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## Centre 2 - Aras Attracta, Mayo

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Centre 2 - Aras Attracta
<b>Centre ID:</b>	OSV-0004910
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Suzanne Keenan
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	27
<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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

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

From:	To:
26 April 2016 18:40	26 April 2016 19:10
01 July 2016 15:30	01 July 2016 17:30

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

Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management

**Summary of findings from this inspection**

Background to the inspection:

This monitoring inspection was carried out to assess the suitability of a bungalow, on the grounds of the campus based setting, to provide a residential home for four residents.

The bungalow had been notified to HIQA as part of the campus which was providing a residential service at the time of commencement of regulation. The provider had not used this bungalow as a home for residents since the commencement of regulation. The provider informed HIQA of the intention to refurbish the bungalow to provide a residential service for four adults who were living in another bungalow in the centre.

How we gathered our evidence:

On both days of the inspection the inspector visited the bungalow and met with the person in charge of the centre. On the first day of inspection the inspector also met with the person who had been recruited as a frontline manager of the bungalow.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. As this inspection was carried out only to view one bungalow, and residents had not moved into the bungalow on the days of inspection, the inspector did not ascertain if the service was being provided as is described in that document. However, the inspector was told by the person in charge that the

service provided would be consistent with the centre's statement of purpose.

Overall judgment of our findings:

The provider had systems to ensure the bungalow would be refurbished and decorated in line with the residents' assessed needs and wishes. The bungalow had been refurbished to an adequate standard and suitable furniture had been purchased.

On the second day of the inspection the inspector was told the bungalow had commenced being used as a respite service at weekends. The reason given for the bungalow not being used for the purpose it was intended was that sanction for this was required at a senior level and had not been provided by persons senior to the provider nominee of the centre.

The inspector spoke with the provider nominee following the inspection and was told there was a planned meeting to discuss the reopening of the centre as there was a cost implication to provide additional staffing at night. The provider nominee said HIQA would be informed of the outcome of the meeting.

Given the findings at previous inspections, which identified risks related to the number and support needs of some residents living together, the inspector was concerned that this measure had not been implemented in a timely manner and that there was no planned date for residents to move to this bungalow. This was discussed with the provider nominee who said the bungalow was being used during the day to mitigate some risks. She also said that it was her intention that a resolution and date of opening would be identified at the planned meeting.

**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 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):**

**Findings:**

Inspectors found that the additional bungalow was located on the grounds of a campus based setting. There were six bedrooms and a kitchen/dining/living area.

Some bedrooms were small in size. The person in charge acknowledged this and told the inspector it was envisaged this bungalow would be utilised until such time as residents moved to houses in the community. The person in charge said that the houses in the community would afford residents larger private bedrooms and more communal rooms.

The bungalow had not been fully refurbished on the first day of inspection. The person in charge outlined the changes which would take place. The delay in completing this work was attributed to the delay in the sanctioning of funding. However, the refurbishment had been completed by the second day of inspection and decorated to a satisfactory standard. The inspector was told that further decoration was planned by residents when they moved to the bungalow.

On the first day of the inspection residents in a neighbouring bungalow had invited the inspector to view their home as the bungalow would be similar in decor once it had been refurbished. The inspector visited the bungalow and met with four residents and two staff members. The bungalow was furnished and decorated in line with residents' needs.

Residents and staff told the inspector that they had chosen, decorated and participated in painting some furniture in the bungalow. It was evident from speaking with residents and staff that residents were happy living in the bungalow and that the move to the bungalow had a positive impact on the quality of life for residents. For example, the ethos of social care had resulted in a focus on identifying and fulfilling residents' aspirations such as employment opportunities. The person in charge told the inspector

that the bungalow which had been refurbished would be governed in line with a social care ethos.

**Judgment:**  
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):**

**Findings:**

A measure which had been identified by the provider to mitigate risks to residents living in part of the centre had not been implemented. As outlined in the summary the inspector was told that sanction for the bungalow to be used for the identified purpose was required at a senior level and this had not been provided.

Given the findings at previous inspections, which identified risks related to the number and support needs of some residents living together, the inspector was concerned that this measure had not been implemented in a timely manner and that there was no planned date for residents to move to this bungalow. This was discussed with the provider nominee who said there was a planned meeting with senior managers the week after the inspection. She said she would inform HIQA of the outcome of the meeting.

**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:***

Lorraine Egan  
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-0004910
<b>Date of Inspection:</b>	26 April 2016 and 01 July 2016
<b>Date of response:</b>	26 July 2016

### 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 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 measure identified to respond to a specific risk to residents living in part of the centre had not been implemented.

#### 1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

There budgetary implications to the opening of an additional bungalow and we do not have adequate resources within the current budget to open the house. A number of submissions have been made for this additional funding. It is hoped that information will be finalised on this in the next two weeks and we will be provided with our allocation.

**Proposed Timescale: 30/11/2016**