonstrated a clear understanding of her role, was knowledgeable of residents' assessed needs, familiar with the operational management of the centre and was aware of the centre's current status on the outstanding work program. The person in charge was based in the house and provided additional support when required and accompanied residents to medical appointments. Residents and staff were all familiar with her, as observed during the inspection.

Regular staff meetings were completed, which included management meetings and monthly governance meetings. In addition, the person in charge participated in incident review group meetings when required.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

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

The person in charge confirmed their understanding of the requirements under the regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found that there had been no instances to date of the person in charge being absent for over 28 days; however, staff were aware of management arrangements in the event of this occurrence.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in*

*accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found the services and facilities provided at the centre met residents' assessed needs.

The inspector reviewed rosters which showed that staffing arrangements were directed by the assessed needs of residents. Rosters reflected staffing arrangements that were in place for additional support hours when required. Residents also spoke about the additional support hours, the planning and consultation they received regarding these additional hours, which facilitated social activities or individual activities. The inspector found that staff were knowledgeable of residents' needs, suitably qualified and comprised of both nursing and care staff.

A suitable vehicle was available at the centre to support residents to access local amenities such as leisure centres, shops, cafes and places of interest.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

The person in charge ensured that both an actual and planned roster was in place at the centre. The inspector found that staffing arrangements were dependent on residents' needs or choices at the centre. Staffing arrangements on the days of inspection reflected residents' assessed needs, as described in personal plans and risk assessments sampled.

Staff told the inspector that they were supported by the person in charge, who was both approachable and responsive to any concerns they had raised. Staff attended regular bi-monthly team meetings and were involved in discussions about residents' needs and the operational running of the centre. Records further showed that each staff member's responsibilities and training needs had been reviewed with the person in charge.

The inspector reviewed training records and found that staff had completed this training since the last inspection. Staff had access to the provider's mandatory training in areas such as fire safety and manual handling. In addition, staff had the opportunity to attend training associated with residents' needs such as epilepsy.

The previous inspection had found that not all documents required under Schedule 2 of the regulations were present in staff personnel files such as full employment histories and copies of garda vetting disclosures. The inspector examined staff records and found that full employment histories were now in place and copies of staff members' garda vetting disclosures were available in all staff files sampled.

**Judgment:**  
Compliant

**Outcome 18: Records and documentation**

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

**Theme:**  
Use of Information

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

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

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

The provider ensured that records required under Schedule 4 of the regulations such as

a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available at the centre.

The inspector reviewed the provider's policies and procedures required under Schedule 5 of the regulations and found that they were available at the centre and had been reviewed in-line with regulatory timeframes.

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

**Judgment:**

Compliant

### **Closing the Visit**

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

#### **Acknowledgements**

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

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

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002627
<b>Date of Inspection:</b>	07 November 2017
<b>Date of response:</b>	6 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 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 had not ensured that the centre had the appropriate facilities and resources in line with the residents assessed needs and the age profile of residents living in the centre.

**1. Action Required:**

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

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 Provider will ensure that a hand rail will be in place in the external environment to assist all residents to mobilise safely in the centre.

**Proposed Timescale:** 31/03/2018

**Theme:** Effective Services

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

The provider had not ensured that the premises met the needs of all residents in-line with their assessed needs.

**2. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The Provider will ensure that the following work will be completed :

- Upgrade of both bathrooms to include a wet room facility in the centre to meet the overall needs of the residents.

**Proposed Timescale:** 31/03/2018

**Theme:** Effective Services

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

The provider had failed to ensure that the centre was maintained and repaired when required.

**3. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The Provider will ensure that the laundry room will have water damage repaired and mould removed and the walls repainted .

**Proposed Timescale:** 31/03/2018

## Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

The provider had failed to ensure there was appropriate fire management in the centre:

- absence of fire doors
- absence of intumescent seals
- absence of door closures in line with assessed needs of residents
- absence of heat detectors in laundry facilities
- upgrade required to existing fire panel

### **4. Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The Provider will ensure that the following work will be completed:

- Fire doors
- Intumescent Seals
- Door closures in line with residents assessed needs
- Heat detectors in the Laundry
- Upgrade of existing fire panel

**Proposed Timescale:** 31/03/2018

## Outcome 11. Healthcare Needs

**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 had not ensured that residents end of life wishes were in place to guide all staff to support them.

### **5. Action Required:**

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

The person in charge will ensure that each resident will have their end of life wishes recorded.

**Proposed Timescale:** 03/12/2017

## **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The provider had failed to address the following actions:

- incomplete actions from a fire risk report
- remedial works required for the premises
- a lease was not in place in-line with the registration cycle.

### **6. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The provider will ensure that the following work will be completed

- Complete actions from Fire report
- Complete remedial work for the premises
- New lease in place

**Proposed Timescale:** 31/03/2018