

**Health Information and Quality Authority  
Regulation Directorate**

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



|                                                       |                                                                                                         |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Centre name:</b>                                   | A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited |
| <b>Centre ID:</b>                                     | ORG-0008234                                                                                             |
| <b>Centre county:</b>                                 | Wicklow                                                                                                 |
| <b>Email address:</b>                                 | skelly@enableireland.ie                                                                                 |
| <b>Type of centre:</b>                                | Health Act 2004 Section 39 Assistance                                                                   |
| <b>Registered provider:</b>                           | Enable Ireland Disability Services Limited                                                              |
| <b>Provider Nominee:</b>                              | Fidelma Murphy                                                                                          |
| <b>Person in charge:</b>                              | Saoirse Mary Kelly                                                                                      |
| <b>Lead inspector:</b>                                | Louise Renwick                                                                                          |
| <b>Support inspector(s):</b>                          | Conor Brady                                                                                             |
| <b>Type of inspection</b>                             | Announced                                                                                               |
| <b>Number of residents on the date of inspection:</b> | 3                                                                                                       |
| <b>Number of vacancies on the date of inspection:</b> | 2                                                                                                       |

## 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 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:                 |
| 01 April 2014 10:30 | 01 April 2014 17:30 |
| 02 April 2014 10:00 | 02 April 2014 14:30 |

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

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

**Summary of findings from this inspection**

This designated centre, which is based in Wicklow is defined in the statement of purpose as providing short holidays breaks for residents who avail of the Dublin based day services and outreach services within Enable Ireland Ltd. This designated centre offers over 66 residents the opportunity to avail of a 2 night stay from 1- 4 times in a given year.

Inspectors found the designated centre to be homely and welcoming. The premises were appropriately designed to promote maximum accessibility and independence for resident with physical disabilities. Both communal and private rooms were spacious, decorative and well maintained. The designated centre had a large rear garden with courtyard and seating which was accessible to residents.

Inspectors found a high level of compliance with the Health Act 2007 (Care and Support of Residents in designated centre for person (children and adults) with Disabilities) Regulations 2013, which will be referred to as the Regulations throughout this report. Out of the 18 outcomes inspected against, there were only 3 non-compliances identified. The majority of non-compliances identified were in relation to documentation. Inspectors found the designated centre was managed by a suitably qualified and skilled person in charge, who had effective governance systems in place across all aspects of the designated centre.

The findings of this inspection are outlined under each outcome in the body of the report, and 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 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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

While residents only reside in the centre for short period, the Inspectors found that residents were consulted with and participated in decisions about their care and the running of the designated centre.

Residents had good access to advocacy services and information about their rights. Inspectors observed that residents' privacy and dignity was respected at all times during the course of inspection. Inspectors spoke with residents who said that they felt respected by staff during their stay. Residents informed inspectors of an internal advocacy group called "Speak" which some residents were representatives of.

Each resident in the designated centre was promoted to exercise choice and control in their daily life. This was evident from the opening meeting that residents held at the start of every stay, where they made choices and decisions about what would happen over the respite break. Residents were promoted to maximise their independence, with the environment offering ease of accessibility. A suggestions box was positioned in the communal area to ensure feedback is sought from residents to inform practice.

Inspectors found that the provider had systems in place to safe guard and protect residents' belongings and finances. Inspectors read a centre specific procedure on the managing of residents' finances, and found it to promote independence and control, while ensuring safeguarding measures were in place. Residents had access to lockable storage facilities in their bedrooms for valuable items.

Residents were aware of the arrangements for dealing with complaints, and outlined that they would go to the person in charge if they had any issue of concern or complaint. Inspectors read the complaint procedure and found that it needed slight improvement to ensure compliance with the Regulations. For example it did not clearly outline who the complaint officer and the external appeals person was. Inspectors reviewed the complaints log, and found that all complaints had been managed and responded to appropriately.

### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents were supported and assisted to communicate at all times. Staff were fully aware of any communication needs of residents, as this was included in their service user profile. Inspectors found that residents had ample access to radio, television, newspapers and information on the local community. Televisions were available in residents' bedrooms, and the communal sitting room had digital TV subscription. There was a service user notice board in the dining room which was positioned at eye gaze level for accessibility for wheelchair users. Inspectors spoke with residents who explained that there was an opening meeting at the start of every holiday break which the residents directed themselves. Inspectors found a folder of information on the local facilities and community amenities for residents.

Inspectors were satisfied that residents were assisted to communicate at all times while in the designated centre.

### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community while in the designated centre. Residents attended the designated centre for respite, as a break away from their normal routines. Families are kept informed of residents' well being where necessary.

Residents can arrange to stay in the designated centre at the same time as their friends if they so wish, and are actively encouraged and supported to take part in the local community during their stay. The designated centre is located close to a town centre with restaurants, pubs and shops, and there is a wide variety of amenities close by. Residents are supported to access these amenities, and there is a bus and driver available that caters for two wheelchair users at any one time.

Overall inspectors found that during their stay, residents were supported to develop and maintain links with the wider community.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents' admission to the designated centre was based on transparent and fair criteria and in accordance with the statement of purpose. There was a centre specific policy in place relation to admissions and discharges of residents.

Inspectors found that there were some contracts in place for residents, and these were being completed at admission of a respite stay. Inspectors spoke with residents who were fully aware of the voluntary fee for attending the centre, what services were included in this amount, and the additional costings of any extra activities. The contracts reviewed included these details for residents.

Overall, inspectors were satisfied that there were clear and transparent admissions criteria in place and residents were aware of the terms and conditions of their stay, and charges associated with it.

**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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents had opportunities to be socially active, and participate in meaningful activities appropriate to his / her own interests and preferences. Inspectors found that residents were supported to access the local community. Information on local services and amenities were available to residents in an accessible format, and residents had full control over the social outings and activities while staying in the centre. In general, inspectors found that residents social care needs were met. However, some improvements were required in relation to the documentation. Inspectors found that personal plans had more of a health focus and did not provide adequate information on residents' specific social, emotional, participation needs, preferences and routines.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.



**Findings:**

Inspectors were satisfied that the location, design and layout of the designated centre was suitable for its stated purpose and met the needs of residents in a comfortable and homely way. Inspectors found that the provider has suitably equipped the centre with equipment, aids and appliances to support and promote the full capabilities of residents and had been adapted to support wheelchair users to gain maximum independence. For example, all light switches were positioned appropriately, posters and information boards were at eye gaze level and the kitchen had been adapted to be fully accessible for wheelchair users. Inspectors spoke with residents, who expressed that they felt very safe in the designated centre as they could easily get around the centre with minimum assistance.

Inspectors found that the premises were well maintained with suitable heating, lighting and ventilation. The centre was clean and suitable decorated and had adequate private and communal accommodation. Inspectors found that there was appropriate equipment for use by residents or staff which was maintained in good working order.

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

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

**Theme:**

Effective Services

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the health and safety of residents, staff and visitors was promoted and protected in the designated centre. The centre had policies and procedures relating to health and safety, and there was a safety statement in place.

Inspectors reviewed the risk management policy, and found it to include all the specific requirements as outlined in the Regulations. Staff had a good understanding of risk management, and care plans and profiles for residents were risk assessment based. Inspectors reviewed the risk register and found that risks were identified and appropriately managed in the designated centre.

Inspectors found that satisfactory procedures were in place for the prevention and control of infection. There was a policy in place regarding infection control which inspectors found was adequate to guide staff practice. Inspectors spoke with staff and found them to be knowledgeable in relation to infection control measures. There was colour coded system in place for cleaning equipment, and laundry facilities included clear signage to guide staff on correct temperatures for washing.

Inspectors found that there were adequate precautions against the risk of fire. The designated centre was fitted with a full fire detection alarm and emergency lighting system. Inspectors reviewed documentation and found that the fire systems were serviced at appropriate regular intervals. Appropriate fire fighting equipment was in place, and serviced annually. Staff had received training in fire safety within the last year and were knowledgeable on what to do in the event of an emergency. The building had adequate means of escape, including an exit from the second floor, and exits were found to be unobstructed.

Inspectors spoke with the person in charge and reviewed documentation and found a clear record of any accidents and incidents in the designated centre. There were arrangements in place for the investigation of and learning from serious or adverse incidents. Inspectors noted a very low number of accidents and incidents within the designated centre.

Inspectors reviewed training records and found that all staff had up to date mandatory training in moving and handling. Residents all had their support needs in relation to manual handling clearly outlined in their care plans, which were updated at each admission. There were adequate numbers of hoists and aids available for residents on the day of inspection.

Inspectors spoke with the person in charge in relation to arrangements in the event of an emergency evacuation, and found that although she could clearly outline the arrangements in the event of a full evacuation, the contingency plan did not include all information, such as the arrangements of alternative accommodation. Following the inspection, the person in charge made an updated contingency plan available to the inspectors which outlined this plan clearly. On review of the formal emergency plan, inspectors were satisfied that the plan in the event of an emergency had been clearly documented.

### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there were adequate measures in place to safeguard residents from harm. Inspectors reviewed policies and protocols on the management of suspected or alleged abuse and found them to be sufficient to guide safe practice in this area. Inspectors spoke with staff and found that they had sufficient knowledge of the content of the policies on protecting vulnerable adults, and could clearly outline the reporting process. There had been no investigations or allegations of abuse since the centre opened in 2002. The inspectors were satisfied that the person in charge and staff were knowledgeable about how to appropriately respond if necessary.

Inspectors reviewed a draft policy on supporting residents who presented with behaviours that challenged and found it to adequately guide practice which promoted a positive approach. The person in charge informed the inspectors that at present no residents presented with behaviours that challenged, but that the new policy would guide them if residents' needs changed in the future. There was a draft policy on the use of restraint, and inspectors found that it was based on national best practice, and promoted a restraint free environment. There were no restrictions for residents at the time of inspection.

Inspectors read a centre specific procedure on the management of residents' finance, and found that for residents who did need support in this area, systems were in place to safeguard their finances.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that a record was maintained of all incidents and accidents that had occurred in the designated centre. Inspectors reviewed the accident and incident log, and spoke with the person in charge, and found that the number of incidents were low. There had been no incidents which required reporting to the Chief Inspector, and the person in charge had sufficient knowledge of what was a notifiable event. The staff member who deputised when the person in charge was absent, was fully aware of what was a notifiable event for the Chief Inspector.

Inspectors were satisfied that this outcome was met.

## 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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents had opportunities for new experiences and social participation while staying at the designated centre. As the purpose of the centre was to offer a holiday break, residents' were happy to avail of a break away from the usual education and employment routines. Inspectors spoke with residents who confirmed that they had ample opportunities to engage in social activities both external and internal to the centre.

## Outcome 11. Healthcare Needs

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents were supported on an individual basis to enjoy best possible health. As the designated centre offered short holiday breaks to residents, if someone was unwell or receiving medical attention prior to their stay, they would not attend at that time, and would be offered an alternative date.

Inspectors reviewed residents' files, and found that the contact details of each resident's General Practitioner were listed, along with other relevant health information. Inspectors found that the care plan profiles were risk assessment based, and included a number of headings which captured the most up to date needs and supports of residents. At the start of each stay the person in charge and staff discuss with each resident their current

health needs, supports, and medication packs.

Overall, inspectors were satisfied that the health care needs of residents were met. Documentation in relation to health care needs and supports were sufficient and proportionate to the duration and frequency of residents' stay.

### **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that each resident was protected by the designated centre's policies, procedures and practices regarding medication management. Inspectors reviewed the organisational policy on medication management, and the centre specific policy on self administration of medication. Inspectors were satisfied that the policy and procedure were based on national guidelines, and guided safe practice. The designated centre promoted residents' to manage their own medication, and the person in charge had sufficient safeguarding systems in place around this. Residents' completed a comprehensive assessment, which assessed their understanding and capacity to safely self medicate. On each admission to the designated centre, residents' medication was discussed and an agreement signed by the resident.

Practices in relation to the storage and transfer of medication between services were in line with the centre's own policies and guided safe practice.

Inspectors found that residents were promoted to be as independent as possible in relation to the management of their medication, and were satisfied that there were adequate safeguarding measures in place which protected residents.

### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there was a written statement of purpose that accurately described the service provided in the designated centre. Both staff and residents were familiar with the statement of purpose and its content. Inspectors were satisfied that it adequately outlined what the designated centre offered its residents.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there were effective management systems in place that support and promote the delivery of safe quality care services. Inspectors found that there were clearly defined management structures in place that identified the lines of accountability and authority. Inspectors were satisfied that the centre was managed by a suitably qualified, skilled and experienced person in charge.

The person in charge had worked at the designated centre since it first opened in 2002. Inspectors found that the person in charge provided clear leadership and was actively engaged in the governance, operational management and administration on a regular and consistent basis. The person in charge demonstrated sufficient knowledge of the legislation and her statutory responsibilities within the Regulations. Residents were able to easily identify the person in charge, and found that she was accessible to residents and their families.

Inspector was satisfied that there was effective communication between the person in charge, senior management and the provider.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that there were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The provider was aware of the responsibilities to notify the Chief Inspector of planned and emergency absences. The person in charge had a system in place, where one staff was identified as a shift leader in the designated centre, and the shift leader would deputise in the absence of the person in charge. The shift leader would be supported by the Director of Service. Inspectors spoke with a staff member who undertakes the role of shift leader, and found that she had sufficient knowledge of the Regulations and standards, and had a good understanding of the management of the designated centre.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the designated centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The designated centre had two personal assistant staff along with the person in charge on the roster. A staff member was also employed to ensure the building and grounds were well maintained. The designated centre had a wheelchair accessible vehicle which could accommodate two wheelchair users at the same time. The person in charge managed

the budget for the designated centre and expressed to inspectors that there was adequate resources to deliver care in line with the statement of purpose. The person in charge planned to carry out a review of staffing in the future to look at the options of offering breaks at the weekends as well as mid week.

Overall inspectors were satisfied that the designated centre was compliant under this outcome.

### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there were appropriate staff numbers and skills mix to meet the needs of residents and ensure the safe delivery of service. Residents received continuity of care, as the person in charge had been managing the designated centre since 2002, and the staffing roster ensured that the same staff supported residents for the duration of their stay. Inspectors observed practices and found that residents received assistance, intervention and care in a respectful, timely and safe manner.

Inspectors reviewed the policy and records in relation to staff training and development, and found that staff had access to training which enabled them to meet the needs of residents. Mandatory training was offered and up to date for staff in the areas of fire safety and manual handling.

Inspectors found that staff were supervised appropriate to their roles, with the person in charge working shifts along with the staff team. The person in charge had supervisory systems in place with evidence of supervisory meetings available for inspectors to review.

Inspectors read the organisational policy on the recruitment of staff and found that staff were recruited, selected and vetted in accordance with best recruitment practices.



**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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed the operating policies and procedures and outlined in Schedule 5 of the Regulations and found them to all be in place. However, some improvements were required in relation to a number of policies to develop them further and to ensure they included the good practices which were in place. For example the policy on information to residents did not include all the good practices that inspectors observed during the course of inspection.

Inspectors reviewed residents' files, and found there to be sufficient documentation, in the designated centre in order to be compliant with the requirements of the Regulations as outlined in Schedule 3. Access to further documentation which was held at residents' day services was available if necessary. The provider planned for the designated centre to be included in the on-line records system that was currently available in other centre. This would further enhance the records currently being held locally.

Records available in the designated centre were accurate and up to date. At each admission to the centre, staff updated documentation in relation to residents. Inspectors found that records were securely stored, but easily retrievable.

Inspectors reviewed the insurance policy and found that the centre was adequately insured against accidents or injuries to residents, staff and visitors.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Action Plan**

**Provider's response to inspection report<sup>1</sup>**

|                            |                                                                                                         |
|----------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Centre name:</b>        | A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited |
| <b>Centre ID:</b>          | ORG-0008234                                                                                             |
| <b>Date of Inspection:</b> | 1 April 2014                                                                                            |
| <b>Date of response:</b>   | 29 April 2014                                                                                           |

**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 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

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

The complaints procedure did not clearly specify who the complaints officer and external appeals person were.

**Action Required:**

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

The local Dublin South/South East Policy was amended in April 2014 and now clearly states who complaints should be made to locally. This has now been implemented. The Enable Ireland National policy is currently being reviewed and will be rolled out by 30th

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

June 2014.

**Proposed Timescale:** 30/06/2014

### **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 social care needs of each resident was not specified in their care plans.

**Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The template for recording care plans is currently being reviewed and updated. The new template will be in use by the 30th of May 2014 for all admissions to the centre. The new template will be implemented for all service users at the date of their next review.

**Proposed Timescale:** 30/05/2014

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all policies were detailed enough to guide staff practice. For example the policy on personal care, and information to residents.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The relevant local policies are currently being reviewed and rolled out to staff and service users. All of these policies will be in place and implemented by July 2014.

**Proposed Timescale:** 31/07/2014