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Gweedore Service, OSV-0005331, 29 November 2017

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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:	Gweedore Service
Centre ID:	OSV-0005331
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	14
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:
29 November 2017 11:15	29 November 2017 19:00
30 November 2017 08:30	30 November 2017 14:00

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

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

Summary of findings from this inspection

Background to 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 27 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 Sligo and provided both full -time and shared care residential

services to adults with a disability.

How we gathered our evidence:

During the inspection, the inspector met with 10 residents both individually and in a group setting. In addition, the inspector met four staff members and received questionnaires on the care provided at the centre from relatives. The inspector interviewed the person in charge and observed practices during the inspection. The inspector reviewed documents which related to residents and the centre's operations such as personal plans, risk assessments, activity logs, healthcare records 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 houses located on the outskirts of Sligo town, close to local amenities.

Overall Findings:

The inspector found that although residents received a good standard of care and support from staff, the design and layout of the premises did not ensure that residents had access to adequate personal space and storage facilities in-line with the regulations.

Throughout the inspection, the inspector observed that residents were supported to meet their assessed needs with dignity and respect. Staff supported residents to communicate in a manner which reflected their abilities. Residents made choices on participating in a range of activities both within the centre and the wider community. Residents were supported to maintain family relationships and questionnaires received stated that there were no restrictions on visiting relatives at the centre.

The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on the residents' needs and their responsibilities under the Health Act. However, the inspector found that the provider had not ensured that all documentation on staff employed at the centre was in place as required by the regulations.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. 14 outcomes were found to be compliant with one outcome in substantial compliance. Moderate non-compliance was found in two outcomes and major non-compliance in one outcome.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were aware of their rights and were involved in aspects of the running of the centre.

The provider's up-to-date complaints policy was displayed on communal notice boards in each of the houses alongside information about the centre's nominated complaints officer. In addition, an easy-to-read version of the policy, as well as information on the Health Service Executive's confidential recipient and advocacy services, was also displayed on the communal notice boards. Staff told the inspector that residents were asked if they were happy at the centre and had any complaints at the weekly residents' meetings, and their knowledge reflected the provider's policy.

A record of all complaints received was maintained at the centre which included a description of the complaint, actions taken in response and the complainants' satisfaction with the outcome. In addition, the inspector met with both residents and family members during the inspection who said that if they were unhappy with any aspect of the centre they would speak with the staff on duty or the person in charge.

Residents told the inspector that they participated in weekly residents meetings and would decide what activities they wished to do in the week when not at day services, as well as planning the menu and talking about if they had any complaints about the centre. Resident meeting minutes also showed that they were used to provide residents with information on advocacy services, keeping safe and fire safety.

Residents told the inspector that they were visited regularly by their families and were

supported to have overnight stays, which was also reflected in discussions with family members and staff. The centre's layout also provided facilities for residents to meet their visitors in private.

The inspector reviewed arrangements for supporting residents with their personal finances and found that they were in-line with the provider's policies with money being held securely and all transactions being receipted and recorded.

Residents accessed a range of activities in the local community as well as day services in the local area. Some residents had made a choice to retire and arrangements were in place to support them at home and facilitate community based activities during the week which reflected residents' interests and preferences. Residents told the inspector that they went out for meals did personal shopping, planned and went on holidays both in Ireland and abroad and attended both music concerts and sporting events which reflected their personal goals and were recorded in activity records examined.

Throughout the inspection, staff supported residents in a timely, dignified and respectful manner which reflected their assessed needs. Residents told the inspector that they liked the staff and they helped them a lot. Where residents were unable to tell the inspector about the support they received, they appeared both relaxed and comfortable and showed no signs of distress with any support provided by staff during the inspection

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:

There was a policy in place on communication with residents.

The inspector spoke with staff and found that they were knowledgeable of each residents communications needs. Residents had a communication assessment completed and there was guidance available in care plans on each their assessed communication needs. Additional information on communication methods used by residents was available for new staff in the centre.

Residents had access to radio and television in the centre. During the inspections residents were watching television programmes of their choice.

Judgment: Compliant

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that positive relationships between residents and their families were supported. Staff who spoke with the inspector were knowledgeable about resident's family and their involvement in residents lives.

Staff were in regular contact with resident's families regarding the resident's wellbeing. Inspectors saw evidence that families attended meetings or were kept informed of developments regarding residents and their personal planning meetings.

Residents were supported to receive visitors. There was a policy in place in relation to visitors in the centre. Residents were supported to maintain links with the wider community in line with their interests and choices.

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 inspector found that residents did have written agreements in place, that reflected

all costs incurred by residents and costs not included in the written agreement.

Residents had accessible written agreements in place at the centre; the agreements reviewed did include clear information on the charges to be paid. For example, rent and the provider's maintenance charge for staffing, food and utility costs were combined together into a total figure weekly figure and also a daily charge. In addition, those written agreements sampled had been signed by the resident or their representative and the provider representative.

The provider had an up-to-date admissions and discharge policy which reflected the centre's statement of purpose. The centre had no new admissions prior to the inspection.

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' assessed needs were regularly reviewed and reflected in their personal plans.

Residents' personal plans were comprehensive and included assessments on support needs such as healthcare, medication, relationships, keeping safe, mobility and eating and drinking. Personal plans were up-to-date and reflected both staff knowledge and observed practices during the inspection.

Personal plans were available to residents in an accessible format and included their personal goals. Goals were agreed with residents every three months as part of their 'person centred support meetings' which were also attended by their named staff and relatives. Goal planning records included the goal's outcome, named staff supports and expected date of achievement. Records showed that progress was evaluated every three months and included what aspects of the goal had been achieved or not.

The inspector found that all residents' plans had been subject to an annual review, which in turn had looked at all aspects of their support needs as well as personal goal outcomes.

Discussions with staff and annual review minutes showed that meetings were attended by the residents, their relatives and staff. Records also showed that multi-disciplinary professionals such as general practitioners, physiotherapist, occupational therapists and psychiatrists also attended or were invited to attend review meetings.

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 inspector found that although the premises were well maintained, it did not meet the requirements of Schedule 6 of the regulations.

The centre comprised of three houses on the outskirts of a town with access to local shops and amenities. In addition, to the bedrooms, residents had access to a communal sitting room, bathroom, kitchen dining room and garden area. The garden area was well-maintained and had been designed to provide a sensory environment for residents.

The inspector found that although the centre was well-maintained, the provider had not addressed the previous inspection findings which related to the premises. One of the centre's bathrooms had not been refurbished. The inspector observed that the provider has installed privacy curtains since the last inspection; however, due to the layout of the bedrooms they did not provide adequate private space for residents as required under Schedule 6.

In addition, the inspector found that the shared bedrooms did not provide suitable storage for residents' personal possessions as wardrobes were shared.

The inspector was informed that planned maintenance work was scheduled to provide increased access to the centre's bathroom facilities in response to the findings of the

previous inspection. The previous inspection had highlighted that due to the layout of a shared bedroom's ensuite bathroom, it was inaccessible to residents. The planned maintenance works proposed to combine the bathroom to create an accessible bathroom for all residents at the centre.

Residents had access to laundry facilities at the centre and suitable arrangements were in place for the safe disposal of general and clinical waste.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Risk management arrangements ensured that residents were safe at the centre, although the regularly undertaken simulated fire drills had not been completed under minimal staffing conditions.

The centre's previous inspection had found that the centre's fire safety arrangements required improvement. Following the last inspection, the inspector observed that fire doors were no longer wedged open as magnetic self closure devices had been installed and the previous fire doors had been upgraded.

Records showed that, since the last inspection, all staff had received up-to-date fire safety training and had participated in a simulated evacuation drill. However, although records showed that regular simulated fire drills occurred, they had not been undertaken with minimal staffing levels in order to determine if the centre could be safely evacuated at all times.

The inspector found that following the last inspection, residents' 'personal emergency evacuation plans' (PEEPs) had been reviewed and updated to provide clear information on how to support each resident. Staff knowledge reflected PEEPS sampled by the inspector.

In addition to fire doors, the inspector observed that the centre was equipped with suitable fire equipment such as a fire alarm, emergency lighting, fire call points, smoke detectors and fire extinguishers. However, the inspector found that containment of fire was not effective as there were significant gaps under fire doors. Records showed that

fire equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

The centre's fire evacuation plan was prominently displayed along with an accessible version for residents and reflected staff knowledge.

The person in charge maintained an up-to-date risk register, which was reflected in regularly reviewed risk assessments on the premises and residents' needs. Risk assessments examined identified both the risk and the control measures implemented to reduce its prevalence or impact. In addition, staff knowledge reflected identified risks and control measures in place at the centre.

A record of all accidents and incidents was maintained. These were reviewed on a monthly basis by the person in charge, with learning from events discussed with staff at regular team meetings.

Hand hygiene and infection control information was displayed in the bathrooms and kitchen, along with the provision of hand sanitisers and segregated waste disposal facilities. Furthermore, training records showed that all staff had received up-to-date hand hygiene training.

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:

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. Following the previous inspection, records showed that staff had received up-to-date 'safeguarding of vulnerable adults' training. Furthermore, staff were able to demonstrate to the inspector that they had an understanding of what might constitute

abuse and the actions they would take, which were in-line with the provider's policy.

In addition, information on the provider's safeguarding of vulnerable adults' policy and designated safeguarding officer was prominently displayed at the centre.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. Risk assessments had been completed on restrictive practices in use at centre such as the locking of doors and cleaning materials cupboards. Restrictive practices were regularly reviewed, and records showed previous restrictive practices had been ended following multi-disciplinary reviews such as the locking of kitchen utensil draw. In addition, assessments had been completed on the use of bedrails in-line with residents' assessed needs. Assessments had been completed by suitably qualified persons and reflected staff knowledge and observed practices during the inspection.

Behaviour support plans were in place for residents with identified behaviours of concern. Plans were regularly reviewed and developed by a suitably qualified person in-line with the provider's policies. Plans included a description of the behaviour as well as proactive and reactive support strategies and reflected staff knowledge.

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 inspector found that the centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

A record of all notifications were submitted to HIQA was kept at the centre including all notification submitted under schedule 4 of the regulations. The inspector found that all notifications were submitted to HIQA in-line with regulatory timeframes.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were supported to participate in social activities which reflected their assessed needs, preferences and interests.

The provider had an up-to-date policy on supporting residents to access education and training which was reflected in the centre's statement of purpose. At the time of the inspection, while residents were not involved in educational or training opportunities due to their assessed needs they did accessed regular day services.

Staff told the inspector that residents were supported to access a range of activities both at the centre and in the local community which was reflected in personal plans and activity records. Records showed that residents were supported to attend religious services, access local shops, visit places of interest and have meals in cafes in the local community. In addition, residents participated in therapeutic activities while at the centre such as hand and foot massages and sensory relaxation.

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 had access to a range of allied healthcare professionals such as a general practitioner (GP) of their

choice, psychiatrists, dieticians and physiotherapists.

The inspector found that where residents had specific medical or dietary conditions they were supported in-line with their assessed needs, and that both staff knowledge and training reflected protocols sampled. In addition, residents had 'end of life' plans in place which had been developed in conjunction with their families and representatives.

Meals were provided by staff at the centre and food records showed that residents had a choice of meals which reflected their personal tastes and dietary needs. Meals provided were healthy and nutritious in nature and snacks and refreshments were available throughout the day. In addition, residents were supported to assist in aspects of meal preparation, subject to their abilities.

The inspector found that meal times were social in nature with staff and residents eating together. Where residents required support to eat and drink, this was provided in a sensitive manner and in-line with their assessed needs.

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:

The centre's medication arrangements reflected the provider's policies and procedures.

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

Regular medication audits were carried out by the person in charge and delegated staff, which included record keeping and the use of 'as and when required' medication.

Assessments had been completed on residents' abilities to take responsibility for their own medication, although no residents' self-administered medication at the time of the inspection.

Medication was securely stored at the centre and arrangements were in place for the

segregated storage and disposal of out-of-date or discontinued medication.

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):

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

Findings:

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

The previous inspection had found that the centre's statement of purpose did not contain all information required under the regulations. The inspector reviewed the centre's statement of purpose and found that it was subject to regular review and had been updated to contain all information required under Schedule 1 of the regulations and reflected the services and facilities provided.

Furthermore, the statement of purpose was reviewed annually and available to residents in an accessible version.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

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

The provider's management structure at the centre was reflected in the statement of purpose and staff knowledge. The person in charge was full-time, suitably qualified and based at the centre.

The person in charge facilitated regular staff team meetings which discussed all aspects of the centre's operations such as residents' needs, accidents and incidents and organisational policies. Staff told the inspector that the person in charge was approachable and they would have no reservations in raising concerns with them.

The previous inspection had found that management systems in place at the time did not effectively monitor the service provided. The inspector found that since the last inspection, the provider had introduced a range of management audits on practices at the centre which included medication management, health and safety, residents' finances and personal plans. The outcomes of the audits were discussed as part of staff meetings and any actions identified were addressed in-line with agreed timeframes.

The inspector found that the annual review of care and support provided at the centre was completed. Furthermore, the inspector found that following the last inspection a review had been completed with actions for improvements addressed within agreed timeframes. The provider had a plan for completion of the works required in the new year.

In addition, following the last inspection, the provider had commenced regular six-monthly unannounced visits of the centre which were available during the inspection.

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 provider had suitable arrangements in place in the absence of the person in charge.

The person in charge confirmed their understanding of the requirement under the regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. However, no instances of this nature had occurred to date. Furthermore, staff knowledge reflected arrangements in place in the event of the person in charge's absence from the centre.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found the services and facilities provided reflected the statement of purpose and residents' assessed needs.

The inspector found that staffing levels and resources were sufficient to meet residents' needs and reflected personal plans and risk assessments examined as well as staff knowledge.

Furthermore, the centre was equipped with aids and appliances to meet residents' needs such as overhead hoists. The centre did not have access to their own vehicle; however, resources were available for residents to access taxis, which ensured that planned activities could occur; such as, access to 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):

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

Findings:

Staffing arrangements at the centre ensured that residents' assessed needs were met. However not all information required under Schedule 2 of the regulations was available in staff personnel files.

An actual and planned roster was in place and staffing levels ensured that residents' assessed needs and planned activities were met as reflected in risk assessments, activity records and discussions with staff. The inspector noted from the roster, that temporary workers were on occasions used at the centre; however, these were regular staff and ensured consistency of care for residents.

Throughout the inspection, the inspector observed that staffing arrangements ensured that residents received support in a timely manner when required. Furthermore, residents appeared to be both relaxed and comfortable with all support provided by staff.

Staff told the inspector that they felt supported by the person in charge and found them to be both accessible and responsive to their needs and concerns. The person in charge facilitated regular staff team meetings where residents' needs and the operational management of the centre were discussed. Furthermore, staff had completed annual personal development plans (PDP) with the centre's management team, which looked at their roles, responsibilities and future training needs.

Training records demonstrated that staff had received up-to-date training in manual handling, along with other mandatory training such as fire safety and safeguarding of vulnerable adults. In addition, staff had accessed training specific to residents' needs such as fragility care, epilepsy awareness and end of life care.

The inspector found that the provider did not ensure that all required schedule information was available as required by the regulations, as personnel files did not contain copies of staff garda vetting disclosures. This was also identified during the previous inspection.

Judgment:

Non Compliant - Major

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):

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

Findings:

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 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 not 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:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005331
Date of Inspection:	29 & 30 November 2017
Date of response:	27 December 2017

Requirements

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

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider had failed to ensure that there were adequate bathrooms in place for all residents in the centre.

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 will ensure that accessibility to bathroom areas will be in place by the below date.

Proposed Timescale: 30/04/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider had failed to ensure that effective containment of fire was in place in the centre. Gaps were observed under fire doors in the centre.

2. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The provider will ensure that an up to date fire risk assessment will be conducted within the centre by the below date & Gaps under Fire Doors in the centre will be completed.

Proposed Timescale: 31/03/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge had failed to ensure that schedule 2 documentation was held in staff files:

- Garda vetting was not available at the time of inspection.

3. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The registered provider will ensure that all staff files requested on inspection will have Garda Vetting in place by the below date.

Proposed Timescale: 31/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider had failed to ensure that there were policies in place for recruitment and retention of staff in the centre.

4. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The National Recruitment Service operates under the Commission for Public Service Appointments (CPSA) Code of Practice and you will find relevant information regarding the recruitment process on the HSE website.

This document is presently within the Schedule 5 policy folder in each area across the centre.

A Policy on the Recruitment & Retention of Staff will be in place by the below date for this designated centre.

Proposed Timescale: 28/02/2018