

**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-0003761 |
| Centre county: | Westmeath |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Maura Morgan |
| Lead inspector: | PJ Wynne |
| Support inspector(s): | Damien Woods; |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 0 |
| 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, 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

| | |
|------------------------|------------------------|
| From: | To: |
| 04 November 2014 11:15 | 04 November 2014 15:00 |
| 05 November 2014 10:45 | 05 November 2014 14:00 |

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

| |
|---|
| Outcome 02: Communication |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 16: Use of Resources |

Summary of findings from this inspection

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register a designated centre.

The provider is seeking to register two new houses which will form one designated centre. The provider has applied for a maximum occupancy of ten residents to be accommodated at the centre, five residents in each house with the intention of transferring residents from two existing houses within their services. The purpose of the application is to provide new accommodation in an environment designed to enhance resident's quality of life, safety of care and meet the requirements of the Regulations.

The inspector spoke with the person in charge and discussed the management and clinical governance arrangements for supporting staff in their roles. The inspector reviewed the resident's current accommodation and met with some of the residents in addition to visiting the two houses the provider has applied to register as a designated centre.

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 (as amended) and the National 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, 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 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector viewed evidence of discussion and engagement with the residents and their families in planning their transition from their current accommodation to their proposed new homes. Details of how the proposed transition will occur to minimise the impact in resident's daily lives was outlined.

Each resident has visited their new home and group discussion and agreement was reached among residents in choosing their bedrooms. Each resident in the second house visited on the date of inspection has a personal file developed titled 'Moving Home, Planning the Move to my New Home', with photographs of the house, pictures of each resident in their new bedroom and pictures of the new local shop.

The inspector visited both houses in which residents are presently accommodated and met with some of the residents. The inspector reviewed the layout and facilitates and formed the judgement the transition to new houses will greatly enhance the quality of life and safety of care for all residents. Additional space for communal and personal living will be ensured in an environment designed appropriately to meet their needs and interests.

The person in charge has submitted a transition plan to the Authority for the residents' outlining how the move from their current home to the new accommodation will be facilitated and supported. This details regular visits followed by an initial overnight stay prior to moving permanently.

There is a minibus assigned solely to each house and residents have access to transport at all times.

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 inspector visited the two houses the provider has applied to register as a designated centre. The provider has applied for a maximum occupancy of ten residents to be accommodated at the centre, five residents in each house.

The first house comprises of two, semi detached dormer style bungalows renovated to form one single house. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There was a good standard of décor. There are two bedrooms with a shared ensuite and two other bedrooms with individual ensuite. Each ensuite comprises of a toilet, shower and wash hand basin. There is an overhead tracking hoist facility provided in each bathroom to assist in meeting the moving and handling needs of prospective residents.

There is another room proposed for use as a bedroom. However, this was considered unsuitable due the minimum amount of space available in the room for use as a bedroom. While there was a toilet and wash hand basin located adjacently there was no shower available. The only shower available to a prospective resident was in the ensuite bedrooms which is the personal space of residents occupying these bedrooms.

There is a bedroom on the first floor which was considered unsuitable. The floor to ceiling height was restrictive. The ceiling sloped down to the floor at either end of the bedroom in line with apex of the roof. The stairs were curved at the bottom. The bedroom was isolated from the main part of the residence as access to the stairway was via a closed corridor. Taking account of future planning to meet the long term needs of a resident the bedroom posed challenges, to ensure continued quality of life and safety of care.

The dining room, sitting room and kitchen were suitably equipped and furnished. The layout of the kitchen was designed to minimise access to the cooking areas at times if required in the interest of resident safety. All rooms have ample natural light. There were suitable services to ensure the house was adequately heated and suitably ventilated. The inspector judged this house was suitable to accommodate a maximum of four residents.

The second house visited was structurally renovated and redesigned. The

accommodation consists of five bedrooms, two which are ensuite with a toilet, wash hand basin and shower. The bedrooms are suitable in size and designed to maximise the independence of residents. There is a main bathroom provided with a bath, specially designed to meet the needs of residents with mobility impairment.

The kitchen is large with ample space for cooking facilities and food storage. A separate dining room is available. There are two sitting rooms available for use by residents. Suitable space is available in the communal areas for residents to meet with their visitors in private. There was a good standard of décor throughout. The inspector concluded this house was suitable to accommodate a maximum of five residents.

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 Authority was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for adults with disabilities in advance of this inspection. Similarly evidence of compliance with planning and development legalisation was submitted to the Authority.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided in each house. The procedures to follow on hearing the alarm and action to take on discovering a fire were displayed beside the fire panel. Records indicated fire fighting equipment was serviced.

The bathroom and ensuite facilities are suitable in size and designed to maximise the independence of residents. Grab rails were fitted alongside toilets and wash hand basins. Showers are level with the floor ensuring ease of access and egress.

Residents have access to an outdoor space which is safely enclosed and well maintained at both houses. There are two wheelchair accessible entrances at the front and back of each house

Judgment:

Compliant

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:

A written statement of purpose was available and it reflected broadly the day-to-day operation of the centre, the services and facilities provided. The statement of purpose submitted required review to ensure more clarity in certain aspects. The areas requiring review are outlined below;

The statement of purpose did not accurately reflect the age profile of residents proposed to be accommodated as it stated the age range of residents was from 18 years to 65 years. One of the intended residents to be accommodated is over 70 years of age.

The statement of purpose conflicted with the information given to the inspector on the day of inspection in terms of the number of residents proposed to be accommodated in each house for which an application to register has been made. The statement of purpose outlined four residents will be accommodated in one house and six in another. The person in charge advised the inspector it is intended five residents will be accommodated in each house.

The statement of purpose was not provided with a date of commencement or a revision number.

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 person notified to the Authority as the person in charge was experienced and qualified. However, the notified person in charge while involved in the governance and administration of the designated centre was not actively engaged in the operational management on a day to day basis and retained a more senior management role within the organisation. A clinical nurse manager is allocated for duty in each of the houses. There were clear lines of reporting and accountability present between the notified person in charge and the senior nurses through regular team meetings. However, due to the geographical distance between the designated centre and the administrative base of the person in charge, consideration should be given to providing a more localised arrangement to ensure effective ongoing management.

Judgment:

Non Compliant - Minor

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector observed there was adequate staff with the proper skills and experience to meet the assessed needs of residents at the time of the inspection in their current accommodation. Staffing level and skill mix took in to account the purpose and size of the service and number of residents accommodated.

The inspector discussed proposed rosters for each of the new houses. It is observed in the transition plan for one resident a minimum support of one care assistant to one resident is required. The statement of purpose indicated both houses provide nurse led care, 24 hours per day over seven days a week. The staffing levels will be reviewed on subsequent visits by the inspector post transition of the residents to the proposed new accommodation to satisfactorily conclude suitable staffing arrangements are in place to support daytime routines, including weekends, and during the night.

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:

PJ Wynne
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-0003761 |
| Date of Inspection: | 04 November 2014 |
| Date of response: | 21 November 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 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not accurately reflect the age profile of residents proposed to be accommodated as it stated the age range of residents was from 18 years to 65 years. One of the intended residents to be accommodated is over 70 years of age.

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

The statement of purpose conflicted with the information given to the inspector on the day of inspection in terms of the number of residents proposed to be accommodated in each house for which an application to register has been made. The statement of purpose outlined four residents will be accommodated in one house and six in another. The person in charge advised the inspector it is intended five residents will be accommodated in each house.

The statement of purpose was not provided with a date of commencement or a revision number.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose and Function has been revised to reflect 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: 21/11/2014

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:

Due to the geographical distance between the designated centre and the administrative base of the person in charge, consideration should be given to providing a more localised arrangement to ensure effective ongoing management.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The arrangements for the Person in Charge have been revised and a Person in Charge has been appointed for this service.

The information required by the authority in relation to the Person in Charge is currently been prepared for submission to HIQA
A Clinical Nurse Manager 2 has been appointed person in charge by the service, the person in charge information required will be submitted to the Authority.

Proposed Timescale: 21/11/2014