Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Drumboe Respite House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002531</td>
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<tr>
<td>Centre county:</td>
<td>Donegal</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Lead inspector:</td>
<td>Stevan Orme</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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: 04 October 2017 09:15  04 October 2017 17:40
To: 04 October 2017 17:40

The inspection took place over the following dates and times

From: 05 October 2017 09:00  05 October 2017 13:10
To: 05 October 2017 13:10

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

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Summary of findings from this inspection

Background to the inspection:
This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided a full-time respite service to adults and children with a disability.

How we gathered our evidence:
During the inspection, the inspector spoke with five residents in a group setting about the quality of care and support they received when at the centre. In addition, the inspector interviewed four staff members as well as the person in charge. Furthermore, the inspector reviewed questionnaires completed by both residents and their families who used the respite centre. The inspector observed practices and reviewed documents such as personal care plans, 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 a two-storey house on the outskirts of a town and close to amenities such as shops and leisure facilities.

Overall Findings:
The inspector found that residents were supported in-line with their assessed needs as described in their personal plans. Residents told the inspector that they enjoyed coming to the centre and were able to do activities of their choice during their stay. Residents and families said that staff at the centre were friendly and supportive and the manager was responsive and approachable. The inspector observed that residents were happy with the supports they received from staff throughout the inspection. The centre was well-maintained, with its design and layout meeting both the needs of children and adult who accessed the service.

The inspector found that staffing arrangements reflected the range of needs of residents who accessed the centre. Staff at the centre were suitably qualified and knowledgeable on resident’s assessed needs. The inspector interviewed the person in charge, who was both suitably qualified and knowledgeable on residents’ needs and their roles and responsibilities under the regulations.

Summary of regulatory compliance:
The centre was inspected against 18 outcomes. The inspector found compliance in 14 outcomes inspected. However, major non-compliance was found in relation to the maintenance of staff records as required under Schedule 2 of the regulations. Moderate non-compliance was found in three outcomes which related to residents' written agreements, personal plans and fire safety arrangements.

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 involved in making decisions about the centre during their respite stay.

The provider's complaints policy was up-to-date and included information on how to lodge a complaint and the provider's appeals procedure. In addition, the complaints policy was prominently displayed on the notice board, alongside an accessible version for residents. Information about the provider's complaints officer and advocacy services was displayed on the notice board. The person in charge maintained a record of all complaints received which included actions taken, the complaints current status and the complainants' satisfaction with the outcome.

Residents told the inspector that they were happy and enjoyed coming to the centre and had no complaints; however, they said they would speak to staff on duty or the person in charge if they were unhappy about the service they received. Residents told the inspector that on the first day of their respite stay they decided activities and meals they would do at the centre, which was reflected in residents' 'Respite PCP meeting' records. In addition, a residents' meeting was held with each group who accessed the centre. Meeting minutes showed that residents were made aware of their right to make a complaint and had also been updated on the centre’s fire safety arrangements.

The inspector reviewed arrangements for supporting residents with their personal finances while at the centre. Residents were supported in-line with the provider's policies, with all transactions being receipted and recorded. Where residents chose to manage their own finances during their stay, this was recorded and supported by staff.
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:
Residents were supported with their assessed communication needs.

Residents' personal plans included an assessment on their communication needs and included any communication aids required such as 'picture exchange communication systems' (PECS), communication dictionaries and 'objects of reference'. Staff knowledge reflected residents' communication needs as described in their personal plans.

The centre provided easy-to-read versions of the centre's statement of purpose and the provider's complaints and safeguarding policies for residents. In addition, the centre had its own electronic tablet device which was loaded with communication software applications which were used by residents when at the centre, according to discussions with staff. The centre also provided a computer with games and communication programmes in the dining room which was also accessed by residents.

Residents had access to a range of media while at the centre such as radio, television and the internet. One resident told the inspector that they were given the centre's internet password so they could continue to use their smart phone during their stay.

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 residents were supported to maintain relationships and access the local community.

The provider had an up-to-date visitor’s policy. There were no restrictions on visitors to the centre and facilities were provided for residents to meet their family and friends in private.

Staff told the inspector, that regular communication occurred between the centre and families. Records examined showed communication which related to residents' experiences while at the centre, changes to residents' health and medication and future respite admissions.

Records also showed that the compatibility of residents accessing the centre was assessed and reviewed by the person in charge as part of the allocation of respite provision. Residents told the inspector that they enjoyed coming to the centre and had a 'great time’. They told the inspector that on arrival they would decide what meals and activities they would do during their stay with staff. Residents said they choose activities such as going to the cinema, swimming, meals out and bowling, which was reflected in records examined.

Arrangements were also in place at the centre to support residents to continue to attend their school or day service placement while at the respite centre.

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 centre had an up-to-date admissions and discharge policy; however, residents’ written agreements did not contain sufficient information on charges which related to the service provided.
The centre had an up-to-date admissions and discharge policy which was reflected in the statement of purpose. The inspector reviewed family questionnaires and found that their described experiences reflected the provider’s admission policy in relation to residents’ access to both day and overnight respite care.

The provider’s written agreements were accessible to residents and used a mixture of words, pictures and symbols to describe the services and facilities provided. The written agreements also stated that residents would have to pay for any additional costs such as community activities while at the centre. However, the written agreements did not provide information on the charges to be met by residents for respite care. The inspector observed that all written agreements sampled had been signed by both the provider and the resident or their representative.

Judgment:
Non Compliant - Moderate

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

Findings:
The inspector found that residents were supported in-line with their assessed needs, although personal plans were not available in an accessible version.

The inspector reviewed a sample of residents’ personal plans which were comprehensive in nature and included information on residents’ needs in areas such as safe environments, eating and drinking, mobility, behaviours of concern, sexuality, personal care and medication management. The inspector found that personal plans were up-to-date and reflected staff knowledge. Staff told the inspector that prior to a resident’s admission to the respite centre, a 'respite pack' was sent to their families which requested information on any changes in health care, medication and behaviours of concerns. The inspector reviewed information contained in returned 'respite packs' and found that changes to residents' needs were reflected in their personal plans.
The previous inspection of the centre had found that residents’ personal plans were not available in an accessible format. The inspector observed that since the last inspection, a more accessible format had been introduced to record residents’ respite stay goals; however, an accessible version of their personal plan was still not in place.

The previous inspection had found that residents' personal plans were not subject to an annual review into their effectiveness. The inspector found that following the last inspection, annual reviews had occurred and meeting minutes showed discussion had occurred on all aspects of the resident’s needs while at the centre including healthcare, behaviours of concern, goals and future respite provision. Furthermore, minutes showed that residents or their representatives attended review meetings along with associated multi-disciplinary professionals such as psychologists.

Residents told the inspector that on arrival at the centre, staff supported them to identify their goals for their stay which included activities they wished to participate in such as going to the cinema or having a meal out. Records reflected residents’ experiences; however, although goal records indicated what the goal was and whether it had been achieved or not, they did not state the named staff support and the expected timeframes for the goal's achievement.

**Judgment:**
Non Compliant - Moderate

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### 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 inspector found that the centre's design and layout met residents’ assessed needs.

The centre comprised of a two-storey house on the outskirts of a town, but was close to local shops and amenities. The centre also had a suitable vehicle to enable residents to access other amenities and facilities within the local and surrounding areas.

The inspector observed that the centre was well maintained and decorated. The centre comprised of five bedrooms which were spacious in size and well maintained. The inspector observed that due to the nature of the centre, bedrooms were not personalised. However, staff told the inspector that there were no restrictions on
residents bring personal items during their stay so that they felt more at home. Each bedroom had a wardrobe for residents to store their clothing and personal items. The inspector was also shown bedroom duvets and other soft furnishing which staff used to make the bedrooms more age appropriate when children stayed at the centre.

Two of the five resident bedrooms included ensuite facilities, one of which contained a bath and the other a shower. In addition, the premise provided a sufficient number of communal toilets and bathroom facilities.

There was a communal sitting room, kitchen, dining room in the centre. The inspector observed that storage cabinets in the dining room contained toys, DVDs and games which would be used by children when they accessed the centre.

In addition, a purpose built recreation building was located in the centre's garden, which contained a sensory room and play area which contained children's toys, a television and games console. The building further contained the centre' laundry facilities which were accessible to residents while at the centre.

The centre's garden was well maintained and incorporated a play area for children, which included facilities such as swings, playhouse and a trampoline.

The inspector observed that suitable arrangements were in place for the safe disposal of general and clinical waste.

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.

The centre had an up-to-date risk management policy and centre-specific safety statement which showed risks which related to residents, staff and the premises. Risk assessments were up-to-date and regularly reviewed. The centre's previous inspection had found that risk assessments did not include the timeframes for risk control measures to be implemented. The inspector reviewed the centre’s risk assessments and found that they now included risk control measures and dates for their implementation. The inspector found that staff knowledge reflected the risk assessments at the centre.
The person in charge maintained a record of accidents and incidents, which occurred at the centre. Records were analysed on a monthly and six-monthly basis to identify trends and areas for service improvement. In addition, meeting minutes showed that accident and incident records were discussed with staff at regular team meetings.

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre. In addition, hand sanitisers were available, both in residents' bedrooms and communal areas, along with segregated waste disposal facilities. The previous inspection had identified that not all staff had received up-to-date hand hygiene and food hygiene training. The inspector reviewed training records and found that all staff had received hand hygiene training and all nominated staff had undertaken a food hygiene course.

The centre's fire evacuation plans was prominently displayed and reflected both resident and staff knowledge. Furthermore, residents' meeting minutes showed that fire safety arrangements were discussed on each admission to the centre. Residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and reflected staff knowledge. PEEPs included the support residents required for both day and night-time evacuation including the use of evacuation aids such as a wheelchair.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire safety equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

Regular fire drills were carried out at the centre and all staff had up-to-date fire safety training. However, the inspector found that drills had not been conducted under minimal staffing conditions.

The previous inspection had found that records were not maintained to show that all residents who accessed the centre had participated in a fire drill. The inspector found that following the inspection and up-to-date record of resident involvement in drills had been put in place, and records showed that all residents had been involved in at least one fire drill since the start of the year.

**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 with the management of behaviour that challenges.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Staff had received up-to-date training in both safeguarding vulnerable adults and Children First. Staff spoke to the inspector about what might constitute abuse and the actions they would take if suspected, and their knowledge and understanding was in-line with the provider's policy.

Information on the provider's 'Safeguarding of vulnerable adults' policy and Children First was prominently displayed on the communal notice board along with the contact details for the provider's designated safeguarding officers and designated children's liaison person.

The person in charge maintained a register of all safeguarding plans in place at the centre and their current status. The inspector reviewed safeguarding records and found that actions had been completed; such as, preliminary screening and the development of safeguarding plans - in line with the provider's policy. Furthermore, staff knowledge reflected current and past safeguarding plans at the centre.

Restrictive practices such as the locking of the exterior doors and garden side gates were risk assessed and included a clear rationale for their use and were subject to regular review.

The inspector reviewed a sample of residents' behaviour support plans and found that they were up-to-date, regularly reviewed and developed by a suitably qualified behavioural specialist, in-line with the provider’s policy. Behaviour support plans included a description of the behaviour that challenges as well as both proactive and reactive support strategies to be used which reflected staff knowledge.

The previous inspection had found that not all staff engaged at the centre had completed up-to-date behaviour management training. The inspector reviewed staff training records and found that the person in charge had ensured that all staff had completed a 'managing challenging behaviour' course following the previous inspection.

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).

The inspector reviewed accident and incident records and found that all reportable events under Schedule 4 of the regulations had been submitted to the Health Information and Quality Authority (HIQA) by the person in charge and provider. In addition, a record of submitted notifications was maintained at the centre and notifications had been sent to HIQA in accordance with regulatory timeframes.

**Judgment:**
Compliant

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**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 meet their educational needs and to participate in activities which reflected their needs and choices.

The provider had policies on access to education and training for both adults and children. Residents' educational and training needs were assessed as part of their personal plan. Records showed that children and adults were supported to attend either their school or day service placements while at the centre. In addition, documents showed that regular communication occurred between the school, or day service and the centre on residents' assessed needs.

Residents told the inspector that when they stayed at the centre they were supported by
staff to go to their day services placement and were dropped off and collected in the service's vehicle, which was reflected in residents' daily notes.

Residents told the inspector that staff ensured that what they wanted to do while at the centre happened and they enjoyed coming to the centre, as they got to spend time with their friends and to go to the cinema and music concerts in the summer. Records further showed that residents were supported to access the local swimming pool, go for meals out, do personal shopping and visit places of interest in the local community.

**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' health care needs were supported in-line with their personal plans when at the centre.

Residents' personal plans included an assessment of their current healthcare and medication needs. Records and discussions with staff showed that residents' needs were updated prior to each admission by their families. Staff were knowledgeable on residents' health care needs and daily records showed that support was provided in-line with their assessed needs and the recommendations of allied healthcare professionals.

Due to the residents accessing the centre for either day or short periods during the week, all healthcare appointments were facilitated by their families. Staff told the inspection that In the event of a resident requiring medical treatment, they would firstly contact the residents' family for guidance and on occasions this had lead to the resident's own general practitioner (GP) visiting them while at the centre.

Residents told the inspector that they chose the centre's meals when they arrived on the first day of their respite stay. Food diaries showed that residents were provided with a variety of healthy and nutritious meals as well as having the opportunity to order takeaways and go for meals out in the local community.

Residents at the centre on the days of inspection, told the inspector that they choose not to be involved in the preparation of meals. However, records examined showed that other residents were involved in meal preparation dependent on their ability, which was
reflected in discussions with staff.

Where residents were supported with weight management programmes or special diets, the inspector found that this was reflected in residents' personal plans and staff knowledge.

**Judgment:**
Compliant

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**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 management arrangements in place at the centre reflected the provider's policies and procedures.

Staff told the inspector that prior to a resident being admitted to the respite centre an update on any changes to prescribed medication was sourced from their families, which was reflected in records examined.

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

Medication was securely stored at the centre. Staff told the inspector that residents' medication was recorded and accounted for on both admission to and discharge from the centre, which was reflected in records examined.

Arrangements were in place for the segregated storage and disposal out-of-date or discontinued medication, although staff told the inspector that residents only came to the centre with enough medication to cover their stay.

Residents' personal plans included an assessment of the residents' medication needs and their capacity to self administer medication.

Regular medication audits were carried out by the person in charge on the administration of 'as and when required' medication (PRN) and medication
administration practices at the centre to ensure they were in-line with the provider's policy.

**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.

The inspector looked at the centre's statement of purpose. This was reviewed annually and contained all the information required under Schedule 1 of the regulations. The statement of purpose reflected the services and facilities provided at the centre and was 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The provider's governance and management arrangements ensured that the previous inspection findings had been addressed and that residents were supported in-line with their assessed needs.

The 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 team meetings and minutes showed discussions on all aspects of the centre's operation such as residents' needs, accidents and incidents and organisational policies. Staff told the inspector that the person in charge was based at the centre during the week and they found that they were both approachable and responsive to concerns raised.

The person in charge completed regular management audits in-line with the provider's annual audit schedule. Audits completed included assessments on the centre's practices in areas such as infection control, residents' finances, safeguarding, restrictive practices, complaints and residents’ personal plans.

The person in charge told the inspector that they ensured their continual professional development through attendance at the provider's mandatory training as well as courses relevant to their role. The person in charge was a qualified nurse and had over 19 years experience working with adults and children with a disability. The person in charge had been in a management role for over ten years and had an accredited management qualification. In addition, the person in charge was further supported through formal supervision by their line manager and through attendance at regular management meetings chaired by the provider's representative.

The previous inspection had found that the governance and management arrangements in place had not ensured that actions identified from previous inspections, the provider's unannounced visits and quality improvements plans had been addressed. The inspector reviewed documents such as the centre's quality improvement plan and provider's unannounced visit reports and found that actions had been or were being addressed in-line with agreed timeframes.

In addition, the previous inspection had found that an annual review of the care and support provided at the centre had not been undertaken. The inspector found that following the last inspection, this annual review had been completed and was available at the centre.

The inspector reviewed records of the provider's unannounced visits to the centre and found that these occurred every six months in-line with the regulations and were available at the centre.

**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 event of the person in charge being absent for over 28 days.

The person in charge confirmed their understanding of the requirements under the regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found that there had been no instances to date of the person in charge being absent for over 28 days; however, staff were aware of management arrangements in the event of this occurrence.

**Judgment:**
Compliant

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### 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 at the centre met residents' assessed needs.

The inspector reviewed rosters which showed that staffing arrangements were directed by the assessed needs of residents who accessed respite care. Rosters showed that the number of staff allocated during the day would be two to four; and at night, between one to two - dependent on the needs of residents using the service. The inspector found that staff were knowledgeable of residents' needs, suitably qualified and comprised of both nursing and care staff.
The inspector reviewed records which related to the allocation of respite care provision for each resident. Records showed that the number of respite days allocated to residents per year was based on an assessment of both the resident’s needs and those of their carer.

A suitably adapted vehicle was available at the centre to support residents to access local amenities such as leisure centres, shops, cafes and places of interest.

**Judgment:**
Compliant

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**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

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

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

**Findings:**
Staffing arrangements ensured that residents’ needs were met, although staff records did not contain all information required under Schedule 2 of the regulations.

The person in charge ensured that both an actual and planned roster was in place at the centre. The inspector found that staffing arrangements were dependent on residents who accessed respite care at the centre. Staffing arrangements on the days of inspection reflected residents’ assessed needs, as described in personal plans and risk assessments sampled.

Residents told the inspector that they looked forward to coming to the centre. They told the inspector that they got to come to the centre with their friends and choose the activities they wanted to do like going to the cinema and bowling. Residents said that staff were kind and friendly and made sure they had a 'good time' when at the centre. Throughout the inspection, the inspector observed that residents were relaxed and comfortable with the supports they received, which were provided in a timely and respectful manner by staff.

Staff told the inspector that they were supported by the person in charge, who was both approachable and responsive to any concerns they had raised. Staff attended regular bi-monthly team meetings and were involved in discussions about residents' needs and the
operational running of the centre. Records further showed that each staff member's responsibilities and training needs had been reviewed with the person in charge as part of the provider's annual 'personal development plan' arrangements.

The previous inspection had found that not all staff had received up-to-date training in hand and food hygiene. The inspector reviewed training records and found that staff had completed this training since the last inspection. Staff had access to the provider’s mandatory training in areas such as fire safety and manual handling. In addition, staff had the opportunity to attend training associated with residents' needs such as epilepsy. In addition, due to residents' assessed communication needs, sign language training had been scheduled for all staff at the centre.

The previous inspection had also found that not all documents required under Schedule 2 of the regulations were present in staff personnel files such as full employment histories and copies of garda vetting disclosures. The inspector examined staff records and found that although full employment histories were now in place, copies of staff members’ garda vetting disclosures were still not available in all staff files sampled.

**Judgment:**
Non Compliant - Major

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**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 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, resident healthcare records and incidents and accident reports.

The provider ensured that records required under Schedule 4 of the regulations such as
a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available at the centre.

The inspector reviewed the provider's policies and procedures required under Schedule 5 of the regulations and found that they were available at the centre and had been 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

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**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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002531</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>04 &amp; 05 October 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26 January 2018</td>
</tr>
</tbody>
</table>

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The inspector found that written agreements did not contain sufficient information on charges to be met by residents.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure that the written agreements of Care will contain information on the charges to be met by residents for respite care, and if no charge this will be documented. Person in Charge will send Revised Agreement of Care to Families to read, sign and return to Drumboe. All Agreements of Care will be present in all service users file by 31-12-2017

Proposed Timescale: 31/12/2017

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:
The inspector found that residents' personal goal records did not include named staff supports and expected timeframes for achievement.

2. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The Person Centred plan (One pager) has been updated to include named staff to support Residents and expected timeframes of completion.

Proposed Timescale: 25/10/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that residents' personal plans were not available in an accessible format.

3. 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 representatives.

Please state the actions you have taken or are planning to take:
The Personal plans template has been updated to include Easy read /pictorial format, and each residents plan will be updated using new Template.

**Proposed Timescale:** 31/12/2017

### 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 inspector found that fire evacuation drills had not been conducted under minimal staffing conditions.

4. **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:
The Person in Charge has scheduled a fire drill for the next date that minimum of one staff on duty with Residents.

**Proposed Timescale:** 08/11/2017

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that staff personnel records did not contain all information required under Schedule 2 of the regulations.

5. **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 Person in Charge will ensure copies of staff members’ Garda vetting disclosures will be available for viewing in Staff files containing Schedule 2 Information.

**Proposed Timescale:** 01/12/2017