

**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-0008228
<b>Centre county:</b>	Clare
<b>Email address:</b>	bcurley@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>	Barbara Curley
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	Mary Costelloe
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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:
24 March 2014 09:00	24 March 2014 17:30
25 March 2014 09:00	25 March 2014 14:00

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

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

**Summary of findings from this inspection**

This report sets out the findings of an announced two day registration inspection. Inspectors met with residents, staff members, the person in charge and the director of services.

The centre provides residential and respite accommodation and services for adults with physical disabilities.

The centre is a bungalow within a group of houses in a rural setting on the outskirts of Ennis town. The bungalow may accommodate a maximum of four adult residents and this comprises two residential places and two respite places. The bungalow is set on grounds that include ample parking to the front and a spacious well-maintained

garden to the rear. There was a polytunnel in the garden for use by the residents for horticultural activities as part of their day services.

Overall, inspectors found evidence of a person-centred approach being promoted that was respectful of the residents' abilities and met the residents' health and social needs. Residents were supported to pursue educational, training and employment opportunities and their independence was maximised.

Inspectors found evidence of good practice in a range of areas. Staff interacted with residents in an appropriate, warm and friendly manner. Inspectors found evidence of residents being involved in decisions about their care and being supported to promote independence and exercise choice in their daily lives.

Inspectors found non-compliances in areas relating to records, policies and procedures and the documentation of residents' needs and personal plans which will be discussed in the body of this report and included in the action plan at the end of this report.

**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 - Moderate

**Findings:**

The inspectors found that residents' rights, dignity and consultation were supported by staff, however, improvements were required to the complaints policy and procedure.

Residents and staff spoken with confirmed that residents views were sought and used to inform the planning and running of the centre. Inspectors observed staff interacting with residents in a respectful manner, consulting with them and seeking their views.

Residents were involved in the development of their support plans and were able to tell the inspectors about them. Residents could make choices about their daily lives such as when to go to bed, what food to eat and how to spend their free time. Staffing was arranged in a flexible manner to support residents with their individual interests and hobbies.

Residents were supported to ensure involvement with their local community. This included the use of local amenities such as the cinema, hotels and restaurants. Residents were supported to do their own shopping in the local supermarkets and had recently taken part in the local St. Patrick's Day parade.

The inspectors reviewed the complaints policy dated 2009. The policy had not been recently reviewed or updated. The complaints policy did not include details of the nominated person to ensure that all records relating to complaints were maintained in accordance with the Regulations and to ensure all complaints were responded to in accordance with the Regulations. The complaints procedure was prominently displayed but the name of the nominated person to deal with complaints and clear details of the appeals process were not included. A template had been developed to record details of complaints and their outcomes, however, there was no place to record details as to whether the complainant was satisfied or not with the outcome. The person in charge

told inspectors that there had been no recent complaints and that verbal complaints had not been documented.

There was an independent advocacy service available and the information leaflet regarding this service was displayed. Residents were aware of the availability of this service.

Staff confirmed that residents were supported to exercise their political, civil and religious rights. Some residents were supported to attend their local polling stations during elections and other residents were supported to attend religious ceremonies of their choice.

## **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:**

Non Compliant - Minor

### **Findings:**

The inspectors were satisfied that staff were aware of the different communication needs of individual residents. Inspectors observed staff communicating appropriately with residents. However, the specific communication needs of some residents were not highlighted in residents' personal plans.

Residents had access to TV, radio, telephones and computers. Some residents had their own televisions, laptop computers and mobile telephones. A variety of channels was available on the large screen television located in the main sitting room. Information was available on the internet regarding local community events.

The person in charge had arranged regular meetings for residents in the centre as a way of supporting residents to communicate their views. The last meeting took place in February 2014. Documented notes from the meeting indicated that the last HIQA inspection report had been read and discussed and residents were given a colour card so that they could choose a paint colour of their choice for the kitchen. Residents confirmed that any issues raised at meetings were acted upon by management.

Relevant information was available throughout the centre in accessible formats. The statement of purpose, the residents guide, the complaints procedure and details of the national advocacy service were displayed in the centre. The National Standards for Residential Services for Children and Adults with Disabilities 2013 were also available.

**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

**Findings:**

Residents were supported to develop and maintain personal relationships and links with the wider community and families were encouraged to be involved in residents' lives.

The person in charge told inspectors that residents and their families attended annual personal planning review meetings and inspectors spoke with residents who confirmed this. Inspectors viewed residents' records that documented how families were kept informed and updated regarding individual residents' well being.

Staff told inspectors that residents were able to receive visitors in private and inspectors spoke with residents who confirmed this.

Residents were supported to be involved in community activities, for example, residents had taken part in the recent St. Patrick's Day parade. Inspectors spoke with residents who confirmed that they can choose whether to attend community events and that they were supported by staff should they chose to do participate in any community events. For example, staff had made arrangements to facilitate one resident to attend a family occasion the previous weekend and arrangements had been made to bring another resident on a day trip the following day. Also, residents confirmed that they enjoyed eating out and that this was a regular occurrence at the weekend.

**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:**

Non Compliant - Moderate

**Findings:**

The admissions procedure was clear and transparent and in line with the statement of purpose. The needs and safety of the residents were considered during admission, for example, a form was completed with each resident on arrival that allowed for review of

any medications or changes in care needs. The residents' guide contained up to date information for each resident and a welcome pack was given to each resident.

The inspectors reviewed a sample of the contracts of care. The contracts of care did not clearly set out the services to be provided for the residents or the fees to be charged. Contracts of care had been signed for some residents while other contracts had recently been sent to residents families and the person in charge stated that she was waiting for them to be signed and returned.

### **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 although residents' health, personal and social needs were being met, there were deficiencies in the documentation, which could result in inconsistency in the delivery of services.

Residents confirmed that they were consulted on all aspects relating to personal planning.

Inspectors reviewed residents' files and found that a comprehensive assessment of the health, personal and social care needs for individual residents, with appropriate multidisciplinary input as necessary, had not been completed for each resident as required by the Regulations. A comprehensive assessment of needs is required to inform the residents' personal plans and takes account of other areas of support requirements, such as health plans and risk management plans.

A template for the assessment of needs for new residents was in place for any residents who join the service in the future. This template was not in use for existing residents.

Residents had a written personal plan, which included specific guidance for staff in relation to residents' individual needs and requirements, including those relating to

communication, moving and handling, medication, transport, religious beliefs and assistance with the activities of daily living. However, the personal plans did not contain information on residents' likes, dislikes, interests and wishes or training and education programs in which the resident was participating. There was evidence of multi-disciplinary input in the personal plan.

A formal review of residents' personal plans did take place via support meetings, which were documented and attended by the resident, their relatives (as applicable), the person in charge and the residents' key worker. Such meetings outlined goals, such as completing educational courses or taking music lessons, and identified any necessary supports to achieve those goals. However, the name of the person responsible for pursuing the plan and specific time-frames were not always included.

### **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:**

Non Compliant - Moderate

#### **Findings:**

Inspectors found that the centre was designed and laid out in a way that was suitable for its' stated purpose. The centre met the individual and collective needs of residents and there was appropriate and suitable equipment provided which was in good condition. Improvements were required in relation to the storage and servicing of equipment.

Inspectors found that the centre was clean, warm and domestic in nature. The rooms were bright and spacious. Residents' art work was displayed on the walls and the residential bedrooms were personalised. There was a garden to the rear, which was secure and included a patio for use by residents during the summer.

Inspectors observed that the centre was free from significant hazards which could cause injury to residents and in good repair. Inspectors reviewed the maintenance records that demonstrated there was an active maintenance programme in place for the centre. Inspectors observed that there were sufficient toilets, bathrooms and showers to meet the needs of residents.

Inspectors observed that the centre could in parts be more homely, although improvements had been made since the previous inspection. Inspectors noted that there was inadequate storage for large pieces of equipment, for example, hoists and a wheelchair were stored in the main living room, which detracted from the homeliness of

the room.

Facilities and services were consistent with those described in the centres' Statement of Purpose and Residents' Guide.

Inspectors observed that equipment was appropriate to meet the needs of residents and the designated centre was equipped with assistive technology, aids and appliances to support and promote the full capacities and independence of the residents. This included adjustable beds, ceiling track hoists, mobile hoists, motorised wheelchairs, shower chairs and a reclining chair.

Inspectors reviewed the servicing records relating to equipment, aids and appliances and found that they were mostly in order, with the exception of the recliner chair for which an up-to-date servicing record was not produced.

Overall, inspectors found that the centre was accessible to residents, although the laundry room was not. Inspectors spoke with residents who confirmed that they did not want to launder their own clothes, although facilities were inadequate for residents who might wish to launder their own clothes in the future.

## **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:**

Non Compliant - Moderate

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

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

### **Findings:**

Inspectors found that the health and safety of residents, staff and visitors was promoted and protected. Improvements were required in relation to the risk management policy and the evacuation procedure.

There was a safety statement in place that was up to date. A risk management policy had been developed since the previous inspection and was in draft format; however it did not contain all of the risks specified in the Regulations.

Hazard inspections were taking place, although they did not contain some key hazards, such as accidental injury as a result of slips and trips or due to poor housekeeping. A range of risk assessments had been completed since the previous inspection for different areas, including the laundry, the bathroom and use of the manual hoist. However, not all risk assessments clearly identified the person responsible or the specific

time-frame for completion of any necessary actions.

Health and safety meetings for the designated centre took place on a monthly basis. A meeting took place on the first day of inspection and inspectors observed a proactive approach to injury prevention, such as visual checks of fire safety equipment and the completion of hazard inspections.

There was a lone worker policy and lone worker guidelines in place. Inspectors spoke with a number of staff that worked alone at night and found that they were competent and experienced and had the necessary training to deal with emergencies. Inspectors found that there were appropriate support systems in place to deal with emergencies, for example, additional staff could be called in if necessary. However, there was no formal process that documented whether an individual staff member was competent to work alone at night.

Inspectors found that there were a range of fire safety arrangements in place.

There was a prominently displayed evacuation plan and evacuation procedure for emergency situations and outlined arrangements in place in the event of evacuation of the centre. However, the mobility of residents had not been adequately accounted for in the evacuation procedure.

Suitable fire equipment was provided. Fire exits were unobstructed and there were adequate means of escape. The fire alarm quarterly service was overdue, but inspectors viewed a document confirming the service had been scheduled for the week of the inspection. Inspectors viewed servicing records relating to fire safety equipment and found that it was serviced as required on an annual basis.

Inspectors viewed documentation of regular fire drills and spoke with residents who confirmed that they were actively involved in fire drills. Inspectors spoke with staff and found that they were knowledgeable about what to do in the event of a fire.

Inspectors reviewed the accident and incident folder and found that accidents and incidents were being recorded and there was evidence of learning from such events. Accidents and incidents were documented in the residents' files. Although the accident and incident policy was outside of its review date; accidental injury was adequately addressed in the safety statement.

Suitable equipment was provided for the moving and handling of residents. Input from allied health professionals in relation to the safe moving and handling of residents was clearly contained in individual residents' files and informed practice. Staff had received training in the moving and handling of residents.

An infection control policy had been developed since the previous inspection and was in draft format. There was no system in place for carrying out infection control audits to monitor the effectiveness of measures in place to prevent and control infection.

Training in infection control had recently taken place and advice from the infection control nurse had been documented but had to yet be included in the risk assessment

form. Inspectors observed suitable facilities for infection prevention and control including hand sanitisers, soap and hot water, adequate sinks and disposable gloves and gowns. A cleaning schedule had been introduced since the previous inspection and was being maintained. Inspectors spoke with staff and found that they demonstrated an understanding of infection prevention and control measures.

**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:**

Non Compliant - Moderate

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

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

**Findings:**

A policy on adult protection had been developed and implemented since the previous inspection. The centre had a protocol on intimate care. Inspectors reviewed draft policies that had been developed since the previous inspection relating to restrictive practices, behaviour that challenges, the use of restraints and self-harm. The draft policies were comprehensive and reflective of national policy where applicable.

Inspectors viewed training records that confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Inspectors spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

Inspectors spoke with residents who confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Whilst the person in charge and the director of services demonstrated their commitment to positive behavioural support, inspectors were not fully satisfied that sufficient measures had been taken to manage behaviour that challenges in the centre.

Although staff had received training in the management of behaviour that challenges in 2009, additional training was now required for staff in the management of behaviour

that challenges including de-escalation and intervention techniques to meet changing needs in the centre and to meet training requirements specified in the Regulations. This training need had already been identified by the person in charge and director of services. Also, specific guidance for staff to support residents to manage their own behaviour was not sufficient. Inspectors spoke with staff who confirmed that they were not fully confident in how to support residents to manage their own behaviour.

Residents were involved in consultations, discussions and reviews that had been arranged to support residents to manage their own behaviour.

Inspectors observed that bedrails were in use on all beds in the centre. Risk assessments had been completed by the physiotherapist relating to safe usage. Inspectors reviewed residents' records found that the use of bedrails did not reflect national policy, for example, alternatives had not been documented nor had consent been documented where the use of bedrails had been consented to or requested by residents. Also, no monitoring system was in place for monitoring the use of bedrails.

Inspectors reviewed documentation from the central remedial clinic that confirmed that residents' hip belts, chest supports and foot straps were necessary for positional, postural and safety reasons and were not classed as restraints.

Inspectors reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs.

### **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:**

Incidents were recorded and reported as required by the Regulations.

Inspectors reviewed the incident folder and found that a record of all incidents that occurred in the centre was maintained as required. Inspectors reviewed notifiable incidents and found that they had been reported to the Authority within three days as required. A quarterly report was provided to the Authority by the provider nominee as required.

**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

**Findings:**

Residents were pro-actively supported to participate in education, training and employment by staff in the centre.

Education, training and employment needs were documented and reviewed at personal planning meetings. However, there was no formal assessment to establish each residents' education, employment and training goals.

Residents were supported to participate in education and training, for example, one resident had completed a course in radio broadcasting and was enrolled in a media studies course. Residents were supported to participate in employment, for example, one resident had secured a volunteer employment place one day a week. Any necessary support to attend activities or courses was provided, for example, in relation to transport.

There was communication between the person in charge and the colleges of further education and third level colleges for the purposes of supporting greater employment and training opportunities.

Residents participated in day services affiliated to the centre that included computers, cookery classes, arts and crafts, horticulture, swimming, bowling, soccer, physiotherapy, hydrotherapy and music therapy. Inspectors spoke with residents, who confirmed that they were happy with the range and number of the activities on offer.

**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:**

The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to a general practitioner (GP) of their choice. There was an out-of-hours GP service available. The inspector reviewed residents' files and found that GPs reviewed residents on a regular basis. Records of referrals to consultants were viewed in residents' files.

Residents had access to a range of allied health care professionals and referrals were maintained in residents' files, including to the dentist, physiotherapist, occupational therapist and counselling and clinical psychologists.

Input from medical and allied health professionals was documented in residents' care plans and informed practice. For example, clear information from the physiotherapist informed optimal sleeping position that maximised resident comfort.

Comprehensive risk assessments had been completed and were maintained in residents' files and informed practice. Risk assessments provided clear guidance in relation to managing risks, such as the risk of choking or injury from epileptic seizures.

The inspectors were satisfied that residents were supported to choose, buy, prepare and cook the foods that they wished to eat. Residents spoken with confirmed that they planned their own menus and were supported to go grocery shopping on a weekly basis. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Cookery classes were held weekly in the house and residents confirmed that they enjoyed attending and cooking their favourite dishes. Some residents enjoyed getting takeaways and eating out in local hotels and restaurants, particularly at the weekends.

Advice relating to dietary needs was sought from the dietician and speech and language therapist as required. Records of referrals and appointments were observed in residents' files and recommendations were reflected in residents' personal plans. Some residents required specialised and modified consistency diets and these nutritional needs were met. Fresh fruit was readily available. The fridge was well-stocked with fresh vegetables, meat and other foods. Residents had access to drinks and snacks throughout the day.

## **Outcome 12. Medication Management**

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

### **Theme:**

Health and Development

### **Judgement:**

Non Compliant - Moderate

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

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

### **Findings:**

Practices relating to the safe administration of medication were effective and reflective of policy.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. Although the policy was outside of its review date, inspectors reviewed a new comprehensive draft policy.

There were no nursing staff in the centre so staff had received training in medication management by a nurse prescriber. On-site skills assessments of each staff member by a nurse prescriber had also been completed. Inspectors noted that the person in charge was responsive to staff medication training needs and training in relation epilepsy awareness and the administration of emergency medication had recently been delivered.

The need for clear detailed instructions to be included in the prescription charts for staff to follow was identified at the previous inspection. Inspectors reviewed prescription sheets and found that the required improvements had been made.

Inspectors reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process.

Medication errors were being recorded appropriately and inspectors reviewed a sample and found that the steps taken following the error were in line with the centre's policy.

While unused and out of date medications were segregated from other medicinal products, as required by the Regulations, the provider was not recording the returns of medications to the pharmacist and there was no evidence to confirm that the returns were being made appropriately.

Some medications that required refrigeration were not being kept in a secure fridge. This increased the risk of others taking such medications in error and was not in compliance with the requirements of the Regulations.

The person in charge confirmed that there were no residents who were prescribed crushed medication at the time of inspection nor did any transcribing of medications

take place in the centre.

Inspectors viewed assessments for residents in relation to self-administration of medication and found that residents were supported to manage their own medication in accordance with their wishes and capacity. One resident took full responsibility for managing all aspects of his own medication.

There was no formal system in place for carrying out medication audits, which is required to ensure that medication practices are safe.

### **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:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

#### **Findings:**

The inspectors reviewed the statement of purpose submitted with the application to register. The statement of purpose was generally found to be in compliance but required some updating in order to fully comply with the requirements of the Regulations. There was no date on the statement of purpose, the name of the designated person to act on behalf of the provider required updating and the sizes of all rooms were not included.

### **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:**

There were effective management systems and a clearly defined management structure in place to ensure consistent delivery of services to residents.

The recruitment policy was informative but outside of its review date. The centre had a volunteer policy, performance review policy and lone worker policies that were informative and within their review dates.

The person in charge was experienced and qualified and demonstrated good knowledge of the requirements for her position. The person in charge attended a forum of managers of adult services within the organisation, which facilitated the sharing of learning.

The director of services had regular contact with the service and met with the person in charge formally on a monthly basis and more frequently if required. The director of services was very familiar with the needs of the residents in the service.

The CEO (chief executive officer) participated in an annual review of the service.

The person in charge confirmed that she met with the provider nominee and other house managers on a quarterly basis and that there were quarterly service manager meetings that the provider nominee attends.

There was a quality assurance system in place to ensure regular review of the service and set quality assurance goals. Inspectors found evidence of a clear management structure and staff were aware of the reporting arrangements in place. Systems were in place to facilitate staff to raise concerns and to meet their own responsibilities in relation to quality and safety of the service, including monthly centre meetings and one-to-one supervision meetings. There was a supervision and appraisal system in place and inspectors viewed records of such meetings in the staff files.

There was no system in place to carry out regular audits in the designated centre, for example of medication management or infection control. Inspectors viewed a template that had been developed since the previous inspection demonstrating that work had commenced in relation to carrying out annual reviews of the quality and safety of the centre and unannounced visits to the centre, as required by the Regulations.

**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:**

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge, with the director of services deputising in the absence of the person in charge.

The provider, director of services and person in charge were aware of the requirement in the Regulations to notify the Authority in relation to any expected or emergency absence of the person in charge that exceeds 28 days or more and of the return of the person in charge following any such absence.

**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:**

The centre was adequately resourced to ensure the effective delivery of care and was consistent with the Statement of Purpose.

There was a system in place to review the provision of resources to support the delivery of care and support to residents. The use of resources was reviewed in monthly meetings between the person in charge and the director of services. Long-term resourcing issues were reviewed by the Director of Services.

The person in charge confirmed that she was enabled to access additional staff to meet any fluctuating or additional needs of the residents, for example, if additional staff were required to bring a resident to an appointment or a social outing. Inspectors spoke with staff who confirmed this to be the case and inspectors observed additional staff rostered on the second day of inspection to facilitate an early appointment for a resident.

### **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:**

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

#### **Findings:**

Inspectors found that the staffing arrangements were suitable to meet the needs of residents. Inspectors reviewed the rosters and spoke with staff, management and residents. Inspectors found that there was sufficient staff on duty and staffing levels were adjusted to meet the needs of residents. Inspectors spoke with residents who confirmed that staff are able to respond to them in a timely manner and their needs were always met. Inspectors noted that the needs of some residents had increased and staffing levels will need to be kept under close and constant review.

Inspectors reviewed staff files and found that since the previous inspection, all of the documentation required by Schedule 2 of the Regulations had been obtained and was contained in the personnel files.

The recruitment policy was informative but outside of its review date. The centre had a volunteer policy, performance review policy and lone worker policies that were informative and within their review dates. Inspectors reviewed staff files and found that the organisational requirements for volunteers were being implemented, for example, all volunteers received vetting by An Garda Síochána.

Inspectors found that staff were being supervised appropriate to their role and staff confirmed that they were well supported in their roles by the person in charge and the director of services.

Inspectors found that a staff supervision and appraisal process was in place. The person in charge reviewed staff work and a performance management system was in place.

Inspectors reviewed the minutes of performance management meetings and found they were focussed both on staff development and improving the quality of services to residents.

The person in charge displayed a commitment to maintaining her own professional development and had for example completed a HETAC Level 7 single subject course in supervision, theory and practice in 2012.

Inspectors found evidence of good training programmes. Mandatory training relating to abuse prevention and fire safety had taken place. Training in infection control had been delivered since the previous inspection. Inspectors identified that while training in the management of behaviour that challenges had taken place in 2009, staff required further training in this area due to changing resident needs.

Staff were able to tell inspectors how they implemented training in their work. Areas of staff training included food safety, people moving and handling, health and safety awareness, social care training and medication management.

Staffing levels were found to be in line with those outlined in the residents' guide. There were two care staff on duty during the day. At night, there was one care staff in the centre when there were either two or three service users in the centre. There were two care staff at times when there were four service users in the centre. Inspectors were satisfied with the emergency arrangements in place and spoke with residents about night-time staffing levels who confirmed that care staff were responsive to their needs at night-time.

### **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 - Moderate

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

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

**Findings:**

The provider had ensured that residents were provided with a residents' guide. The guide was in an accessible format and included information in pictures, photographs and words. The residents' guide provided residents with information on the service, and included a section on how to make a complaint.

The provider was in the process of developing and implementing a range of policies and procedures as required by schedule 5 to guide staff in the delivery of services to residents and the running of the centre. Some policies listed in Schedule 5 of the Regulations were outside of their review date, including the recruitment policy and the complaints policy. Other policies listed in Schedule 5 of the Regulations had been developed since the previous inspection and were in final draft awaiting approval. These related to: incidents where a resident goes missing; provision of positive behavioural support; the use of restrictive procedures and physical, chemical and environmental restraint and; risk management. The medication management policy was under review at the time of inspection.

The inspectors reviewed the register of residents and noted that the information required by the Regulations had been provided in respect of all long term residents but the register required further updating in respect of some respite residents.

The inspectors viewed an insurance certificate which confirmed that there was up to date insurance cover in the centre.

The provider was maintaining records in a secure and safe manner. Residents had access to records referring to themselves. All records were made available to the inspectors as required during the inspection.

**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:***

Julie Hennessy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
<b>Centre ID:</b>	ORG-0008228
<b>Date of Inspection:</b>	24 March 2014
<b>Date of response:</b>	

### 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:** DCAD10 Individualised Supports and Care

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

The name of the nominated person to deal with complaints and clear details of the appeals process were not included in the complaints policy/procedure. There was no place to record details as to whether the complainant was satisfied or not with the outcome of the complaint on the complaint recording template. Verbal complaints had not been documented.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and

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

whether or not the resident was satisfied.

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

- The person in Charge has put in place a local policy outlining the name of the nominated person to deal with complaints and clear details of the appeals process.
- The existing template has been modified to record, whether the complainant was satisfied or not with the outcome of the complaint
- Verbal complaints are now being recorded on the template.
- Arrangements are in place to communicate this with service users, staff and families
- The Enable Ireland National policy is currently being reviewed and will be rolled out by July 30th.

**Proposed Timescale:** 30/07/2014

**Theme:** DCAD10 Individualised Supports and Care

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

The complaints policy did not include a nominated person to ensure that all records relating to complaints were maintained in accordance with the Regulations and to ensure all complaints were responded to.

**Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

- The local complaints policy identifies the Director of Services as the other nominated person other than the person nominated in Regulation 34(2)
- The Person in Charge is the nominated person under Regulation 34(2)

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

**Outcome 02: Communication**

**Theme:** DCAD10 Individualised Supports and Care

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

The specific communication needs of some residents were not highlighted in the personal plans.

**Action Required:**

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her

personal plan.

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

- The Person in Charge is reviewing and updating all service users' assessments of need and personal plans. Any specific communication needs individual service user will be recorded in the service users' personal plan and will be communicated to all staff.

**Proposed Timescale:** 30/07/2014

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The contracts of care did not clearly set out the services to be provided for the residents or the fees to be charged.

**Action Required:**

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

- All contracts of care are being reviewed and amended to include details of services to be provided to the resident, and the fees to be charged.

**Proposed Timescale:** 30/07/2014

**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:**

A comprehensive assessment of needs had not been completed for each resident.

**Action Required:**

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- Each service user will have a comprehensive assessment of need completed by the end of July 2014.

**Proposed Timescale:** 30/07/2014

**Theme:** Effective Services

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

The personal plans did not clearly outline the services and supports to be provided to each resident to achieve a good quality of life and to realise their goals; nor did they take account of and record the persons' wishes and aspirations.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

- The Personal Plans are being reviewed and amended to clearly outline the services and supports to be provided and will record the persons' wishes and aspirations.

**Proposed Timescale:** 30/07/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The provider was unable to demonstrate that equipment was being maintained in good working order. A servicing record was not produced for all equipment.

**Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

- The recliner chair that was highlighted in the report has been serviced; a log book is in place to record and monitor the servicing of all equipment. This will be reviewed by the Person in Charge on a six monthly basis.

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

## Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

The risk management policy did not include the measures and actions in place to control the unexpected absence of any resident

**Action Required:**

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

- The organisation has implemented The Risk Management Policy which references the policy on the Unexplained Absence of a resident

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

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

The risk management policy did not include the measures and actions in place to control the risks from aggression and violence.

**Action Required:**

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

- The organisation has implemented The Risk Management Policy which references aggression and violence

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

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

The risk management policy did not include the measures and actions in place to control the risks from self-harm.

**Action Required:**

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

- The organisation has implemented The Risk Management Policy and refers to the policy on responding to service users who self harm

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

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

A formal process was not in place to review the competency of staff working alone at night.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- A formal process has been designed to review the competencies of staff working alone at night.
- This will be communicated to all staff

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

**Theme:** Effective Services

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

The evacuation procedure did not consider the diverse ability of residents.

**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:**

- All personal plans are been reviewed and amended to include a personal evacuation and emergency plan for each resident.

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

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

Staff did not have sufficient guidance needed to provide them with the knowledge they needed to respond to behaviour that challenges and to support residents to manage their behaviour.

**Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

- A policy on behaviours that challenge is in place
- A staff training programme on behaviours that challenge is been put in place to ensure all staff have up to date knowledge and skills to support service users

**Proposed Timescale:** 30/07/2014

**Theme:** Safe Services

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

Staff required training in the management of behaviour that challenges including de-escalation and intervention techniques.

**Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

- The person in charge will implement a staff training programme on behaviours that challenge which will include instruction on de-escalation and intervention techniques.

**Proposed Timescale:** 30/07/2014

## Outcome 12. Medication Management

**Theme:** Health and Development

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

There was no record maintained in the designated centre of used or out of date medications that were disposed of or returned to the pharmacy.

**Action Required:**

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

- The Person in Charge has introduced a log book to record the return of out of date medication and safe disposal of medicines to the pharmacist

**Proposed Timescale:** 15/05/2014**Theme:** Health and Development**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Medicinal products requiring refrigeration were not stored in a designated refrigerator that was capable of being secured.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- A suitable locked refrigerator for medicinal products to be stored in line with Regulation 29 (4) (a) will be installed in the house.

**Proposed Timescale:** 30/05/2014**Outcome 13: Statement of Purpose****Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose required some updating in order to fully comply with the requirements of the Regulations such as, the date, the name of the designated person to act on behalf of the provider and the size of all rooms was not included.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 Person in Charge has reviewed and updated the Statement of Purpose which now includes the size of all rooms

**Proposed Timescale:** 20/05/2014**Outcome 18: Records and documentation****Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some policies were still in draft format and had not yet been implemented, other policies had not been recently reviewed and required updating.

**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:**

- Enable Ireland has formalised the policies that were in draft format
- Enable Ireland is currently in the process of reviewing and updating all policies as listed under Schedule 5

**Proposed Timescale:** 30/07/2014**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The register of residents required further updating in respect of some respite residents to include all information as specified under Schedule 3 of the Regulations.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 Person In Charge is updating the residents register to include all Respite service users

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