

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002440
Centre county:	Tipperary
Email address:	Carol.moore@jse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Chris Monahan
Lead inspector:	Vincent Kearns
Support inspector(s):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 July 2014 08:00	02 July 2014 17:30
03 July 2014 08:00	03 July 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 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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of the inspection inspectors met with residents, relatives, the Assistant Director of Nursing (ADON), the Clinical Nurse Manager 2 (CNM2) and staff members. Inspectors met with the person in charge and the ADON to discuss the management and clinical governance arrangements in the centre. Inspectors reviewed policies and procedure documentation which covered issues such as medication management, accidents and incidents management, complaints and health and safety. The CNM2 informed inspectors that she endeavoured to provide a person-centred service to effectively meet the needs of residents. The action plan at the end of the report identifies areas where improvements are needed to meet the requirements of 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. These areas include:

- issues in relation to the locked entrance door
- a number of policies needed updating
- issues in relation to prevention healthcare associated infections
- inadequate arrangements in relation to the use of CCTV

- the statement of purpose needed updating
- there was no performance management or supervision of staff
- staffing files needed updating
- there were staffing issues in providing continuity of care and support.

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

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

This was the centre's first inspection by the Authority.

Findings:

Relatives to whom inspectors spoke stated that they could visit regularly and the CNM2 confirmed that within reason visiting was without any restriction. Inspectors reviewed the visitors' record and noted that there were visitors regularly attending the centre at different times. Relatives informed inspectors that they were happy with the care and assistance provided to residents. Visitors reported a calm friendly atmosphere within the centre and staff were good at keeping relatives updated as required in relation to residents' progress. Residents' relatives/representatives stated that they always felt welcomed when visiting. The CNM2 outlined how residents' representatives could bring any issue directly to staff and inspectors were informed that staff were very responsive to any such issues raised. Inspectors viewed the complaints and compliment log and noted that there were a number of complements from residents' representatives recorded. Residents to whom inspectors spoke stated that they regularly had visitors and could see them in either their bedrooms or in the sitting/activity rooms. Inspectors noted the open and welcoming reception that they received from residents and staff on arrival to the premises. Inspectors noted there was a visitors policy dated November 2013 however, this policy was not adequate as it was in draft form. The action in relation to this draft policy was dealt with under outcome 18; records and documentation to be kept.

There was evidence of consultation with residents on how the centre was planned and run with weekly residents forum meetings and in the personal plans there was evidence of residents' involvement in their care planning and care reviews. Staff to whom inspectors spoke outlined how they regularly sought residents views in relation to their choice of daily activities and care preferences. Inspectors observed staff in their interactions with residents and noted that residents views were sought in advance of decisions been made and that residents preferences did inform staff practice. Residents

had access to an advocacy services if required and there was contact details of this service in the Residents' Guide and there was a record of a recent visit by the advocate to the centre. Each resident had been provided with easy to read copies of the statement of purpose and there was a notice board in one of the sitting rooms with up to date information/notices and pictures of what activities were available on the day.

Inspectors noted that the main entrance doors into the premises were locked and that staff were required to unlock these doors to permit entry. Inspectors also noted that some residents in the centre were reported to have exhibited behaviour that was challenging including absconson. Inspectors observed that this restriction impacted on residents' individual liberty; to exercise choice and control in their daily lives. While residents may have required this form of intervention; inspectors formed the view that the management and governance arrangements in relation to safeguarding residents' rights were not adequate for the following reasons:

- there was no written operational procedures available in relation to locking these entrance doors into the premises
- there was no written policy available in relation to the justification/rationale of locked doors in the context of restricting residents freedom to exercise choice and control in their daily lives
- the statement of purpose did not detail the arrangements in relation to locking these doors
- there was no audit and/or evaluation of the impact of locked doors may have had on residents daily lives including any relevant incidents and accidents.

Inspectors viewed the activity schedule and noted a number of residents participated in a number of activities including arts and crafts. Residents showed inspectors examples of their craft work including paintings, card making and art work. Residents to whom inspectors spoke detailed a number of other off-site activities they enjoyed including swimming, shopping and outings such as going to the local cinema. On the first day of inspection, inspectors noted that two residents attended the cinema in the afternoon. Residents to whom inspectors spoke stated that they especially enjoyed their outings. However, staff to whom inspectors spoke outlined that most evenings and at weekends there were six residents with two staff. Inspectors formed the view that the provision of activities at evenings and weekends was not adequate for the following reasons:

- inspectors noted that three to four residents did not appear active or busy during the inspection and were observed sitting/standing for periods
- staff to whom inspectors spoke stated it was difficult within current staffing arrangements; to provide suitable and meaningful activities for six residents with significant needs during the evenings and weekends
- there was no records of structured activities provided in the evenings and weekends
- staff to whom inspectors spoke with also confirmed that the staffing arrangement restricted the options for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Inspectors noted that there was closed circuit televisions cameras (CCTV) in operation in a number of external locations around the premises including the main entrance and the rear garden area. There were signs erected adjacent to each CCTV camera informing residents and visitors of their presence CCTV cameras. The CNM2 stated that these cameras were used primarily to provide security and post-incident analysis/recording for

example in the event of a resident absconding from the premises. However, the management and governance arrangements in relation to safeguarding residents' privacy rights were not adequate for the following reasons:

- there was no operational procedures available in relation to the use of CCTV
- the policy in relation to the use of CCTV was inadequate as it did not detail the rationale for using CCTV or the management of the recorded data
- there was no evidence of residents or their representatives/advocates being involved in any discussion/consultation regarding the use of CCTV
- the statement of purpose did not detail the arrangements in relation to the use of CCTV in the centre
- there was no audit and/or evaluation of the impact of the use of CCTV may have had on residents daily life including any relevant incidents or accidents.

Judgment:

Non Compliant - Major

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors reviewed the statement of purpose and noted that all residents were afforded respect, choice and dignity at all times through a holistic and person-centred approach to care within a welcoming care environment. The CNM2 informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff prior to admission. The CNM2 outlined how a number of residents had visited the centre for short periods that incrementally increased in duration prior to their admission to the centre. Inspectors were informed by the CNM2 that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors noted that there was an admission policy dated as reviewed in February 2014 that detailed pre-admission arrangements and the admissions process. However, it was not adequate as it did not detail suitable arrangements to take account of the need to protect residents from abuse by their peers. This policy did not provide suitable arrangements for the resident and his or her family or representative to be provided with an opportunity to visit the centre, as far as reasonably practicable; before admission of the prospective resident. Inspectors reviewed copies of the written agreements in relation to the term and conditions of admission to the centre. However, inspectors noted that such contracts did not adequately detail the support, care and

welfare of the resident and details of the services to be provided for that resident as required by regulations.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

There were a number of centre-specific policies in relation to the social care and welfare of residents. These policies included the temporary absence of a resident and assessing and management of individual social care needs. There were medical records and individual personal plans for all residents. Inspectors reviewed a selection of personal plans which were comprehensive and centre-specific. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' weights and daily living support assessments. These included a daily living needs assessment, behavioural challenges, supports, medical issues and strategies agreed with residents' involvement in order to reach these stated goals. There was also evidence of a number of individualised risk assessments and self care assessments. There was evidence of interdisciplinary team involvement in residents' care including nursing, dietician, speech and language, occupational therapy, psychological, psychiatric and GP, and chiropody services. Inspectors were informed that nursing staff fulfilled the role of residents' key workers in relation to individual residents care and support. These identified key workers were responsible for pursuing objectives in conjunction with individual residents within each residents' personal plan. Residents' personal plans had agreed time scales and set dates in relation to identified goals and objectives. Personal plans also had evidence of residents' or where appropriate their representatives' involvement in setting their personal goals. In particular, inspectors noted that personal care plans were in an accessible format that varied in design and composition depending on the individual residents' needs and capacity.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The centre was a modern premises opened in 2010 to provide a psychosocial model of care for residents. The premises accommodates up to 6 residents and during inspection inspectors noted that there were 3 male and 3 female residents. The premises were easily accessible, modern, bright with large windows, well ventilated, had central heating and decorated to an adequate standard. The premises met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Inspectors noted that the design and layout of the premises was generally compatible with the aims of the statement of purpose. There were adequate showers and toilets with assistive structures in place including hand and grab rails; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Residents that showed inspectors their rooms stated that they were happy with the living arrangements and all had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal sitting rooms and dining rooms available. In addition, the premises provided suitable communal facilities for residents to receive visitors. Laundry facilities provided within the premise were adequate. Residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them. Inspectors noted that there was generally adequate storage in the premises. Equipment for use by residents or people who worked in the centre included wheelchairs, a specialised trike, hoist and specialised chairs were in good working order and records were up-to-date for servicing of such equipment. Inspectors noted that there was an accessible external garden that was kept safe, tidy and attractive and inspectors observed a number of residents using these facilities. There was garden seating and tables provided and car parking spaces including a number of designated disabled car parking spaces available that were accessible for car/mini bus transport.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The CNM2 outlined that a valid certificate of compliance with statutory fire safety and building control requirements would be provided in relation to the centre. Inspectors observed that there were fire evacuation notices/fire plans publicly displayed in the premises. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available. Inspectors noted that annual fire training and fire drills for staff was up-to-date. There was evidence of regular fire safety checks in relation to the fire alarm panel, means of escape and emergency lighting. All staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire. There were individual fire evacuation plans for residents and staff reported that evacuation of the premises was recently completed in 2 minutes during a fire drill practice held in June 2014 .

There was a safety statement that detailed hazard identification which included slips, trips, falls, manual handling risks, assaultive behaviour and included measures aimed to reduce such hazards. From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included screening for falls risks, daily living support plans such as swallowing, diet and weight management and behaviours that challenge. There were also assessments of risks associated with supporting positive behaviour and the management of epilepsy, were appropriate. There was a risk management policy that provided measures and actions in place to control specified risks as required by regulation including unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence, and self-harm. In addition, the risk management policy detailed the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. This was also evidenced by incident/accident reports viewed that detailed actions taken following incidents and near misses. However, inspectors noted that some of the risk assessments were not adequate. For example inspectors noted that some of the identified hazards had not been risk rated in relation to the likelihood/potential for causing harm therefore the level of risk was not known in relation to some identified hazards. In addition, the hazard identification and assessment of risks throughout the centre was not adequate as the following risks had not been assessed:

- the storage of latex gloves in a residents' shower/bathroom
- the storage of a kettle in one residents' bedroom
- the lack of ventilation in the snozelen room.

Inspectors were informed by the CNM2 that the cleaning of the premises was done by

support staff who had a number of responsibilities including assisting in meeting the care and welfare needs of residents. There were supplies of latex gloves and hand sanitizers located in a number of areas throughout the centre. Inspectors noted that premises was adequately clean and there was a record of the cleaning schedule available. However, the cleaning practices/systems and process outlined by staff to inspectors were not adequate to prevent healthcare associated infections for the following reasons:

- the practices indicated inadequate frequency in replacing mop heads following cleaning of toilets therefore increasing the potential for cross contamination
- cleaning equipment used in the kitchen and in the toilets were stored in the same location therefore increasing the potential for cross contamination
- there was inadequate frequency in the replacement of cleaning cloths therefore increasing the potential for cross contamination
- cleaning staff had not received training in relation to effective cleaning practices, systems and processes.

Judgment:

Non Compliant - Minor

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

The CNM2 and the ADON were involved in the management of the day to day care provision for residents in the centre. The CNM2 informed inspectors that she monitored safe-guarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. During the inspection the inspectors observed the CNM2 and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Residents to whom inspectors spoke confirmed that they felt safe in the centre and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, and respectful atmosphere within the premises and residents appeared relaxed and generally forthright in speaking positively living in the centre. Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse that included the Health Service Executive (HSE) national policy; Trust in Care. Inspectors

noted from staff files that adult abuse training had been provided and staff also confirmed that they had received training in relation to the policy on identifying and responding to adult abuse. Staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse.

From a selection of personal plans viewed inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. The CNM2 outlined arrangements for the training of staff in the management of behaviour that challenges. Staff to whom inspectors spoke were able to detail suitable strategies in relation to providing de-escalating and intervention techniques. There was a policy and procedure for the management of behaviour that challenges dated December 2013 however, the policy was in draft. The action in relation to this draft policy was dealt with under outcome 18 records and documentation to be kept.

In relation to restraint practice inspectors noted that there was a low level of restraint in place in the centre. The management of the use or restraint was adequate the personal plans adequately detailed the use of restraint, consent in relation to the use of restraint and the recording, monitoring and observation of a resident while restraint was in use.

Inspectors reviewed the management of resident personal finances and found an adequate and transparent process was used in relation to managing and recording residents' finances. All expenditure by residents was recorded with the correlating receipt also stored itemised and referenced. At the end of each week the record and the receipts were checked by the CNM2 and any discrepancies identified and acted upon as required. In addition, inspectors noted that when possible residents had also counter signed their own account records.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

All residents' medication administration records reviewed had photographic identification in place. There were records of internal medication audits having occurred with a summary of subsequent actions taken as result of these audits. There was regular training of staff in medication management and staff to whom inspectors spoke

demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Inspectors noted that there medication errors were recorded and there was an adequate system in place for reviewing and monitoring safe medication management practices. Residents' medication was stored and secured in a locked cupboard in the clinical room and the medication keys were kept by the senior staff nurse on duty. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. However, inspectors noted that the medication policy was in draft form. The action in relation to the draft policy was dealt with under outcome 18 records and documentation to be kept.

Judgment:

Non Compliant - Minor

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a statement of purpose dated April 2014 and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The CNM2 confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. Staff informed inspectors that an easy read copy of the statement of purpose had not been made available to residents and their representatives and inspectors noted that the statement of purpose was in a format that was accessible to residents. However, not all details as required under schedule 1 were detailed in the statement of purpose including the following:

- the age range of residents for whom the centre is intended to accommodate
- any facilities for day services
- the arrangements made for consultation with, and participation of, residents in the operation of the designated centre
- the arrangements made for residents to attend religious services of their own choice.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. The person in charge was on leave during this inspection nevertheless, in the absence of the person in charge, the CNM2 with the support of the ADON undertook her responsibilities. Inspectors spoke to the ADON and the CNM2 who outlined how they supported each other within their roles on a daily basis. This support included providing effective governance in relation to the management of the care and welfare provision within the centre. The CNM2 also outlined the out-of-hour's governance and management arrangements to ensure residents care and safety. Inspectors were satisfied that the ADON and the CNM2 provided effective governance, operational management and administration of this centre. Inspectors noted that there was evidence of a clearly defined management structure that identified the lines of authority and accountability and detailed responsibilities for all areas of service provision. Staff to whom inspectors spoke to were clear on the management and governance arrangements including out-of-hours managerial support. However, the CNM2 informed inspectors there were no arrangements in place to performance manage staff to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. Inspectors observed that the CNM2 had an inclusive presence in the centre and residents and staff confirmed that she was a committed and supportive manager. Inspectors noted that residents were familiar with the CNM2 and approached her with issues during the inspection. Throughout the inspection the CNM2 demonstrated an adequate knowledge of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors also noted that the CNM2 demonstrated a positive approach towards meeting regulatory requirements and a strong commitment to improving standards of care.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

Staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that copies of the standards were available in the nurses' office and staff spoken to demonstrated adequate knowledge of the regulations and standards. The CNM2 demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The CNM2 informed inspectors that 4 training days were allocated each year to staff in relation to their on-going training/professional development needs. Inspectors reviewed the training schedule and noted that ongoing staff training was provided which included the following:

- fire safety training
- adult abuse training
- first aid
- manual handling
- positive behaviour support training
- standards and regulation
- medication management.

Inspectors reviewed a selection of staff files and noted that such files were not adequate as not all documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available. Inspectors noted that there were unexplained gaps in the employment history in one staff file reviewed. In addition, inspectors were informed by the CNM2 that there were no arrangements in place to provide supervision for staff working in the centre.

There was a centre-specific policy on recruitment and selection of staff and the CNM2 was familiar with the recruitment process. The CNM2 stated that many of the staff had been employed in the centre for significant periods of time and such staff provided a high level of continuity. Inspectors reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements. However, the ADON and the CNM2 outlined to inspectors the challenges in relation to the maintaining the staff roster. There were significant numbers of agency staff regularly employed in the centre. The ADON informed inspectors that this was mainly due to staff leave requirements and non

replacement of staff as a result of the HSE moratorium on staff recruitment. The ADON outlined that there were staffing vacancies of 4.5 whole time equivalent (WTE) out of a total WTE requirement of 10.82. Therefore according to the ADON approximately forty percent of staffing was provided by a recruitment agency. Within the context of the centre catering for residents with significant care needs and ongoing staff retiring/leaving combined with the continued HSE moratorium on staff recruitment; inspectors formed the view that this arrangement had resulted in a significant negative impact on staffing arrangements. Inspectors also formed the view that this level of continued weekly replacement of healthcare staff using workers from recruitment agency; did not ensure that residents received the continuity of care and support they required.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

While this outcome was not assessed during this inspection however, inspectors noted that there were a number of policies in draft form and had no review dates and therefore have been collectively actioned under this outcome.

Judgment:

Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002440
Date of Inspection:	02 July 2014
Date of response:	24 July 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:

To ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

By November 30th 2014 a policy regarding the use of locked doors and the use of key codes for entry to the centre will be developed. This policy will include operational procedures including that the Multidisciplinary Team must sign off the use of locked

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

doors and discussion with the person and or their representative on this matter.
By 30th September 2014 the Statement of Purpose will be reviewed and updated in relation to being a Secure Unit and the use of CCTV on the premises.
By September 30th 2014 the Safety Statement will be reviewed and updated to include risk assessments regarding Absconding and Security of the premises.

Proposed Timescale: 30/11/2014

Theme: Individualised Supports and Care

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

To provide access for residents to facilities for occupation and recreation.

Action Required:

Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

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

By 30th September 2014 a structured plan will be in place for each resident that outlines their activities, including during the evenings and at weekends. The plans will be developed from the person's interests and needs as identified in their Person Centred Plan. Their activity plan will be reviewed on a 3 monthly basis, particularly in relation to range of activities and participation.

Proposed Timescale: 30/09/2014

Theme: Individualised Supports and Care

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

To provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

By 30th September 2014 a structured plan will be in place for each resident that outlines their activities, including during the evenings and at weekends. The plans will be developed from the person's interests and needs as identified in their Person Centred Plan. Their activity plan will be reviewed on a 3 monthly basis, particularly in relation to range of activities and participation.

Proposed Timescale: 30/09/2014

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:

To ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

By 30th November 2014 a Policy in relation to protecting residents from abuse by their peers will be developed and implemented.

The Admissions Policy will also be reviewed and updated in relation to this issue by November 30th 2014.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

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.

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:

By 31st August 2014 the Terms of Residency will be reviewed and updated to include the support available from Allied Health Professionals.

Proposed Timescale: 31/08/2014

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:

To ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The risks identified in the report (storage of latex gloves, storage of a kettle in a resident's bedroom and ventilation of the snoozelen room) will be assessed and rated by 31st October 2014.

All Risks and Hazards identified in the Safety Statement will be rated by 31st October 2014

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

To ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

New practices were put in place by 15th July 2014 in relation to the replacement of mop heads, storage of mops and buckets and the replacement of cleaning cloths.

A procedure outlining the cleaning practices, processes and systems will be put in place and education given to staff in relation to these by 31st December 2014.

Proposed Timescale: 31/12/2014

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:

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.

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:

By 30th September 2014 the Statement of Purpose will be reviewed and updated to include the information required under Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 30/09/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

To put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

By 31st October 2014 a plan will be in place for support for staff in the form of individual supervision. The plan will include training for managers in supervision skills and a schedule of meetings to allow all staff to have the opportunity to meet with their manager on a one to one basis to discuss their performance and development and any supports that they require.

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

To ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The Person Centred Planning Process and the development of Care Plans form the basis of consistent care and support for Service Users in the centre. By 31st December 2014 all PCPs and Care Plans will be reviewed to include all aspects of support that each person requires.

Induction is provided to agency staff when they first work in the centre and to try to provide consistency a core panel of agency staff is used as much as possible.

The duty roster is completed 8 weeks in advance and agency staff are booked in advance to ensure that the consistent group are available and so that the residents are aware of who is on the roster in advance

By 31st October 2014 an Induction Pack will be developed for any new staff working in the centre.

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

To ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Action Required:

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

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

By 30th September 2014 the identified CV will be reviewed and updated to include all relevant information required under Schedule 2 of the Regulations.

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

To ensure staff are appropriately supervised.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

By 31st October 2014 a plan will be in place for support for staff in the form of individual supervision. The plan will include training for managers in supervision skills and a schedule of meetings to allow all staff to have the opportunity to meet with their manager on a one to one basis.

Proposed Timescale: 31/10/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

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 .

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:

All Policies required under Schedule 5 of the Regulations will be developed by 30th April 2015

Proposed Timescale: 30/04/2015

Theme: Use of Information

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

To review the policies and procedures at intervals not exceeding three years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and,

where necessary, review and update them in accordance with best practice.

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

By 30th April 2015 each of the centre's policies developed as per Schedule 5 of the Regulations will have review dates included as part of the policy.

Proposed Timescale: 30/04/2015