

**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-0002456
Centre county:	Monaghan
Email address:	annmarie.mccrudden@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	Jillian Connolly
Support inspector(s):	Catherine Rose Connolly Gargan;
Type of inspection	Announced
Number of residents on the date of inspection:	12
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 compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 June 2014 09:30 To: 24 June 2014 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 17: Workforce

Summary of findings from this inspection

The designated centre consists of two bungalows in rural areas. The designated centre provides services for individuals over the age of 18 with a diagnosis of an intellectual disability. All residents on the day of inspection were male however inspectors were informed that the designated centre can provide services for both male and female residents. There were twelve residents residing in the designated centre on the day of inspection which is the maximum capacity of the designated centre.

The person in charge was absent on the day of inspection, however the inspection was facilitated by two staff nurses who facilitated the inspections well. Both members of staff demonstrated a comprehensive knowledge of the residents. The provider was present at the feedback meeting.

Inspectors spoke with residents and staff, reviewed documentation and observed practice. Staff were observed engaging with residents in a dignified and respectful manner. Residents spoken to stated that they were happy with their home, that staff are good and that they feel 'safe enough.'

Seven of the eighteen outcomes were inspected on this inspection. Areas for improvement were identified in all areas, particularly around referrals to Allied Health professionals, Health care needs, Medication Management, Risk Management and Staff training. Residents rights were not fully inspected however inspectors identified non - compliance regarding the privacy of residents who resided in a double room

and this is addressed in the body of the report.

The action plan at the end of this report identifies the breaches identified and the actions which the provider and person in charge need to take to attain compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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):
No actions were required from the previous inspection.

Findings:
This outcome was not fully inspected on this inspection. However as stated in Outcome 6, breaches in regulations were identified in respect of the double room of residents in one of the community houses. For example, there was insufficient dividers between the two beds and based on the layout of the rooms one resident had to access the private space of another resident to access their wardrobe. Wardrobes were also shared.

In one of the houses, there was also nowhere were residents could meet a visitor in private as they did not have their own bedroom and there was no separate rooms for visitors.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of residents' personal plans on the inspection. The designated centre has a system in place where residents' needs are assessed on an annual basis in which both the health and social care needs of residents are assessed. However as stated in Outcome 11, there was insufficient evidence based tools utilised as part of this assessment process, inspectors could not determine the actual dependency level of residents.

There is also a person centred plan reviewed on an annual basis in which both the short and long term aspirations of residents were addressed. From this goals were developed which were reviewed monthly. However inspectors observed inconsistencies in the robustness of the goals of residents, for example in some instances goals related to residents maintaining certain aspects of their life as opposed to working towards the achievement of a new skill or experience. In other instances, inspectors found that the goals were not reviewed to reflect a change in the needs of residents. One resident reviewed was not in a position to achieve their goals based on a change in their health care needs however there was no evidence that alternatives had been sourced to meet the social care needs of the resident during this period.

There was evidence of a resident's spiritual needs being met by their family sporadically. However this need was assessed as being of great importance to the resident. There was no evidence that this need was being met by the designated centre.

Inspectors found that personal plans were created in consultation with the residents and/or their representatives. Staffing levels reviewed were also reflective of meeting the social care needs of residents to ensure that residents had the opportunity to access community amenities of their choosing.

The process for admission, discharge and transition of residents was not reviewed on this inspection.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

As stated previously, the designated centre consists of two bungalow structures located in a rural setting. Inspectors observed both houses to be homely and reflective of the individuals who reside there. There were ten single bedrooms and one double room in the designated centre. Bedrooms were of varying sizes and met the needs of the residents who currently reside in the designated centre. Inspectors determined that certain bedrooms were only suitable for residents who required minimal assistance with their physical needs and did not require assistive equipment such as hoists. The Statement of Purpose was not reflective of this. Inspectors determined that the double room did not promote the privacy and dignity of the residents residing there. Inspectors acknowledged that efforts had been made to address this by a curtain being placed between the beds. However the layout of the wardrobes resulted in one resident having to access the private space of another resident to access their personal belongings. Wardrobes were also shared which did not promote the dignity and privacy of residents. Inspectors determined that there was sufficient communal space, however due to the double room in one house, there was inadequate facilities for the residents to meet residents in private. Each designated centre had a kitchen/dining area and a laundry area.

Each residence had an external area in which residents could access. One area was not enclosed, which inspectors determined also impacted on the resident who could reside there based on their needs. There were designated smoking areas in both houses to facilitate the residents who smoked.

There were inconsistencies in the cleanliness of the designated centre, and inspectors determined that a review of the cleaning schedule was required to ensure that the designated centre is clean and well maintained at all times. There was adequate number of showers and toilets for the number of residents residing in the designated centre.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The organisational policy relating to health and safety was out of date and not reflective of the designated centre. There was a safety statement and risk register in place however inspectors determined that the risk register was generic and did not reflect the actual risks in the designated centre. For example, as stated in Outcome 6, in one house the external grounds were not secured however this was not reflected in the risk register. The external grounds were also sloped and there were steps in and out of the house which were not included in the risk register. There were individual risk assessments in place however they were not correlated with the general risk register.

As stated in Outcome 6, there were areas of the designated centre that required additional cleaning. Mop heads were also stored in an external shed and inspectors determined this was not in line with best practice and there was a risk of cross infection. However staff rectified this prior to inspectors leaving the house.

The designated centre had a clear fire plan in place. Inspectors reviewed the documentation relating to the maintenance and servicing of fire equipment and were satisfied that the appropriate maintenance and checks were occurring at regular intervals. Residents also had personal evacuation plans in place and there was evidence that regular fire drills took place. Fire drills were conducted to reflect the conditions that would be present both at day and night including the number of staff on duty and the location of residents at various times. Inspectors were satisfied that the designated centre could be evacuated in a timely manner. Residents also demonstrated to inspectors that they were aware of what to do in the event of a fire. There was also evidence that symbols were utilised to demonstrate to residents with a hearing impairment of what to do in the event of a fire. There was evidence that there had been a power cut one month prior to the inspection and that staff implemented to emergency plan which was effective.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

As stated in Outcome 5, inspectors reviewed a sample of residents' personal plans and were assured that residents' needs were reviewed on an annual basis. Health care needs were identified in this annual assessment however inspectors found that appropriate plans of care were not always developed as a result of the assessment. There was also an absence of evidence based tools being utilised to assist with the development of a plan of care. For example, there were residents who were identified as having weight gain or other nutritional needs however there was no evidence based tool in place to assist in determining the nutritional status of residents. As stated in Outcome 5, there was also no evidence based assessment to determine the dependency levels of residents, therefore inspectors could not determine if the staffing levels were meeting the actual needs of residents. Residents who were also assessed as having health conditions related to skin, visual or oral care did not have appropriate plans of care in place.

In the designated centre, there was evidence that referrals to Allied Health Professionals when residents were identified as having an acute health care need or illness and that the appropriate care was provided to the resident whilst allowing them to remain in their home. However referrals to Allied Health Professionals were not consistent for residents who had ongoing needs. For example, where a nutritional need was identified, there was no referral to a relevant allied health professional to meet that need for either recommendations of diet or modification of food consistency.

Inspectors observed staff preparing food for residents. Inspectors determined that a risk was present as all staff were involved in the preparation of food and had not received training in food safety compliance, as per the staff training records reviewed. Residents spoken to stated that they liked the food and that there was a choice available. Inspectors confirmed this by a review of the daily menus.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There was no organisation policy in place regarding medication management. There was a draft policy in place however it was not operational. Inspectors reviewed the storage of medication and determined that it was appropriate. Inspectors confirmed from a random selection of medication that medication prescribed to residents was available in the designated centre and that medication was in date. However there was no medication audits undertaken in the designated centre, and inspectors observed that medication as required was re-ordered for residents despite there being a sufficient quantity in stock.

Inspectors reviewed the prescription sheets and medication administration sheets for residents and confirmed that all of the relevant information was maintained on both records. From a review of both records, inspectors determined that medication was administered at the times prescribed. However, inspectors determined that a review of the prescription sheets was required as there was insufficient room for all the medications prescribed to residents on the prescription sheet resulting in an additional prescription sheet being utilised. There were also instances when the general practitioner had not signed each medication prescribed individually.

Inspectors observed instances where additional instructions had been added to medication as required in a different colour pen however there was no additional signature to evidence the professional who had provided the instruction.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of rosters for the designated centre and confirmed that the general staffing levels was reflective of the staffing levels on the day. Inspectors observed staff engaging with residents in a dignified and respectful manner. As stated in Outcome 11, there was no formal assessment of dependency levels in place at the time of inspection, therefore inspectors were unable to assess if the staffing levels were meeting the actual needs of the residents. However residents spoken to stated that they were happy with the staff and that staff 'were good to them.'

Inspectors reviewed a sample of staff files and confirmed that the relevant information as required by Schedule 2 of the regulations was present. The designated centre utilises agency staff and inspectors were assured from a sample of agency staff files that the organisation had received the appropriate evidence that agency staff had the appropriate training and were vetted prior to commencing work. The provider nominee verbally confirmed that this is the practice throughout the organisation during the feedback session. Agency staff were also on the planned and actual rota demonstrating that regular agency staff were utilised and were familiar with the residents.

Inspectors confirmed that staff received the appropriate mandatory training such as fire management, prevention, detection and response to abuse and manual handling. As stated in Outcome 11, inspectors determined that a risk was present as all staff were involved in the preparation of food and had not received training in food safety compliance.

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:

Jillian Connolly
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-0002456
Date of Inspection:	24 June 2014
Date of response:	29 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:

Due to the layout of the double room the privacy and dignity of residents residing in that room was not promoted.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

New wardrobe purchased and installed for one resident inclusive of personal belongings. Protocols developed and in agreement with both residents to ensure each resident has privacy when using bathroom facilities and when receiving visitors

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

Proposed Timescale: 28/07/2014

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:

Assessments were conducted on an annual basis however as there was no evidence based assessment to determine the dependency levels of residents, inspectors could not determine if the staffing levels were meeting the actual needs of residents.

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:

Assessment of need to be completed for all residents in conjunction with person in charge and nursing staff for both residential facilities under the designated centre. This will be reviewed annually.

Proposed Timescale: One resident assessment completed to date 25/07/2014

Theme: Effective Services

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

There was evidence that personal plans were not reviewed as a result of a change in circumstances of residents.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

An assessment of need is to be completed for all residents and reviewed annually or earlier to reflect a change in the needs or circumstances of residents in the designated centre.

Proposed Timescale: 17/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Evidence did not support that all areas of the designated centre were cleaned at regular intervals.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

New cleaning schedule devised and now complete. Cleaning of designated centre to be audited on a monthly basis by the person in charge and in conjunction with the Infection Control Nurse.

Proposed Timescale: Completed 22/07/2014 and monthly ongoing reviews.

Theme: Effective Services

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

The statement of purpose did not reflect the actual needs that the designated centre could meet.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The statement of purpose is to be reviewed to reflect the actual needs that the designated centre provides.

Proposed Timescale: 22/08/2014

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:

The organisational policy was out of date and the risk register was generic and not reflective of the actual risks in 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:

Risk Management Policy to be reviewed to include Hazard Identification and assessment of risks throughout the designated centre.

Hazard Identification risk assessment process in the designated centres Health and Safety Statement to be reviewed to ensure an assessment of all risks are documented and actioned appropriately.

Proposed Timescale: 08/09/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Plans of care were not developed for all identified health needs.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

All residents assessment of needs to be completed in the designated centre with regard to their personal plans.

Proposed Timescale: 17/10/2014

Theme: Health and Development

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

Residents were not referred to Allied Health Professionals despite a need being identified.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

All residents will be referred to Allied Health Professionals as per their assessment of need.

Proposed Timescale: 17/10/2014

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 policy in place regarding medication management and medication was ordered despite there being sufficient in date stock in the designated centre.

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:

Policy now in place regarding Medication Management to ensure suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Proposed Timescale: Complete

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff involved in the preparation of food had not received the appropriate training.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff will be provided with training in the preparation of food in the designated centre.

Proposed Timescale: 31/12/2014