

**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 North West Parents and Friends Association
Centre ID:	OSV-0001934
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	North West Parents and Friends Association
Provider Nominee:	Evelyn Carroll
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 October 2014 14:00 To: 14 October 2014 20:30

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

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

Summary of findings from this inspection

This announced monitoring inspection was the second inspection of this centre carried out by the Health Information and Quality Authority (The Authority) in response to an application from the provider to register the centre. The initial part of the inspection took place at the organisation's head office where the inspector met with the Provider representative/Person in Charge, (This is a joint post and will be referred to as Person in Charge throughout this report) and the staff member who deputises for the person in charge in her absence. The designated centre is a semi detached domestic house, with a small front garden and a back garden.

The designated centre is part of the service provided by the North West Parents and Friends association (NWPF) in Sligo. The NWPF provides residential, day services and education services to both male and female adults and children, with an intellectual disability in Counties Sligo and Leitrim.

This designated centre provides support and accommodation to both male and female service users who have a mild to moderate intellectual disability on a part-time basis from Monday to Friday each week. The service users are transported to the day service on a Friday morning and use rural transport or are collected by their families to return to their family home each Friday evening. They return to their day service on a Monday morning and are transported to the centre in the evening.

The inspector met with the staff member and three of the service users at the centre. One of the service users was at home at the time of the inspection.

Prior to the inspection the person in charge forwarded the centre's statement of purpose to the inspector. This document described the service provided and the processes in place to provide this service to the service users. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, accident and incident records and medication. The inspector also reviewed the Authority's 4 service user and 4 relative questionnaires which were received at the end of the inspection. These were unanimous in their views that the service provided was a quality service and staff were kind, caring and compassionate.

Service users told the inspector that they knew about the inspection. The inspector received the consent of the service users to enter their home and review documentation with regard to them. The designated centre was clean, tidy, well maintained and decorated in a homely manner.

The inspector found that service users received a high standard of care and support. There was a clearly defined system of governance and management. The service was managed and run by a suitably qualified person in charge who had good oversight of the service and systems in place to monitor the quality and safety of care. Service users told the inspector they were treated with respect and were encouraged and supported to lead independent lives. They were consulted about their care needs and had a say in the operation of the centre. There was an effective system of individualised assessment and care planning to meet resident's individual needs. This system was complimented by close links with the day services where service users completed many of their goals and educational activities.

The inspector reviewed the seven actions from the previous inspection completed in May 2014. All actions were found to have been completed. On this inspection there was evidence of substantial compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and service users reported a high level of satisfaction with the service provided to them. Areas of non-compliance related to integration into the community, provision of leisure activities in the evening and to ensure service users have individual choice as to how they spent their evenings. These 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 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:

The inspector found that service users' rights and dignity were promoted. Service users were consulted about the operation of the centre. Weekly service users' meetings were held and the inspector read a sample of the minutes which demonstrated that service users were consulted about their daily routines, the food choices and how they liked to spend their free time. The inspector found that where issues were raised they were addressed by the staff. For example, where service users expressed an interest to do something this was facilitated or where food choices were expressed steps were taken to ensure this was available. This was confirmed by the service users and in the minutes of the meeting.

Service users' religious, civil and political rights were respected. As service users were in the centre Monday pm to Friday am weekend activities were facilitated by their families, however if service users wished to go to mass this could be facilitated by the staff. There was one staff member on duty from 17:00 hrs until 23:00 hrs. While the staff member on duty displayed a positive and supportive attitude to try and provide individual activities outside the centre this was difficult to achieve. From discussing this with the person in charge, she stated this did pose a challenge as there was no staff available to float between the centres which could provide support to the lone worker and ensure individual needs were met. Service users did have an opportunity to partake in individual activities during the day.

Service users were supported and encouraged to have control over their own finances and there was a policy and procedure in place to protect service users who required assistance in this area. All service users had their own bank account and staff provided financial skills training. Staff members interacted with service users in a respectful manner and service users told the inspector that their privacy was respected. All service users had their own bedroom. The inspector reviewed the systems and documentation in place for the management of complaints. The complaints policy complied with the regulations. A second person was available to ensure that complaints are appropriately responded to and records maintained. The ombudsman was identified as the independent appeals procedure. The person in charge stated that views of the service users are taken immediately and acted upon. A suggestion box and an advocacy service were available to the service users.

The inspector noted that the name on the organisation's complaints officer and the name of the designated person to report allegations of abuse were clearly displayed on the notice board in the kitchen. When any dissatisfaction with the service was noted, this was discussed by the management team at the quarterly service review meetings. Complaints and informing service users of their rights was a regular item at the weekly meetings.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Service users were supported and assisted to communicate in accordance with their needs and preferences. Service users' communication needs were identified in their personal plans. Service users could make known their views and wishes, one resident had a non verbal system in place to support her to do this. Picture timetables were in place to compliment service users' communication. Communication passports were available for each resident. These provided a valuable tool if service users had to attend or be admitted to the local acute hospital. Service users had access to television and radio in the centre and the internet at the day service.

The inspector observed staff and service users communicating freely. There were no service users who were displaying behaviour that challenged at the time of this inspection. Behaviour support polices and specialist behaviour support personnel were

available to the organisation if they required same. Easy to read versions of some documents were in place.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Service users were supported to develop and maintain positive personal relationships with their family members and links with the wider community. All service users had families who were actively involved in their care. Service users stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the lives of the service users and the inspector saw that they were regularly consulted and kept up to date.

Care plans were in place to support and enhance this process and service users told the inspector about their families and proudly showed the inspector photographs of their families.

Service users participated in their community by visiting local shops and restaurants but this was an area that could be further developed as outlined in Outcome 1 and Outcome 5.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

The admissions process was appropriately managed and contracts of care were in place. Prior to admission to the service there is a consultation process with the existing service users, this was confirmed by the service users and their relatives in their questionnaires. Risk assessments were completed and a transitional plan was developed with the multi disciplinary team. The person in charge described how this ensured a smooth transition for all involved. There were policies and procedures in place to guide the admissions process. The person in charge was clear that existing service users needs took precedence over a new admission and that any future admissions would only occur having regard to the needs wishes and safety of the existing service users in the centre and of the service user to be admitted.

Each resident had a contract of care in place outlining the service to be provided to the service user the finances in regard to same. All service users were charged the same weekly living allowance. While the contracts of care were not available in an easy to read version, the residents guide which was available in an easy to read version had been reviewed to include the service to be provided and the fees to be paid for this service. This was used in conjunction with the contract of care to explain the contract. Staff recorded the discussion with regard to agreeing the contract of care in the person centred file.

Judgment:

Compliant

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):

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

Findings:

Each resident's personal centred plan (PCP) contained a comprehensive assessment of their health, personal and social care needs. A person-centred approach was promoted that met the health and social care needs of service users. Each resident had a personal

file and the daily notes detailed how the service user spent their day. Service users, relatives and members of the multi disciplinary team were involved in the development of the personal files. The personal file consisted of a folder with photographs of activities undertaken by service users. Work had been completed by the staff since the last inspection to make the person centred plans more accessible. There were more photographs and less in written format. Service users told the inspector that they liked the way they were helped develop their PCP's.

At the time of the last inspection the personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change. The staff team had commenced work in this area and there were regular meetings in place to discuss provision for changing needs of service users however, there was poor access for service users whose dependency had increased to access appropriate disability services. The only service available was generic elderly care services and this may not meet the specialist needs of dependent disability service users and issues of consent and choice need to be given due consideration. A flow chart had been added to the contract of care detailing how transition may be managed. Service users confirmed that their plan was reviewed regularly and had a complete review annually or more often if required. They confirmed that they were involved in this review.

Social Activities

The Inspector found that there were some opportunities for service users to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available for service users in day services five days a week; evening activities outside the centre were sparse as there was only one staff on duty in the houses. At the time of the last inspection service users told inspectors they enjoyed cooking; however while service users had an opportunity to bake in the day service they were not given an opportunity to assist with cooking the evening meal. The inspector found this was addressed and service users were assisting with baking and cooking.

The action with regard to the development of a leisure buddy system to assist service users with developing evening leisure activities and providing service users with inclusion in activities in the community had been partially addressed. Leisure buddies had been recruited and staff were in the process of matching buddies with service users.

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):

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

Findings:

The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the service users whilst promoting safety, dignity, independence and well-being. The premises had suitable heating, lighting and ventilation and were free from significant hazards that could cause injury.

There were adequate furnishings, fixtures and fittings and the centre was clean and suitably decorated. There was adequate private and communal accommodation and there was access to a kitchen with sufficient cooking facilities and equipment. The centre had an adequate number of toilets, bathrooms and showers to meet the needs of the service users.

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):

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

Findings:

Systems and procedures were in place to promote the health and safety of service users, staff and visitors. Satisfactory risk management and fire safety procedures were in place. There was a health and safety statement in place, this had recently been reviewed. The risk management policy had been revised since the last inspection and was in draft. The person in charge stated that risk management training had been scheduled for November 2014 and post this training she wished to review the policy. The inspector reviewed the draft policy and found that it complied with Regulation 26 Health Act 2007, Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Hazards within the centre had been identified and risk assessed, risk assessments reviewed by the inspector were found to be comprehensive.

There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the accident and incident forms and found that these were comprehensively completed. There was a process in place for reviewing incidences; all incidents were reviewed at the quarterly management review meetings. Evidence of

learning from adverse incidents to enhance the safety of the service and ensure positive outcomes for service users was available.

There were satisfactory arrangements in place for the prevention and control of infection. The centre was clean and well maintained. Staff had attended training in infection control and hand hygiene.

Suitable fire safety equipment was provided and there was adequate means of escape. Personal evacuation plans for each service user had been developed and service users' mobility and cognition had been considered with regard to safe evacuation. The inspector spoke with the staff on duty who stated that service were involved in the fire training and she was confident that they could safely evacuate should the need arise. Service users spoken with by the inspector stated if they heard the fire alarm they would immediately go outside and could identify the assembly area. Fire drills at various times including night time had been completed. All staff had up to date fire safety training and demonstrated good knowledge on what to do in the event of a fire. The inspector reviewed service records and found that the fire alarm had been recently serviced. Fire fighting equipment and emergency lighting records indicated that they were serviced annually. Certification of compliance with the fire regulations signed by a person competent in fire safety was forwarded to the authority and was seen by the inspector as part of the application for registration of this centre.

An emergency plan was in place with a place of safety identified should evacuation be deemed necessary. The Person in Charge told the inspectors that all vehicles used to transport service users were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained.

Since the last inspection thermostatic controlled showers been installed and the temperature of the water at point of release was controlled. This ensured that service users were protected and enhanced their independence.

Staff training records reviewed supported that staff had received training in safe moving and handling.

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):
No actions were required from the previous inspection.

Findings:
Measures to protect service users being harmed or suffering abuse were in place. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults. Policies and procedures for the prevention, detection and response to allegations of abuse were in place. These gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse. The staff member on duty was aware of the designated contact person and confirmed that that she was aware of the policy, and of the responsibility to report any allegations or suspicions of abuse. Service users informed inspectors that they felt safe and well cared for by staff and could talk to staff. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Service users had opportunities to engage in social activities, however these were limited in the evenings as identified under Outcome 1. External activities were available through the day service and service users participated in range of varied interests such as computer projects, education courses, art, crafts and swimming.

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):

No actions were required from the previous inspection.

Findings:

Staff and service users described good access the local general practitioner and there was evidence available of this in files reviewed. An out of hour's service was also available. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required.

Service users stated they enjoyed the food and choose what they liked to eat," We discuss every week at our house meeting what we are going to eat during the week" and "we always get what we choose". The inspector saw from minutes of service users meetings that food had been discussed and menus agreed. Service users supported by staff completed the weekly grocery shopping. This showed that service users were given the opportunity to make their views known and have them taken into account about what food they liked and wanted. Care plans contained information about service users likes and dislikes. The staff member stated that service users often added to the list as they did the shopping.

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):
No actions were required from the previous inspection.

Findings:
A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing storing and administration of medicines to service users. One service user was prescribed medication at the time of inspection and this was administered via blister pack. The inspector reviewed the prescription record and medication administration record and found that it was clearly written and complied with best practice. Medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors.

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):
No actions were required from the previous inspection.

Findings:
The statement of purpose (SOP) detailed the aims of the centre and described the facilities and services which were to be provided for service users. The SOP contained all of the information required by Schedule 1 of the Regulations. It was kept under review and last reviewed in October 2014. The inspector found that the statement of purpose was implemented in practice.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

The person in charge/provider is a joint post known as the services manager. She is based at the day service facilities and generally works 09:00 hrs to 17:00hrs. She has been working in the service for over 30 years.

The Person in Charge is responsible for three houses in Co. Sligo and is the provider representative for two houses in Co. Leitrim (one of which is a children's residential service). She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal needs of each resident. She was in regular contact with staff and staff confirmed that she visited each residential centre regularly.

The inspector found that there was an effective management system in place, clearly defined management structures and the Person in Charge had the required skills and experience to manage the designated centre. The Person in Charge outlined the arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss any issues relating to the running of the home and ensure the welfare of service users was protected. Meetings between care assistants (who supervise each house on a day to day basis) and the Person in Charge took place regularly and minutes were available of these meetings. Care assistants confirmed that the Person in Charge was supportive and approachable and they would have no hesitation in discussing any aspects of concern with her. There was a good communication process between the day and residential services. Care assistants reported each morning to the registered nurse in day services. An integrated day and residential communication file was in place where all information pertinent to the resident was available to the staff in the home. This was transported on a daily basis between the home and the day service.

The inspector found that the quality of care and experience of the service users was monitored and developed on an ongoing basis. A system of audits had been put in place across all designated centres within the organisation by members of the management team. The inspector saw evidence of some audits carried out in relation to this designated centre, for example a recent environmental audit. An overall report was available of audits completed within the previous 6 months.

The provider was aware of her responsibility to carry out a bi-annual unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. Staff who spoke with the inspector stated that those involved in the management of the centre were responsive and approachable.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There had been no instances where the person in charge had been absent for 28 days or more. There were suitable deputising arrangements in place whereby the clinical nurse manager 11 (CNM11) would act for the person in charge if required.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:

The inspector found that there was insufficient resources were to ensure the effective delivery of care and support in accordance with the Statement of Purpose. There was no floating/support staff in place to assist lone workers in the centre with activity provision outside the centre to ensure the individual needs of the service users was met with regard to social activities and community integration. (An action with regard to this area is contained under Outcome 1) The provider told the inspector that she would discuss this requirement with the funding personnel for the organisation. There was a service owned vehicle which the centre had access too.

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):

No actions were required from the previous inspection.

Findings:

There was not an appropriate number of staff in the designated centre. Additional staff hours in the evenings were identified as required to facilitate service users' activities. The inspector reviewed the staffing roster and found while abbreviations were used there was no corresponding ledger to as to the actual hours worked. Additionally the full names of the staff were not documented on the off duty roster. The person in charge reviewed this area during the inspection and showed the inspector a revised copy of the roster detailing the full names of the staff member and the hours of work.

Regular staff meetings were held where staff from all the residential services met with the person in charge. The Person in Charge also dropped into the residential house on an ad-hoc basis to see staff and service users. Staff were complimentary of the PIC and service users confirmed that they knew the person in charge and seen her regularly. Staff confirmed that the person in charge was freely available by phone out of hours and if she was away a deputising person was put in place. This was communicated to the centre by memo.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place.

Staff files were reviewed at the time of the last inspection and all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. One new staff had been appointed to this centre since the last inspection; the inspector reviewed her file and found that it complied with current requirements.

Staff had attended training in infection control, food safety, protection and safety of vulnerable adults, manual handling epilepsy management, first aid and fire safety. All staff underwent annual appraisals to review performance and identify training needs.

The centre was in the process of developing a volunteer programme. There was a policy in place to guide practices and supervision arrangements developed. There was evidence of written agreements that set out the roles and responsibilities of volunteers and vetting disclosures had been completed for some of the volunteers, other applications were in process.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were systems in place to maintain complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place to inform practice and provide guidance to staff, some of these required review as they had not been reviewed in the past three years. A directory of service users was maintained in the centre and this contained all of the items required by the Regulations. A record of service users' assessment of needs and a copy of their personal plan was available.

The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. Service user's files were found to be complete and were kept accurately and up to date. For example, a record was maintained of all referrals/appointments and resident notes were updated accordingly with the outcome of the appointment. Staffing records were maintained as required as outlined under Outcome 17 - Workforce.

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:

Mary McCann
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 North West Parents and Friends Association
Centre ID:	OSV-0001934
Date of Inspection:	14 October 2014
Date of response:	25/11/2014

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 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:

No staff was available to float between the centres which could provide support to the lone worker and ensure individual needs were met.

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

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:

Have written to LD Manager, HSE with costings for floating staff for 20 hours per week.

Proposed Timescale: 30/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Written operational policies were in place to inform practice and provide guidance to staff, some of these required review as they had not been reviewed in the past three years.

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:

Policies will continue to be reviewed at our QSRM meetings

Proposed Timescale: 31/12/2015