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Dungloe Services, OSV-0003331, 16 January 2018

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dungloe Services
Centre ID:	OSV-0003331
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
16 January 2018 09:24	16 January 2018 17:40
17 January 2018 08:40	17 January 2018 13:30

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

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

Summary of findings from this inspection

Background to the inspection:

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The centre had been previously inspected on the 4 April 2017 and as part of the current inspection; actions taken by the provider to address the findings from the previous inspection were reviewed by the inspector.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided full-time and shared care/respice residential

services to adults with a disability.

How we gathered our evidence:

During the inspection, the inspector met eight residents and where able to spoke with them about the quality of care and support received at the centre. In addition, residents had submitted questionnaires about the service they received to the Health Information and Quality Authority (HIQA) and these were reviewed as part of the inspection.

The inspector spoke with three staff members and interviewed the person in charge during the course of the inspection as well as observing practices and reviewing documents such as personal care plans, risk assessment, 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 two houses located in a rural town and was close to local amenities such as shops and restaurants. In addition, the centre had two suitably equipped vehicles which enabled residents to access facilities and activities in the surrounding area.

Overall Findings:

The inspector found that residents were supported in-line with their assessed needs and had a good quality of life at the centre. Residents told the inspector; where able, that they liked living at the centre and staff supported them to do activities of their choice. Throughout the inspection, residents appeared happy and relaxed with all the support received from staff.

The inspector found that staff were aware of residents' needs and had access to both the provider's mandatory training programme, as well as training specific to residents' needs. Staff told the inspector that they enjoyed working at the centre and found the person in charge to be very supportive and responsive. The centre's person in charge was suitably qualified and demonstrated knowledge of the residents' assessed needs and their requirements under the Regulations throughout the inspection.

The inspector found that the person in charge and provider had ensured that the findings of the previous inspection had been addressed, apart from the finding which related to residents in shared bedrooms in one of the centre's houses having adequate private space. However, the inspector was assured through discussions with the person in charge that suitable arrangements were in place to address this finding following the close of the inspection.

Residents were kept safe at the centre and staff supported them in the promotion of their rights such as making decisions on planned social activities and weekly meal menus. The inspector found both houses within the centre were well-maintained and suitably decorated.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in sixteen outcomes, although moderate non-compliance was found in one outcome which related to the submission of regulatory notifications to the Chief Inspector. Substantial compliance was found in one outcome in relation to residents' private space.

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:

Residents were involved in making decisions about the running of the centre.

The provider's complaints policy was prominently displayed on notice boards in both houses, along with information about the centre's nominated complaints officer and advocacy services. The complaints policy was up to date and comprehensive in nature and reflected staff knowledge. In addition, an easy-to-read version of the policy was available to residents.

The person in charge maintained a record of all complaints received for all houses in the centre, which included a description of the complaint, actions taken in response and the complainants' satisfaction with the outcome. Residents who spoke with the inspector said that they were happy at the centre, which was further reflected in resident questionnaires received as part of the inspection. Residents also told the inspector that if they had any complaints about the centre they would speak to staff.

Residents participated in regular residents' meetings in each house. Minutes reviewed showed that residents were involved in the planning of social activities and choosing the weekly menu. Minutes of these meetings showed that the meetings were used to inform residents about advocacy services, the provider's complaints policy and fire safety arrangements in each house.

The provider had an up-to-date visitor's policy. The centre had no restrictions on visiting times and facilities were available for residents to meet their families and friends in private.

The inspector reviewed arrangements for supporting residents with their personal finances. Residents had their own bank accounts and were supported by staff to withdraw money as and when required. Where staff support was needed, such as with the payment of the centre's weekly charge and transport costs, the inspector found that arrangements were in-line with the provider's policies with money being held securely and all transactions being receipted and recorded by staff. In addition, the person in charge conducted regular audits of residents' financial records to ensure compliance with the provider's policy.

Judgment:

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:

The inspector found that residents were supported to communicate their needs and wishes in line with their assessed needs.

Residents' personal plans included an assessment of their communication needs and indicated any support with communication that the residents required, which reflected staff knowledge.

In addition, residents were supported to use electronic tablet devices to assist their communication and referrals had been made to speech and language therapists for assistive technology assessments to be completed to identify further supports.

Residents had access to easy-to-read versions of their personal plan as well as each houses' fire evacuation plan and the provider's complaints and safeguarding policies. The inspector also observed the use of pictures and symbol references to inform residents about daily planned activities, staff working at the centre and daily menu choices.

Residents had access to the telephone, newspapers, radio, television and the internet at the centre.

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:

Residents were supported to maintain personal relationships and engage in activities in the local community.

The provider had an up-to-date visitor's policy and provided facilities for residents to meet their families and friends in private in both houses. Residents told the inspector that they were regularly visited and received phone calls from their families and friends, which was reflected in records reviewed and discussions with staff.

In addition, records maintained at the centre showed that families were kept up to date on their relatives' welfare and attended annual personal plan review meetings.

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 provider had up-to-date admissions and discharge policy and residents had written agreements in place.

The provider's admissions and discharge policy was up to date and reflected the centre's statement of purpose.

Residents had accessible written agreements in place, which included details on the weekly rent charged as well as any additional costs to be met; such as, the cost of community activities, clothing and personal toiletries. In addition, agreements included information on services and facilities provided, which reflected the centre's statement of purpose.

The inspector reviewed a sample of the written agreements and found they had been signed by both the provider and residents.

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):

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

Findings:

Residents' needs were assessed, 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, behaviours of concern, independent living skills and relationships. Personal plans were up to date and reflected both staff knowledge and observed practices during the inspection.

The previous inspection had found that residents did not have an accessible version of their personal plan available to them. The inspector found that following the last inspection, accessible plans had been developed and were available to residents, with copies kept in their bedrooms for easy access.

Personal plans included residents' annual goals which reflected their likes and preferences such as planned social activities. Goals also included learning new independent living skills, such as using ATM cards, computer skills and making simple

meals. In addition, residents' goal records included information on the stages to be completed in order to achieve each goal, named staff supports and the expected timeframes for the goals' achievement. Records examined showed that residents' progress towards achieving their goals was regularly reviewed and recorded by staff.

The previous inspection had found that residents' personal plans had not been subject to an annual review of their effectiveness. Following the last inspection, the inspector found that resident's personal plans had now been reviewed annually with records showing that the review meeting was attended by the residents and their families. In addition, multi-disciplinary professionals such as social workers, psychologists and psychiatrists were invited to attend review meetings.

In addition, following the last inspection, review meeting minutes showed that all aspects of residents' personal plans were assessed including healthcare, medication, and behaviours of concern, community activities and personal goals.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre was well-maintained and overall met the assessed needs of residents. However, the previous findings in relation to residents' privacy in one house had not been fully addressed, although the inspector was assured that the provider had a suitable plan in place to address this finding.

The centre comprised of two houses located in and on the outskirts of a rural town. Both houses had access to local amenities such as supermarkets, public houses and cafes and provided suitable vehicles to enable residents to access amenities and facilities in the surrounding area.

Both houses were well-maintained and suitably decorated. Following the last inspection, the inspector observed that the driveways at both houses had been suitably resurfaced.

Resident's bedrooms were appropriately furnished with residents having access to storage for their personal possessions. Residents had personalised their bedrooms through the displaying of family photographs, sports and music-related posters and ornaments.

However, in one of the houses within the centre, residents continued to share a bedroom. Although the inspector observed that the bedroom reflected both residents' interests and needs; and they had raised no objections to sharing, the room did not provide adequate private space for each resident even through privacy screening had been installed. However, the inspector was assured that the provider had arrangements in place to provide both residents with a room of their own at the centre. The person in charge told the provider that a resident at the house was going to transition to another centre in the local area and this would facilitate the residents who shared a bedroom to have a room of their own.

The inspector observed that in both houses, residents had access to a sufficient number of bathroom and toilet facilities. The previous inspection had found that in one house a resident did not have access to their ensuite shower facility. However, following the last inspection, renovations had been completed by the provider which ensured the resident could fully use their ensuite bathroom.

Residents in both houses had access to a suitably decorated and maintained communal sitting rooms and kitchen dining rooms.

The inspector observed that suitable arrangements were in place in each house for the disposal of waste and residents had access to laundry facilities.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The provider had addressed all actions from the previous inspection, and 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. The previous inspection had found that the safety statements for both houses within the centre were not up to date. However, following the last inspection, the inspector found

that the safety statements had been updated by the provider 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 also included information on the procedures to be followed by staff in the event of emergencies; such as, fire and the loss of power or water. The inspector found that the procedures described in the centre's safety statement reflected staff knowledge on the day of inspection.

The person in charge maintained an up-to-date risk register and risk assessments had been completed on risks which related to the centre' premises, practices and residents' needs. Risk assessments were regularly reviewed and reflected staff knowledge and observed practices during the inspection.

A record of accidents and incidents were maintained at the centre, with regular monthly audits completed by the person in charge. These were also discussed with staff at team meetings by the person in charge.

A review of training records maintained by the person in charge showed that all staff had received up-to-date training in manual handling.

Information on hand hygiene practices and the prevention of infectious diseases was displayed at the centre along with the availability of hand sanitisers and segregated waste disposal facilities. The previous inspection had found that not all staff had received hand hygiene training. Records examined by the inspector showed that following the last inspection all staff had received up-to-date training in this area.

The centre's fire evacuation plans was prominently displayed in both houses along with accessible pictorial versions for residents which reflected both resident and staff knowledge. In addition, all residents had up-to-date 'personal emergency evacuation plans' (PEEPs) which assessed their ability to evacuate in the event of fire and any support that may be required to evacuate safely. Staff knowledge reflected the residents' PEEPs reviewed during the inspection.

The previous inspection had found that one of the centre's houses did not have fire doors and fire exit signs in place. The inspector observed that fire doors had now been installed in both residents' bedrooms and communal areas, along with fire exit signage. In addition, each house was equipped with suitable fire safety equipment; such as, fire extinguishers, fire alarms, fire call points, smoke detectors and emergency lighting. Records examined by the inspector showed that all fire safety equipment was being serviced regularly by an external contractor as well as being checked weekly by staff to ensure it was in good working order.

The previous inspection had found that although regular simulated fire drills had taken place at the centre, in one house not all residents had participated in a simulated evacuation drill. The inspector found that these records now indicated that all residents and staff had participated in a fire drill and that drills had been conducted using minimal staffing arrangements to ensure their effectiveness. Both residents and staff were knowledgeable on the centre's fire evacuation plan and all staff had received up-to-date fire safety training.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that residents were protected from harm and supported to positively manage behaviours of concern.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Information on the provider's safeguarding of vulnerable adults' policy and named designated safeguarding officer were prominently displayed throughout the centre. The inspector found that incidents of a safeguarding nature were fully investigated and acted upon by the person in charge and the centre's designated safeguarding officer in line with the provider's policies. Safeguarding plans examined by the inspector were comprehensive in nature and reflected staff knowledge. In addition, records showed that safeguarding plans in use at the centre were subject to regular review to ensure their effectiveness.

Furthermore, records showed that all staff in the centre had received up-to-date safeguarding of vulnerable adults and children first training. In addition, staff were able to tell the inspector what incidents might constitute abuse and the actions they would take if suspected, with their understanding being in-line with the provider's policy.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. The inspector found that up-to-date risk assessments were in place for restrictive practices in use at the centre such as bedroom alarms and door keypads. Risk assessments were regularly reviewed and provided a clear rationale for the use of each practice, which reflected staff knowledge.

The previous inspection had found that resident's behaviour support plans had not been developed or approved by a behavioural specialist. During this inspection, the inspector found that all behaviour support plans had been reviewed and approved by the

provider's senior psychologist. Furthermore, behaviour support plans were now comprehensive in nature and included a description of the behaviour of concern along with proactive and reactive support strategies, which reflected staff knowledge.

All staff had now received up-to-date positive behaviour training in line with the provider's policies.

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 provider had not ensured that all notifiable events had been reported to the Chief Inspector within regulatory timeframes.

The person in charge maintained records of all accidents and incidents that had occurred at the centre. Records reviewed showed that although all reportable events had been submitted to the Chief Inspector, not all notifications had been submitted in accordance with regulatory timeframes.

Judgment:

Non Compliant - Moderate

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:

The inspector found that residents were supported to access day services and social activities, which reflected their assessed needs and interests.

The provider had an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose. In addition, the inspector found that residents' educational and training needs were assessed as part of their personal plan and reflected staff knowledge.

Residents attended a range of day services in the local area which reflected their individual needs. In addition, residents with sensory disabilities had been supported to access educational courses to assist them with the use of electronic tablet devices.

Residents told the inspector that they were supported to access a range of activities in the local community such as local shops, hairdressers, music concerts and cafes which was reflected in activity records, personal goal updates and staff knowledge.

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 were supported to manage their health in line with their assessed needs.

The inspector reviewed residents' healthcare records and found that they were supported to access a range of allied healthcare professionals in line with their assessed needs. Records showed that residents were supported to attend appointments with healthcare professionals such as a General Practitioner of their choice, medical consultants, dietitians and dentists.

The inspector found that where residents had specific medical conditions or dietary needs, support was provided in accordance with reviewed protocols and the recommendations of professionals such as dietitians and speech and language therapists.

Meals provided at the centre were chosen by residents as part of their weekly residents' meetings in each house. Residents were also involved in preparing meals in each house

subject to their abilities, with some residents being supported by staff to prepare simple meals as part of their personal goals.

Food records showed that meals provided at the centre were varied, nutritious and healthy in nature and that residents had access to snacks and drinks throughout the day. In addition, residents enjoyed having meals out in local cafés and restaurants. Residents also told the inspector that they were involved in shopping for the centre's groceries at local shops and supermarkets, which was reflected in records reviewed and discussions with staff.

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):

No actions were required from the previous inspection.

Findings:

Medication arrangements at the centre were in line with 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 administration times, route and dosage. Training records showed that all staff administering medication had received up-to-date training in the 'safe administration of medication'.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as pain relief medication and found that they were regularly reviewed by the residents' general practitioner. Protocols described the rationale for each medication's administration and maximum daily dosage and reflected staff knowledge.

The provider had arrangements in place for the segregated storage of out of date or discontinued medication, as well as its return to a local pharmacy for safe disposal.

Regular medication audits were carried out by both the person in charge and nursing staff at the centre to ensure medication procedures were in line with the provider's policies.

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 at the centre.

The statement of purpose included all information required under Schedule 1 of the Regulations and reflected the services and facilities provided at the centre. In addition the statement of purpose was regularly reviewed and available in an accessible version to residents.

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):

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

Findings:

The provider's governance and management arrangements ensured that residents were supported in line with their assessed needs.

The centre's management structure was reflected in the statement of purpose and staff knowledge. In addition, the inspector found that the person in charge was suitably qualified and knowledgeable on both the residents' assessed needs and their responsibilities under the Regulations. Furthermore, the person in charge was employed on a full-time basis and actively involved in the governance and management of the centre. Staff told the inspector that the person in charge was present in both houses on a weekly basis and was accessible as and when required.

The person in charge facilitated regular team meetings and minutes of these meetings showed discussions occurred on all aspects of the centre's operations including residents' needs, accidents and incidents and the provider's policies. Staff told the inspector that they found the person in charge to be supportive and had no reservations in bringing any concerns to them. The previous inspection had found that staff did not receive formal supervision. During this inspection, staff told the inspector that the person in charge had completed personal development plans with them which looked at their roles and responsibilities, identified training needs and discussed their future career objectives, which was reflected in the records examined.

Records showed that the person in charge completed regular management audits on the centre's practices in line with the provider's policies. Audits were conducted on practices such as medication management, health and safety, residents' finances and residents' personal plans. Team meeting minutes also showed that the findings from audits were discussed with staff by the person in charge as well as the actions plans put in place to address any identified improvements.

The previous inspection had found that actions from previous inspections and the provider's own audits had not been addressed. These actions included the installation of fire doors and fire exit signage, computer access and the signing of residents' written agreements. The inspector found that the provider and person in charge had addressed the actions identified in both the last inspection report and previous reports in addition to the findings of their own internal audits.

The person in charge attended the provider's mandatory training courses as well as accessing training opportunities in line with the role. For example, the person in charge completed an accredited course in health and social care management in 2017. The person in charge also told the inspector that they were supported in their role through regular supervision from their line manager and their attendance at local governance meetings facilitated by senior management.

The provider ensured that six-monthly unannounced visits were completed, and following each visit, an action plan was developed on any areas for improvement. Records examined showed that identified actions had been addressed and completed within agreed timeframes. Copies of all conducted provider visits were available at the centre during the inspection.

The person in charge had also completed an annual review of the care and support provided at the centre. The inspector noted that where areas for improvement had been identified, an associated action plan had been developed and records showed that

actions had been completed within agreed timeframes.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the centre for over 28 days; however, the inspector found that they were knowledgeable on the regulatory requirement to inform the Chief Inspector of this event.

In addition, staff were aware of arrangements which would be put in place in the event of the person in charge's absence, which reflected arrangements as described in the centre's statement of purpose.

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:

Services and facilities provided at the centre ensured that residents' assessed needs were being met.

The inspector found that staffing arrangements and resources at the centre were

sufficient to meet the residents' needs and reflected their support needs as described in the sample of resident personal plans and risk assessments reviewed by the inspector.

Throughout the inspection, the inspector observed that residents received support in a timely and respectful manner in line with both their assessed needs and preferences. Residents told the inspector that they liked living at the centre and that staff supported them to do activities of their choice. Residents' comments to the inspector were further reflected in activity records, discussions with staff and a review of questionnaires received from residents as part of the inspection.

In addition, to staffing arrangements being in place at the centre, residents had access to a suitable vehicle at both houses. Staff told the inspector that if additional vehicles were required, they were easily accessible from a neighbouring designated centre and day service in the local town.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Staffing arrangements ensured that residents' assessed needs were being met.

The person in charge ensured that both an actual and planned staffing roster was in place in both houses within the centre. The inspector found that staffing arrangements in place in both houses ensured that residents' assessed needs as described in their personal plans and risk assessments were able to be met. In addition, staff told the inspector that where planned activities required additional resources this was accommodated in the roster by the person in charge.

Staff told the inspector that the person in charge was both approachable and responsive to their needs. The person in charge facilitated regular team meetings which, dependent on need, were either individual to each house or included staff from both houses within the centre. Meeting minutes showed staff discussed both the residents' needs and the operational management of the centre. Staff told the inspector that they

were able to raise any concerns about the centre as part of the staff meeting or individually, with the person in charge, without any reservations.

The provider and person in charge ensured that staff had access to regular mandatory training such as fire safety, safeguarding vulnerable adults and manual handling with all training being up to date. In addition, records showed that staff had received up-to-date training based on the needs of residents and the centre's operations, such as the safe administration of medication.

The previous inspection had found that the provider had not maintained all staff documentation as required under Schedule 2 of the regulations. The inspector reviewed a sample of staff personnel files and found that following the last inspection all required documentation under Schedule 2 of the regulations such as employment histories, garda vetting disclosures, references and copies of qualifications were now in place.

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 regulation.

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

The provider ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available at the centre. In addition, records such as residents' written agreements and records of food provided at the centre were maintained as required under Schedule 4 of the regulations.

The inspector reviewed the provider's policies and procedures and found that all policies required under Schedule 5 of the regulations were in place and 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:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003331
Date of Inspection:	16 & 17 January 2018
Date of response:	05 February 2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The inspector found that a shared bedroom in one of the centre's houses did not ensure that residents had adequate private space in-line with Schedule 6 of the regulations.

1. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6

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

(Matters to be Provided for in Premises of Designated Centre) are met.

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

The provider has planned arrangements to ensure that each resident has their own bedroom in the centre.

(1) Approval has been given by Property Management for renovation works to commence on the identified property Time Frame 01.02.2018.

(2) Landlord will now proceed to have renovations works carried out as per technical services report. Time Frame. 31.06.2018.

(3) Transition Planning will commence for the Resident who will be moving to new property. Time Frame. 01.07.2018.

(4) Notification will be forwarded to HIQA advising that the property is ready for inspection Timeframe 01.08.2018.

(5) Following HIQA approval residents will be admitted to centre. 31.08.2018.

Proposed Timescale: 1. 01.02.2018 2. 31.06.2018 3. 01.07.2018 4. 01.08.2018
5. 31.08. 2018.

Proposed Timescale: 31/08/2018

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The provider had not ensured that all notifiable events had been reported within regulatory timeframes.

2. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

The provider will ensure that all notifications are returned within the regulatory timeframes.

Proposed Timescale: 02/02/2018