Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Margaret's Centre
Centre ID:	OSV-0004043
Centre county:	Dublin 4
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Margaret's Centre
Provider Nominee:	Breda O'Neill
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
25 September 2014 09:00	25 September 2014 18:30
26 September 2014 09:15	26 September 2014 10:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). As part of the inspection, the inspector visited the centre and met with some of the residents and staff members. The inspector observed practice and reviewed documentation such as personal support plans, medical records, policies and procedures, and staff files.

The centre was laid out in different areas. The main building was still accommodating a small number of residents. It provided bedrooms, bathrooms, sitting areas and a range of other rooms for activities. There were also staff offices. Most of this area will not be used as residential accommodation after the last few residents move out.

The area where most residents lived was broken down to two sections. Each sections provided bedrooms, bath and shower rooms, lounge areas, and kitchens to support independent daily living skills with cookers, washing machines.

There was also five independent flats, where residents had their own front door, bedroom/ sitting room/ kitchenette and shower room.

Many former residents were supported to live in houses in the community. They had

followed an internal process called the 'discovery process' that identified a persons choices and indicates their support needs. The process had to supported them to develop independent living skills.

There was a strong focus on supporting the residents to develop independent living skills, and confidence to become more self-sufficient. Residents were seen to have a positive relationship with the support staff, and were engaged in a range of activities to suit their individual interests and skill development.

Overall inspectors found that the residents received a good service that had effective governance and management arrangements in place. They were supported to have an active lifestyle and do things that they enjoyed. All residents had support plans in place, and were seen to be supported effectively by the staff in the centre and health care professionals where they had identified needs. Medication management was also provided in a way that followed good practice guidelines.

Areas of non compliance related to the level of information in the support plans, the records about how healthcare support was to be provided, and some recording issues around 'as required' (PRN) medication.

These issues are discussed further in the 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:
The inspector found that resident's wellbeing and welfare was being maintained. Residents had opportunities to be involved in the activities of their personal choice and arrangements were in place to meet their individual needs.

Each resident had a support plan in place that recorded key information about their needs. The plans were person centred and reflected the identified support needs of the residents, and provided some information about how they would be met. However there was not enough detail recorded to direct the care and support that each resident would need as part of their individual support package.

The inspector found evidence of residents being involved in the care planning process, as some had written out the documents themselves, and others had signed their agreement. When speaking to the residents, the inspector was told about the plans each individual had around their future, with some keen to move on to independent living as soon as the arrangements were in place. Families were involved in the process when agreed by the residents.

It was clear many of the residents had either moved on to more independent settings, or had plans about how they were going to make the transition to lead more independent lives. Residents were knowledgeable about the skills they needed to move on, and had been attending training courses and receiving one to one support to help them get ready. However, on the day of the inspection the inspectors did not see any written information that set out the process, even though it was clear a lot of work was being undertaken.

There was evidence of multidisciplinary team involvement, depending on the needs of the residents. This included psychiatry, psychology, speech and language therapy and occupational therapy professionals were working with the residents. For example a psychologist worked with the staff about how to support people through the change process.

There was evidence in the documents that the support plans were being reviewed over time, and that the residents were involved in the reviews.

It was evident from the lives the residents were living, and all the arrangements that were in place to support individuals to develop more independent living skills and move to more independent living arrangements, that the plans in place were improving their quality of life.

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

Findings:
There were policies and systems in place to promote and protect the health and safety of residents, visitors and staff.

The inspector reviewed the policies and procedures that covered health and safety in the centre, this included policies on incident reporting, infection control and notifiable events. There was also an up to date safety statement that covered residents, staff and visitors.

The risk management policy covered the elements required by the regulations, for example hazard identification and actions to control risk. It was evident during the inspection that the policy was being put in to practice, for example a risk register had been developed and the final stages of rating the risks were being completed. It will be agreed by the board, who plan to review that actions taken to reduce risks in the centre at each management meeting.

The inspector was shown the on-line recording system for incidents and accidents. This had been developed to do a monthly analysis of events, and would also be reviewed monthly at the management meeting. The provider and person in charge both described

their commitment to learning from any incidents that occurred, and felt the new on-line system would support them to do this more regularly in the centre.

All staff were receiving training on risk management and assessment, to ensure everyone could support the organisation approach to managing risk.

Inspectors observed a range of measures in place in the centre to manage risks in relation to health and safety, including maintenance of the premises, personal protective clothing and hand sanitizer being available, and training of the staff and residents in infection control and moving and handling training.

While observing the premises the inspector noted that there was a range of fire equipment available including a fire extinguisher and blanket in the smoking room. All fire exits were seen to be unobstructed.

There was a fire plan in place that was displayed in different areas in the centre. Inspectors read the personal evacuation plans that had been completed for each resident to consider what support if any would be needed in the evacuation of the centre. There was also an emergency plan, and staff knew where to evacuate to if they were not able to return to the centre.

The inspector reviewed the service records for the fire alarm and equipment and they were seen to be in place. Fire drills were completed monthly. Records were seen that showed where a drill had not gone well and action plan was drawn up setting out who was responsible for the tasks. The drill was then redone 2 days later, and all staff were clear on the action they needed to take.

Judgment:
Compliant

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:
There were systems in place to safeguard residents and protect them from the risk of

abuse and evidence of a culture of safeguarding of residents. Staff were knowledgeable in relation to the prevention and detection of abuse.

The inspector reviewed the policy in place that covered the prevention, and detection of abuse, and the different types of abuse. Staff spoken with confirmed they had undertaken training in relation to protecting residents from abuse, and were clear with the types of abuse, and the action they must take if they witnessed, suspected or had abuse reported to them.

As well as staff receiving training about protection and keeping safe, the residents also received training, and this was part of their developing skills for taking more control over their lives. All the residents told the inspector they felt safe, and knew what to do to keep themselves safe with their money and what to do if something happened that they were not happy about.

There was information displayed in the centre about keeping safe, and a leaflet that was written in an accessible format about the different types of abuse, and what action to take if they became aware of any.

The person in charge was responsible for making decisions about what action needed to be taken in relation to any allegations of abuse. They were very familiar with the process and gave clear examples where they had arranged investigations in to reports of abuse. The information provided to the authority showed that the organisation were following their policy and were operating in line with the guidance.

For those residents who were preparing to move out in to the community, staff reported that training would be competed with the residents about how to keep them self safe in their own home, and in the community, for example using public transport, and answering the door at their home.

The inspector observed that staff treated the residents with respect and warmth. Residents gathered in the lounge area ahead of going in for tea, and this was seen to be a time where residents and staff were enjoying catching up about what they had been doing during the day. Residents spoken with said they felt well supported by staff and safe.

There was a policy in place on 'behaviour management and wellbeing' which covered topics such as identifying triggers for people and then devising plans to minimise them. All staff had completed non violent crisis intervention training, and there were arrangements in place to support residents where needs were identified. Inspectors saw that there was a multi disciplinary approach to the support of residents during the inspection.

There was a policy in place on the use of restrictive procedures, although at the time of the inspection none were being used in the centre.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that there were arrangements in place for each resident to receive health care support as needed, and they were able to access medical and allied healthcare professionals as needed.

Evidence was seen that residents were able to choose their own GP, and were able to access them as required. Staff were able to provide the level of support required by the resident in order to promote skills and independence in relation to managing their health.
Residents were being supported to live a healthy life, and spoke to the inspector about maintaining a healthy diet by making healthy choices.

Records showed that resident's healthcare needs were identified, however no records were seen on the day of the inspection that set out clearly how a residents identified needs were going to be met. For example how would staff respond to an individual resident if they had a change in presentation and they had either epilepsy or known heart conditions.

Staff spoken with were very familiar with residents health needs, and residents reported that they felt well supported by the staff.

Records did show that there was access to a range of allied professionals, such as psychiatry and psychology services, and support was being provided by them as required.

Residents were able to access food and drink at times that suited them, and always had access to drinking water. All residents shopped for their own breakfast items, and would prepare them with some support as required in the kitchens of their living area. Lunch and dinner was served in the 'cafe'(dining room), and residents were seen to have a choice of meal, and also fresh fruit and salad. Everyone spoken with confirmed the food was of a good quality, and they got to eat meals that they liked.

There was limited evidence of nutrition assessments included in residents health and support plans, but staff reported this was an area under development and the dietician was going to work with all residents to assess whether they had any specific needs in relation to their nutrition and hydration.

There was evidence that where residents had a nutrition need identified, it had been assessed and met, for example some residents received supplements to ensure they were receiving adequate nutrition, and these had been prescribed by the general practitioner.

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

Findings:
The inspector found there were policies and procedures around the safe administration of medication.

The range of policies in place covered receipt, recording, administration, and disposal of medication, including controlled medication (MDAs). They were easy to understand and gave clear guidance to staff.

There was a detailed policy in place on self administration of medication, which included the process for residents to complete in order to take over the management of their own medication. A number of residents had been through the process of learning about the medication they take, completing workbooks on safe medication practice, and then a risk assessment signed off the their GP. Residents spoken with were positive about this process and said they felt confident in managing their own medication. Safe storage was available in resident's rooms and flats.

The record of medications prescribed to residents, and the medication administration record were complete, and generally held the necessary information to support staff in giving the correct medication to the correct person, and the right time.

However, clearer instruction was needed around some 'as required' (PRN) medication, for example epilepsy management medication.
The inspector also noted that the correct dose of the epilepsy management medication was not available in the service on the day of the inspection. A robust system should be in place to ensure errors of this nature are identified when the medication and medication records are received in the centre.

There were systems in place to review the medication practice in the centre. The general practitioner did this by reviewing the prescription every three months. There were also systems in place to review medication errors both individually and also as a whole for check for any trends.

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:
The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe and effective care services.

The inspector had discussions with the provider nominee and the person in charge and both felt that the management structure ensured they were kept up to date with all issues in relation to the safe and effective running of the centre, as well as issues about the quality of care delivery.

The provider sat on the executive management group. She was supported in her role by managers in human resources, pastoral care, support services, finance and a general manager. The person in charge, who managed support services, was supported in her role by support manager, 2 team leaders and the care and support team. Staff spoken with were very clear of the management structure and their position in it.

There were systems in place to gather information, such as a range of audits completed, analysis of accidents and incidents, and also the risk register.

These were reviewed as part of the management meetings that would also cover issues in relation to HR, the environment and care and support needs. More recently they had also been signing off policies and procedures that were being reviewed to ensure they were in line with the regulations.

The person in charge was very familiar with the operation of the service, and also the

individual residents. She was familiar with the regulations and the standards, and the work needed in the service to meet them. Other staff members reported her to be a good leader. Residents where familiar with her and her role, and said they would feel confident to speak to her about any issues they may have.

There was a strong focus in the organisation on promoting independence and autonomy for the residents and this was seen to be lead by the management team. The annual review carried out by the provider reviewed the progression of the service in meeting these aims and objectives.

Staff were seen to implement the aims and objectives of the centre in their work practice, and examples were given of the action that was taken where there were issues in relation to the staffs performance.

Judgment:
Compliant

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:
The inspector observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

All staff had completed mandatory training (moving and handling, fire training, and protection of adults training), and were offered a wide range of other training opportunities.

The training plan was developed following a review of the residents need, and the training was provided to ensure residents could be supported effectively by the staff team. For example all staff had completed training in Irish Sign Language, and there was an on-going implementation plan for visual impairment.

There was also training provided for management of aggressive behaviour, keyworker training (Good life programme) falls prevention and emergency first aid and CPR.

The staffing levels meet the needs of the resident, and the skills of the staff ensured residents identified needs were met.
All staff received an annual appraisal, and also had regular supervision. Supervision started off being weekly during induction, and then over time reduced to every 3 months. The meeting covered any training needs, the performance of the member of staff, and reflective practice in relation to the support being provided to residents.

Staff records were reviewed and contained Garda Vetting checks for staff, or signed declarations where they had not yet been processed, proof of identification and two references.

There were no volunteers working at the centre.

Judgment:
Compliant

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:

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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[1]

Centre name:	A designated centre for people with disabilities operated by St Margaret's Centre
Centre ID:	OSV-0004043
Date of Inspection:	25 September 2014
Date of response:	20 October 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents support plans did not contain sufficient information about their identified needs and how they were to be met.

Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the

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

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:
1. Time has been allocated for Key Workers, with support from the Person Support Leaders, (between 10am-4pm each day for the next 7 weeks), to allow the Key Worker to support each person using the service to complete their individualised support plan in conjunction with their Good Life Programme.
2. Information relating to medical health conditions (individual to the person using the service) is being developed for the person using the service, to support them to understand their health condition and the related support requirements.
3. A competency assessment will be developed to reflect the training, knowledge and the application of each Key Worker in relation to the Good Life Programme.
4. External training has been arranged for staff where required e.g. the Person in Charge has arranged for a Nutritionist to provide advice on food menus. The MUST tool will be implemented as part of the assessment for new and existing service users as required. There will be general information sessions on nutrition for all people using the service and individualised programmes as required.
5. The Person in Charge will undertake regular audits of the Good Life Programmes, to ensure completion and quality assurance.

Proposed Timescale: 28/11/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents personal plans did not provide sufficient information to guide staff to meet their 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:
1. A Good Life Programme workbook has been developed and is a tool which is available to all staff on the Person Support Team. The workbook provides guidance for each section of the Good Life Programme, providing detail on how to document the information required.
2. A competency assessment will be developed to reflect the training, knowledge and the application of each Key Worker in relation to the Good Life Programme.
3. Information relating health and wellbeing (individual to the person using the service) is being developed for the person using the service, to support them to understand their health and welfare needs and define their support requirements in relation to same.
4. The Person in Charge will undertake regular audits of the Good Life Programme, to

ensure completion and quality assurance.

Proposed Timescale: 28/11/2014

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:
Not all 'as required' (PRN) medication had:
-the maximum dose recorded
-the correct dose available in the centre.

Action Required:
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
1. Investigation of medication error has been completed. Outcome: The external pharmacy did not comply with instructions as prescribed by the GP.
2. The Person Support Manager requested a review from each GP. Signed letters from the GPs detailing the correct dosage and maximum dosage have been received by the Person Support Manager.
3. The review meetings with the Manager and Pharmacy have been completed.
4. A review of all PRN medication has been completed in collaboration with GPs and Pharmacy.
5. The Pharmacy will complete an audit on the PRN medications.

Proposed Timescale: 12/12/2014