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## Abbey Village Group Homes, OSV-0005250, 05 December 2017

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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>	Abbey Village Group Homes
<b>Centre ID:</b>	OSV-0005250
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Jacinta Lyons
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	14
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration renewal 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:
05 December 2017 09:45	05 December 2017 18:05
06 December 2017 09:00	06 December 2017 13:00

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

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

**Summary of findings from this inspection**

Background to 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 17 August 2016 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 residential

services to adults with a disability.

How we gathered our evidence:

During the inspection, the inspector met seven residents and, where able to, spoke with them about the quality of care and support received at the centre. Some residents were unable to tell the inspector about the quality of the service; however, during the inspection, residents were observed to appear comfortable with the support received and happy at the centre. In addition, both residents and families submitted questionnaires about the centre to the Health Information and Quality Authority (HIQA) and these were reviewed as part of the inspection.

The inspector spoke with four 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 three bungalows located in a housing estate in a rural setting 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 support received from staff.

The inspector found that staff were knowledgeable on 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 were supported by the person in charge. The centre's person in charge was suitably qualified and demonstrated knowledge of both residents' assessed needs and their requirements under regulation throughout the inspection.

The inspector found that the person in charge and provider had ensured that the findings of the previous inspection had been fully addressed. Furthermore, 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 the weekly menus. In addition, the inspector found that the centre's design and layout was able to accommodate residents' assessed needs.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in fifteen outcomes, although moderate non-compliance was found in three outcomes

which related to residents' personal plans, risk management and the submission of regulatory notifications to the Chief Inspector.

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 along with information on the centre's nominated complaints officer and advocacy services. The complaints policy was up-to-date, comprehensive 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 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, but if they were not they would speak with a staff member or the person in charge. Residents' comments to the inspector were further reflected in questionnaires received from both residents and their relatives and reviewed as part of the inspection.

Residents participated in regular residents' meetings in each bungalow which included discussions on planned social activities and, the weekly menu. Meeting minutes further showed that residents were informed about how they could access advocacy services, make a complaint as well as what to do in the event of a fire in their bungalow. Where residents were unable to express their choices and needs in the meeting, staff advocated on their behalf, based on the persons' known likes and dislikes.

The provider had an up-to-date visitor's policy. The centre had no restrictions on visiting times and facilities were available in all bungalows to enable residents to meet their

families and friends in private.

The inspector reviewed arrangements for supporting residents with their personal finances. 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 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 communication supports required, reflected staff knowledge. The inspector observed the use of pictures, objects of reference and sign language during the inspection to enable residents to express their needs and wishes.

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 all three bungalows. Where able to, residents told the inspector that they were regularly visited and received phone calls from their families, which was further 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):**

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

**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 previous inspection had found that written agreements had not been signed by the provider and the resident or their representative. Following, the last inspection the inspector found that all written agreements had been updated and signed by both the

provider and the resident.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

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. However, the inspector found that although some residents had an accessible personal plan in place, they were not available to all residents living at the centre.

Personal plans included residents' annual goals which reflected their likes and preferences such as planning holidays and social activities along with learning new independent living skills. In addition, residents' goal records included information on the stages to be completed to achieve each goal, named staff supports and the expected timeframes for the goals' achievement. Updates on goal progress were recorded every three months by staff.

Residents' personal plans were reviewed annually and records showed that all aspects of the plan's effectiveness to meet the resident's needs were assessed. Records showed that review meetings were attended by the resident, their family members, centre and day service staff as well as multi-disciplinary professionals such as psychiatrists and social workers.

Since the centre's last inspection, some residents had moved between the centre's three

bungalows. The inspector reviewed residents' transitional plans and found each stage of their transition had been planned with dates set for short visits leading to overnight stays. Plans further showed that consultation occurred with both the resident and their families at each transitional stage and compatibility assessments had been completed on the needs of the new resident and those residents already living in the bungalow. The inspector spoke to a resident who had moved to a different bungalow in the centre and they expressed happiness with the move and their new room.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre's design and layout met residents' assessed needs.

The centre comprised of three bungalows close to each other on a housing estate in a rural setting with access to local shops, cafes and amenities. The bungalows were well maintained and decorated to a good standard.

Each bungalow was of the same design and layout and comprised of five resident bedrooms with ensuite shower and toilet facilities as well as communal bathrooms. The inspector observed that residents had personalised their bedrooms with photographs, artwork and ornaments and suitable storage facilities were provided for personal possessions.

Communal rooms such as bathrooms, sitting rooms and kitchen dining areas were furnished to a good standard and reflected residents' needs such as the installation of overhead hoists in bedrooms were required.

Suitable arrangements were in place for the safe disposal of general and clinical waste and residents had access to laundry facilities in each bungalow.

**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):**

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

### **Findings:**

The centre's risk management arrangements ensured that residents were kept safe, although not all risk assessments were up-to-date and simulated fire drills had not been conducted under all circumstances.

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

The person in charge maintained an up-to-date risk register and risk assessments had been completed on all highlighted risks which related to the centre's premises, practices and residents' needs. Although risk assessments were regularly reviewed and reflected staff knowledge, the inspector found that an assessment on the use of bed rails had not been subject to an annual review.

A record of accidents and incidents was maintained with an audit being completed by the person in charge, which identified areas for improvement in service provision. In addition, accidents and incidents were 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. In addition, hand sanitisers were available along with segregated waste disposal facilities and records showed that all staff had completed hand hygiene training.

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

Each of the centre's bungalows was equipped with suitable fire equipment including fire extinguishers, fire alarms, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire safety equipment was regularly serviced by an external contractor as well as being checked weekly by staff to ensure it was in good working order.

The previous inspection had found that simulated fire drills did not reflect the centre's fire evacuation procedures. Following the last inspection, regular drills had been completed in-line with the centre's evacuation plan. Furthermore, staff knowledge reflected the evacuation plan and all staff had received fire safety training.

However, the inspector found that in one bungalow, a simulated fire drill had not been conducted to assess whether minimal staffing arrangements could evacuate all residents at times of full occupancy.

**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):**

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. The previous inspection had found that not all staff had received up-to-date safeguarding of vulnerable adults training. However, following the last inspection, records showed that all staff had received training and in discussions with the inspector, were able to tell them what incidents might constitute abuse and the actions they would take if suspected, which were in-line with the provider's policy.

Information on the provider's safeguarding of vulnerable adults' policy and named designated safeguarding officer were prominently displayed throughout the centre. The inspector reviewed residents' safeguarding plans which reflected staff knowledge and

were completed in-line with the provider's policies. Furthermore, safeguarding plans examined were regularly reviewed to ensure their effectiveness.

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 such as the locking of cleaning materials cupboards and the external doors at night. Risk assessments were regularly reviewed and provided a clear rationale for the use of each practice and reflected staff knowledge.

The inspector looked at residents' behaviour support plans. Plans reviewed were developed by a suitably qualified person in conjunction with the centre's staff and clearly described both the behaviour of concern and recommended proactive and reactive support strategies. Furthermore, behaviour support plans were reviewed regularly and reflected staff knowledge. The previous inspection had found that not all staff had received positive behaviour management training. However, following the last inspection, records showed that all staff had received up-to-date training in this area.

**Judgment:**  
Compliant

#### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

No actions were required from the previous inspection.

#### **Findings:**

The person in charge maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA). However, the inspector found that not all notifications had been submitted to the Chief Inspector 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:**

Residents were supported to access day services, educational courses 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 were further reflected in staff knowledge.

Residents attended a range of day services in the local area in-line with their assessed needs. Some residents at the centre had chosen to take retirement due to their age and were supported by staff to access activities of their choice during the week.

Where able to residents told the inspector that they were supported to access a range of activities in the local community such as local shops and cafes which was further reflected in activity records and personal goal updates reviewed as well as discussions with staff.

**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 psychiatrists, consultants, physiotherapists and

podiatrists. Furthermore, residents had access to a General Practitioner (GP) of their choice at different medical practices in the local area.

The inspector found that where residents had specific medical conditions or dietary needs, support was provided in accordance with reviewed protocols and professional recommendations.

Meals provided at the centre were chosen by residents either daily or as part of residents meetings. Residents were also involved in preparing meals subject to their abilities with some residents helping to clear the dining table after a meal, whereas others were able to prepare simple meals for themselves.

Records of food provided at the centre showed that residents had access to a varied and healthy diet as well as snacks and drinks throughout the day. In addition, to food prepared at the centre, residents enjoyed having takeaway meals and meals out in local cafés and restaurants. Records also showed that residents were involved in deciding on and purchasing groceries needed for the centre at local shops and supermarkets.

**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. Medication was administered by both nursing and healthcare assistants at the centre and a signature bank was maintained of all staff trained to administer medication at the centre.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as emergency epilepsy medication and the management of behaviour that challenges and found that they were regularly reviewed by either the residents' general practitioner or psychiatrist. Furthermore, staff knowledge was reflective of medication protocols reviewed.

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 a local pharmacist to ensure medication procedures at the centre were in-line with the provider's policies and recommended good practice.

**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 centre's statement of purpose was regularly reviewed and reflected the services and facilities provided. In addition, the statement of purpose was 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 centre's 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 was actively involved in the governance and management of the centre.

The person in charge facilitated regular team meetings and minutes 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 both approachable and responsive and that they would have no reservations in bringing any concerns to them.

In addition, the person in charge completed regular management audits on practices at the centre, in-line with the provider's policies. Audits were conducted on practices at the centre such as medication management, health and safety, residents' finances, infection control and residents' personal plans. Records further showed that the audits' findings and associated action plans were discussed by the person in charge with staff in the centre's team meetings.

The person in charge ensured that they were suitably qualified by attendance at the provider's mandatory training courses as well as accessing training opportunities in-line with the role such as health and social care management, assisted decision making legislation and the development of person centred cultures. In addition, the person in charge received regular support and supervision from their line manager and attended governance meetings with fellow persons in charge and senior management.

The provider ensured that six monthly unannounced visits were completed and assessed the centre's compliance with the regulations. Following each visit, an action plan was developed on any areas identified for improvement, with records showing that actions were completed within agreed timeframes. Copies of all conducted provider visits were available at the centre during the inspection.

The previous inspection had found that the provider had not completed an annual review of care and support provided at the centre. Following the last inspection, a review had been completed which reflected all aspects of the centre and identified areas for improvement. Where areas for improvements had been identified, the inspector noted that these had been addressed by the person in charge within the set timeframes shown in associated action plans.

**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, was 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 was further reflected 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 residents' needs as reflected in personal plans and risk assessments reviewed by the inspector.

Throughout the inspection, residents received support in a timely and respectful manner which was in-line with both their needs and preferences. Residents, where able to, told the inspector that they liked living at the centre and the staff supported them to do

activities of their choice. Residents' comments were further reflected in activity records, discussions with staff and questionnaires received from both residents and their relatives.

In addition, the centre had access to two vehicles, one of which was adapted for wheelchair users, which enabled residents to access local amenities of their choice such as shops, cafes and places of interest.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

Staffing arrangements ensured that residents' assessed needs were met.

The person in charge ensured that both an actual and planned staffing roster was in place at the centre and that the assigned staffing levels and skill mix ensured that residents' assessed needs were met, in-line with their personal plans and risk assessments.

Staff told the inspector that they felt supported by the person in charge and found them to be both approachable and responsive to their needs. Staff attended regular team meetings chaired by the person in charge, which discussed both residents' needs and the operational management of the centre.

In addition, the person in charge completed annual 'personal development plans' with staff, which looked at their role and responsibilities and also identified their future training needs and career development.

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. Furthermore, staff told the inspector that due to the needs of residents they had accessed training such as epilepsy awareness and the safe administration of medication, which was reflected in training records examined.

The inspector reviewed a sample of staff personnel files and found that they contained all information required under Schedule 2 of the regulations such as employment histories, garda vetting disclosures, references and copies of qualifications.

**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):**

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

**Findings:**

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

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

The previous inspection had found that the centre's residents' guide did not contain all information required under the regulations. Following, the last inspection, the residents' guide had been reviewed and contained all information as specified in the regulations. In addition, the provider ensured that all records required under Schedule 4 of the regulations were maintained such as residents' written agreements and records of food provided to residents at the centre.

The previous inspection had found that not all policies required under Schedule 5 of the regulations were in place, and those in place had not all been reviewed in-line with regulatory timeframes. During this inspection, the inspector found that all required policies had been reviewed in-line with regulatory timeframes and were available at the centre

The provider had ensured that an up-to-date insurance policy against accidents or injury

to residents, staff and visitors was in place at 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 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-0005250
<b>Date of Inspection:</b>	05 December 2017
<b>Date of response:</b>	21 December 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Personal plans were not available to all residents in an accessible format.

**1. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their

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

representatives.

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

The PIC will ensure that all personal plans are reviewed and updated making them available in accessible format where appropriate.

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

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

A bed rail assessment had not been subject to an annual review on its use and effectiveness.

**2. Action Required:**

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

The PIC will ensure that the bed rail assessment is reviewed and updated at the residents upcoming annual review

**Proposed Timescale:** 20/12/2017

**Theme:** Effective Services

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

One bungalow had not assessed the effectiveness of its fire safety arrangements to evacuate all residents when at full occupancy using minimal staffing arrangements.

**3. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

A full evacuation with full occupancy has been carried out with minimal staffing

**Proposed Timescale:** 07/12/2017

**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 statutory notifications had been submitted within regulatory timeframes.

**4. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The PIC will ensure that all notifications are submitted within the required time frames

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