

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002496
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
21 January 2015 11:00	21 January 2015 18:00
27 October 2015 10:00	27 October 2015 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This report reflects the findings of two monitoring inspections of this centre. The first inspection was conducted on 21 January and the second on 27 October 2015. When the first inspection was conducted, the centre was part of a larger designated centre in South Donegal that was reorganised during 2015 making this a separate designated centre. This report reflects the findings of both inspections. The purpose of the inspections was to ensure that the service was compliant with relevant legislation, national standards and good practice ensuring that the service provided was in accordance with the service users' assessed needs and preferences. The inspector based the judgements made on quality of life, health care, staff arrangements and health and safety on discussions with the person in charge, residents and staff, observations of the delivery of care and a review of documentation such as personal care plans, staff duty rotas and health and safety monitoring records. There was evidence that residents received a good quality service that met their individual needs. Residents had a high level of support and health care needs and required significant staff input throughout the day. Evidence of compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was found in a range of areas and this was reflected in a number of positive

outcomes for residents.

For example:

- staff had ensured that facilities for relaxation and social care were available and that a programme of activity based on residents preferences took place daily-morning and afternoon
- there was appropriate deployment of staff and in areas where residents spent time such as sitting rooms staff were readily visible if they needed assistance
- standards of catering reflected good practice, a knowledge base of residents nutritional needs and variations to the menu were trialed regularly and presented in different formats to suit residents needs and preferences
- there were regular positive contacts between staff and residents and where residents spent periods of time in their rooms staff were noted to visit them regularly, to spend time talking to them or ensuring they had radios or music on that they liked to listen to and
- health care assessments and interventions reflected residents individual needs and care plans were being followed by staff as described.

The centre is located in a seaside town within walking distance of shops and businesses. It is a large single storey building that can accommodate fourteen residents of mixed gender. Originally opened in 1988 it was refurbished and extended in 2003. It was specifically designed to meet the needs of dependent residents and was homely and comfortable. Residents' accommodation is comprised of six single and four double bedrooms. There are en-suite facilities that are shared between each two bedrooms. There is a large sitting room, a separate dining room and an activity area. Communal areas lead directly into the garden. The service operates 24 hours a day and residents receive all their care here.

The inspector found that staffing levels were suitable to meet the needs of residents. Social care needs and health care needs were met and there was evidence of safe medication management practices.

Areas of non-compliance related to the premises where there was an absence of privacy screens in shared rooms, the laundry space made it difficult to keep separate laundry that was washed and laundry that was awaiting attention. The staff records required review to ensure that all the required schedule 2 documents were obtained as required for staff working with vulnerable people. These matters are discussed further in the report and included in the Action Plan at the end of this report.

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:

Staff said that they assess and support residents who have communication problems and ensure that access to advocacy services or to statutory services were made available where residents require this support. Residents who demonstrated unease or indications they wished to make a complaint were supported to communicate their difficulties.

A complaints policy was available and copies of the Health Service Executive document Your Service, Your Say and a suggestion box were also available in the reception area.

The privacy and dignity of service users was respected and the inspector noted that personal care was delivered in a respectful and dignified manner and also noted that staff took time to have conversations with residents when delivering care and at any time they had contact with them. Some residents had their own bedroom. There were several private spaces for residents to see visitors away from their bedroom areas.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector observed that there were good links maintained with family members. All residents had key family members who visited them in the centre. A relative who was present during the first inspection described good interactions with the staff team. He said staff kept the family informed of any changes in their relatives' health and also kept them up to date with general matters.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the care and support provided to residents reflected their assessed needs, preferences and support needs. There were thirteen residents accommodated, for twelve people this was their home and one person had regular periods of respite care. The inspector reviewed a sample of residents' personal care plans and found that there were a range of evidence based assessments undertaken that underpinned the goals and objectives in personal plans. These assessments included the identification of falls risks, nutrition status, communication capacity, behaviour changes and health status. Care and support plans reflected the assessments completed and goals that residents hoped to achieve. There were regular reviews with key workers and with members of the multidisciplinary team where relevant. Daily records that described the care and support interventions in place, the personal care provided and how service users spent their day were maintained and were noted to reflect the care delivered as described in care plans.

There was evidence that personal plans were written from the perspective of the resident and their contributions were described particularly in relation to choices that were relevant to them on a day to day basis. The inspector saw that staff had recorded a resident's preference for company and for people to talk to her and in another instance that staff had recorded the personal unease a resident felt during seizures and her view that staff took their time when helping her at meal times which was important to her. Preferences were recorded in relation to choices of clothing and were noted to be highlighted for staff to ensure residents' wishes were appropriately accommodated. There was also an emphasis on supporting residents to develop and to do as much as possible for themselves. Capacity and communication ability was highlighted included the use of specialist aids such as a communication directory in one instance to ensure that independence in the areas of personal care and mobility could be encouraged.

There was a range of relevant activities available to residents in the centre and in the local community. The inspector saw that weekly plans were outlined that described the particular activities available to each resident daily. There was extensive use of the activity area. This was well equipped with sensory and exercise equipment and there was also a variety of games including table top games available. Staff conveyed informed knowledge of residents' preferred activities and described how they ensured that each resident had appropriate stimulation and relaxation in accordance with their personal goals.

Transport was available for the centre and staff supported residents to take part in local activities and to go out to events and to do their shopping. Residents went down town regularly to have tea or meals out, to go the hairdresser or barber and to shop. Staff told the inspector that residents were supported to attend concerts and community events and ensured they were informed of events so that they could decide if they wished to go out or not.

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 centre is a large one storey building that was purpose designed to meet the needs

of dependent persons. It was originally opened in 1988 and was refurbished and extended in 2003. Accommodation for residents includes six single and four double bedrooms. Bedrooms were noted to be well furnished and were personalised to reflect the choices and interests of residents. Photographs, pictures, televisions and radios were arranged where residents liked them to be and specialist equipment such as tracking hoist systems, hi low beds and protective mats to prevent injury in the event of falls were available as required.

There is a variety of communal spaces that include a large sitting room, a dining room, conservatory, sensory room and open plan reception area. These areas were noted to be comfortable, had a variety of seating including specialist arm chairs and had many homelike features such as pictures and ornaments on display. The standard of decoration and maintenance was good. The design and layout reflected the information described in the statement of purpose. The building had suitable heating, lighting and ventilation and was free from significant hazards that could cause injury.

There is a large kitchen adjacent to the dining room where all meals are prepared. The kitchen contained all of the equipment needed to store, prepare and cook food according to catering standards. The dining room was a well organised space where all residents could eat together in comfort. It had recently been redecorated and the inspector saw that good colour contrasts had been used and that it was an attractive space that encouraged residents to spend time there. There was also a laundry with appropriate equipment however this area was noted to be confined and it was difficult to segregate the clean and soiled laundry effectively within the space available.

There was an adequate number of bathrooms/showers to meet the needs of residents. There was an ensuite located between each room which meant that each facility was used by a maximum of four residents.

The centre has a well equipped sensory room that is used for activities. This was noted to have a range of equipment that met varied needs for relaxation or stimulation and staff conveyed appropriate knowledge about how to use the varied items of equipment.

There is also private space for residents to see visitors. The centre has garden space that is secure, accessible and has been well cultivated to provide interest for residents. There was adequate parking to the front of the building.

In addition to the shortfall in laundry space the other area that required attention related to maintaining the privacy of residents as there were no screens in shared bedrooms. Portable screens were on order the inspector was told.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There was a policy on risk management and health and safety. This outlined the roles and responsibility of management and employees in the Health Service Executive in relation to health and safety. The inspector found that the health and safety of residents and staff was promoted and protected in accordance with regulation 26 - Risk Management Procedures. There was one area where shortfalls were noted and this related to moving and handling assessments some of which did not indicate that they been reviewed or updated for over six months.

The inspector found that all staff that provided care and support to residents had up to date infection control knowledge. The management of an outbreak of influenza in January 2015 had been completed in accordance with good infection control protocols. The local infection control nurse, the public health office and the Authority had been informed and staff could describe the actions that had been taken to limit the impact of the outbreak. Residents had been provided with the influenza vaccine and hand hygiene and general hygiene guidelines were followed. A thorough clean of the premises was undertaken when the outbreak subsided to ensure that all areas were free from contamination. A review was undertaken following the outbreak to identify areas for learning and as a result the cleaning arrangements were altered and domestic staff hours extended to ensure effective cleaning of the premises .

Catering staff confirmed that training on food hygiene and on food management had been undertaken and that the kitchen was regularly inspected.

There was good emphasis on accident and falls prevention. Falls risk assessments were undertaken and interventions to prevent falls such as supporting residents with mobility problems, having appropriate equipment such as hoists and walking aids, wide hallways that were kept clutter free were part of the strategy. The inspector noted that while moving and handling assessments were in place some had not been updated for some time and required review to ensure they reflected the current dependency of residents. For example, a moving and handling assessment completed in April 2014 outlined how to manage transfers safely however this had not been reviewed since then.

There was a record of accidents and incidents and the inspector noted that these records were complete and outlined the time of the event, any injuries sustained and the actions taken such as first aid measures or calling the doctor to ensure the residents safety.

Risk assessments and procedures were available for other factors such as the use of hazardous substances, the prevention and management of legionella, challenging behaviour, fire safety and the use of restrictive equipment such as bedrails. The risks and safeguards to be observed were outlined. Hazardous substances were stored in a

secure area and there were procedures for ensuring that water outlets were activated regularly to prevent any accumulation of legionella bacteria. None of the residents currently accommodated presented challenging behaviour and no restrictive measures were in place except for bedrails that were used by five residents. An assessment was completed for all bedrails in use and alternative strategies that were used before bedrails were selected as the most appropriate measure were described. The use of low to floor beds and protective mats were used as alternative preventative measures where possible and the inspector saw that these were used effectively to prevent falls and injury.

Procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting, the fire alarm system and fire fighting equipment were serviced at regular intervals and were last serviced during March and April 2015. A record of all fire equipment in the building was available. The inspector noted that a fire alarm panel was centrally located and this was checked daily to ensure that it was operational. Fire exits and fire doors were also checked to ensure that they were not obstructed and were working effectively. All records in relation to these daily checks were noted to be up to date during both inspections. There was evidence of regular fire training and fire drills taking place and records confirmed that training took place on 21 May and 1 October 2015. Staff confirmed that recent training had emphasised the use of ski sheets and emphasised the need to ensure fire exits were unobstructed. Staff interviewed knew that all residents except one had fire evacuation-ski sheets on their beds and that all required full assistance if the building had to be evacuated. There was a record of all activations of the fire alarm including tests. One activation was prompted by the clothes dryer. The inspector noted that appropriate action had been taken and the fire brigade called. The equipment was replaced and a review of the incident was undertaken by the person in charge and the company that service the fire alarm. A more rigorous checking system of the filters was introduced to prevent further incidents.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Measures to protect residents being harmed or suffering abuse were in place. Staff were knowledgeable about the types and indicators of abuse. They described examples such as being withdrawn, unexplained bruising, a reluctance to go particular places, changing behaviour patterns or not having money. They said that they had regular training from the area coordinator for disability services and had regular information from the person in charge.

The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These documents outlined how vulnerable adults are protected and the responsibilities of staff to prevent, detect and report any matter that could impact on the safety and well being of residents. Staff were aware of their duty to report to the designated persons within the Executive and knew how to do this. The contact numbers were readily available. They could also describe their responsibility to inform the Gardai, how to record information and how to protect evidence relevant to incidents.

Staff were also aware of the procedures related to protected disclosure and all staff had signed to indicate that they had read the relevant policy and were familiar with the contents.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that residents' health care needs were met with coordinated input from medical services and allied health professionals. Staff described a good working relationship with the local general practitioners and an out of hour's service was also available. Doctors visited the centre once a week and reviewed residents care needs and medication. Services such as physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, neurology and psychiatry and dietetics were available through referral to the HSE. Staff reported that residents were healthy at the time of inspection however many residents were becoming increasingly dependent and required a range of therapeutic interventions. The inspector saw that where input from a dietician or occupational therapist was required that assessments had been undertaken and that the guidance provided for care and nursing staff was included in the relevant care plans

and being followed as directed. For example, where a nutrition assessment had been completed the food fortification arrangements had been put in place and guidelines on providing assistance at mealtimes outlined by the speech and language therapist including the correct way to support residents where staff were left handed were also being followed.

Staff support service users to access community health services as/when required. Families are engaged in this process in line with individuals/family's wishes. Health promotion initiatives were also in place. Residents had been provided with the influenza vaccine however several residents contacted the virus during January 2015. The inspector noted that short term care plans had been put in place to ensure appropriate care as individually required and these were reviewed when residents were assessed as free of the virus. There were appropriate care plans and interventions in place to support residents who had conditions such as osteoporosis. The inspector saw that exercise equipment appropriate to the needs of residents was available and used regularly to support and maintain bone density.

The inspector found that residents' nutritional needs were met to a high standard. Regular weights were recorded and were reviewed monthly to ensure weight loss or gain was noted. The chef and catering staff said that they varied the menu according to residents' preferences and tried alternative dishes to ensure residents could make an informed choice about what dishes they preferred. Snacks and drinks were freely available. Nutritious options such as smoothies made with varied fruit combinations were available and where residents had specific preferences for example where they liked particular coloured foods or finger foods they could eat independently these were provided regularly.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was a policy and a range of procedures in place that outlined the medication management practices in the designated centre. Nursing staff, in conversation with the inspector, conveyed good understanding of appropriate medication management, adherence to safety guidelines and were familiar with all medication prescribed for residents. Residents who had conditions such as epilepsy had supplies of emergency

medication for use as required.

The inspector reviewed the system in place for storing medication and found that safe secure arrangements were in place for general and controlled drugs. The arrangements for the supply of medication had been revised since the first inspection. Medication is supplied from the local general hospital and the system is regularly reviewed by a hospital pharmacist who works with staff in the centre to ensure the service meets residents' needs. All medication is supplied in original packaging and is collected by staff. Medication administration records were up to date and had been fully completed by nurses. Liquid preparations had the date of when they had been opened recorded on the bottles and medication trolleys were clean and well organised.

There were some medications in use that required strict control procedures. These were noted to be in accordance with good practice guidance. The storage arrangements were appropriate and a check of all medication was completed by two nurses, one from each shift as required. Medication that is no longer required is returned to the pharmacy and all items are recorded.

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:

This designated centre was originally part of a larger service that comprised of this house and five other group homes located in the South Donegal area each of which had their own statement of purpose and varied person in charge arrangements. The arrangement was revised during 2015 to reflect more appropriately the services provided in each centre and the specific person in charge arrangements that were in operation. There was a change to the person in charge role during 2015. During both inspections the post holders were found to be competent, appropriately qualified and experienced for their role and familiar with the legislation that applies to designated centres for children and adults with disabilities. The information required by the Authority in respect of the person in charge is being supplied as part of the registration

application. There is an area manager in post who supports the persons in charge in the area. She visits the centres regularly and is in telephone contact when advice and guidance is required. She in turn reports to the service manager for intellectual disability services at county level who in turn reports to the provider nominee. In discussions with the person in charge, area manager and staff they demonstrated a commitment to providing a good quality service that met legislative requirements and the needs of residents.

The person in charge was appropriately qualified and had the necessary experience to fulfil this role. She is a registered nurse and had many years experience in the care of people with disabilities. There was an adequate supervision systems in place to ensure that staff were appropriately supervised. The inspector noted that the person in charge had a full time role and had time dedicated to management duties and to front line work. The person in charge also had a similar responsibility for one other residential house a short drive away. The arrangements in place enabled the person in charge to undertake her duties effectively. There was a nurse allocated to the second house on a part time basis to provide additional support care staff working there.

The inspector was told that there was a good communication network between the varied management personnel however there was no system introduced as yet for the unannounced six month visits on behalf of the provider as described in regulation 23 (2) Governance and Management.

Judgment:

Substantially 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):

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

Findings:

Staff on duty were aware of the inspections, were pleasant, well informed and provided information readily to the inspector. Staff members were observed to engage with residents all day. They knew residents well and there was a relaxed and comfortable environment in the home.

The inspector noted adequate staffing levels to meet the needs of residents at the time

of inspection. There were normally 2/3 nurses on duty one of which was the person in charge. There were usually three carers on duty and a student nurse when on placement, in the centre. At night there is also a nurse and a carer on duty. There was also a full time chef and a kitchen assistant on duty for three hours each day. A staffing roster showing staff on duty including the hours worked by the person in charge was available. Administrative support was available one day a week.

The inspector observed that staff addressed residents respectfully, chatted with them and ensured that they were present in communal areas when residents were relaxing or watching television. Staff were aware of the communication needs of residents and their established day to day routines. They said they ensured that very frail residents had time to themselves and were observed checking on residents who spent periods of time in their rooms resting.

The inspector found, through talking with staff, that in the absence of the PIC, an on-call arrangement was in place and the area manager provided advice and guidance.

The inspector reviewed the recruitment practices and found there was a system in place to ensure that recruitment practices met the requirements for staff working with vulnerable people. While the required documentation for staff employed in the centre had been obtained by the human resources department some of the required documentation was not available in the staff files examined. The documentation not available included evidence of identity and documentary evidence of qualifications. The inspector was told that staff files were being reviewed to ensure that all the documentation outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 is in place.

Judgment:

Non Compliant - Moderate

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate

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-0002496
Date of Inspection:	21 January and 27 October 2015
Date of response:	15 December 2015

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 laundry area was noted to be confined and it was difficult to segregate clean and soiled laundry effectively within the space available .

The privacy of residents was compromised as there were no screens available in shared bedrooms.

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

1. 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:

- 1) Laundry Area: A reconfiguration of this area will take place ensuring it meets the regulatory requirements.
- 2) Privacy screens for the three double rooms are on order

Proposed Timescale: 31/01/2016

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:

Some moving and handling assessments did not indicate that they had been reviewed or updated within the required timeframes which presented a risk.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

- 1) All Moving & Handling Assessments have been updated 26.09.15.
- 2) Moving & Handling Assessments will hereafter be updated on a quarterly basis; i.e. each January, April, July & October or as necessary.

Proposed Timescale: 15/12/2015

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:

There was no arrangement in place for the completion of the unannounced visits as described in regulation 23 (2)

3. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns

regarding the standard of care and support.

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

- 1) Unannounced Inspections will be completed bi-annually and a written report completed following same

Proposed Timescale: 31/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

All the required documentation was not available for staff in the sample of staff records reviewed.

4. 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:

- 1) All required documentation available for all staff
- 2) Re-organisation of all personnel files completed
- 3) Reminders have been sent to staff 9.12.15 to return completed outstanding documentation.
- 4) Personnel Dept have been notified to forward all Garda clearance documents to the residential manager.
- 5) All required documentation will be in place by end of January 2016.

Proposed Timescale: 31/01/2016