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 Health Service Executive
Centre ID:	OSV-0002586
Centre county:	Dublin 16
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Paudie Galvin
Lead inspector:	Deirdre Byrne
Support inspector(s):	Shane Walsh
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 April 2015 08:00	28 April 2015 19:00
29 April 2015 10:00	29 April 2015 11:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this designated centre for adults with a disability by the Health Information and Quality Authority (the Authority). The purpose of the unannounced inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The designated centre is part of the parent organisation, the Health Service Executive.

Inspectors met the nominated person on behalf of the provider, the person in charge, director of nursing and senior nursing management at this inspection. The person in charge was also present in the centre throughout the inspection.

The designated centre consists of two distinct premises in different locations, but within close geographic distance. Both premises are located within a campus based residential facility. The first premises is located in an urban setting, in close proximity to the local community and the city centre. The second premises is set in more rural location. There are good public transport links nearby both premises. The centre can accommodate up to 22 persons. Inspectors met many of the residents and the staff

during the inspection.

Inspectors found evidence of some good practice across the nine outcomes monitored, with two outcomes fully compliant. Residents were very familiar with the staff, who in turn were knowledgeable of the residents health and social care needs. Staff were observed to interacted and speak to the resident's in a kind, patient and respectful manner. There were systems in place to protect residents with staff knowledgeable of the fire precautions in place.

However, inspectors found areas of non compliance in some of outcomes monitored and these related to residents finances, aspects of health care needs, the implementation of the risk management policy. One of the premises in the designated centre would not meet the collective and individual needs of the residents, however, there were plans were in place to address this. The monitoring and review of the safety and quality of care required review. The systems in place for the recruitment and supervision of staff also required improvement.

These non compliances are discussed in the body of 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors reviewed one component of this outcome in relation to residents' personal possessions.

There was a policy in place to provide guidance on the care of residents' property and finances. The provider and person in charge had also put systems in place to safeguard the finances of residents. However, the arrangements in place to support residents to have their own bank account required improvement. For example, residents did not have a bank account in their own name, and residents monies such as pensions or disability allowance were paid directly into a bank account in the centres name, and eventually transferred into a centralised bank account belonging to the organisation. This was discussed with the provider and person in charge.

The handling of residents day to day monies for the centre was managed in the main office of the centre. Inspectors spoke to the staff responsible for the handling of all transactions, who outlined the procedures in place. A quantify of money was provided to the nurse manager in each unit every weekend so residents could have access to their monies. Some residents handled their own money. The majority of residents transactions were carried out by staff on residents behalf. However, it was not clear from receipts maintained as to what purchases had been made on residents behalf. For example, one receipt read for food items purchased was for multiple residents and not the items residents had actually purchased. Furthermore, the process of recording transactions of residents monies required improvement. For example, there were no staff signature for many withdrawals carried out, and where there were signatures, there was no second signature. This is discussed under Outcome 18 (Documentation).

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

Findings:
Inspectors found each resident's wellbeing was maintained by a good standard of care and support, and they were supported to transition between services in a planned manner. An area of improvement was required in the assessment process and documentation of health care plans.

There was evidence that residents' welfare and wellbeing was maintained by a good standard of care and support, and by staff who were familiar with their health care needs. The residents had a mild to moderate disability which required staff support and assistance. Inspectors found each residents had personal plans in place, that were holistic in nature and covered social, emotional and health care needs. Inspectors found an assessment of residents' social and emotional care needs was completed. However, these were not consistently in place for all residents. For example, one residents assessment was not fully completed, with gaps in many areas. Therefore it could not guide the personal plan to be developed. Inspectors read four residents personal plans. It was evident that plans captured the residents wishes and aspirations in a meaningful way that impacted positively on their life. The plans were developed in an accessible format with photos and pictorial images.

There was evidence that the residents and their representatives had a personal input and were involved in the assessment process. Records read confirmed families were invited to and involved in team meetings held on an annual basis. While a range of allied health professional were involved in some of the residents care, it was not clear if there was a multi-disciplinary input from these professionals into the annual review of residents plans.

Inspectors reviewed a sample of residents' medical plans in place. There was evidence of very good practice in the documentation of plans, with regular assessment using

evidence based tools. The recommendations of allied health professionals were also incorporated into plans. However, the completion of care plans in areas required improvement as described in Outcome 11 (Health care).

Inspectors found there was suitable provision of social activation for residents that was reflective of their assessed needs. During the day some of the residents attend a number of activities and day services on the grounds of the centre. At this inspection, staff were seen to interact closely with the residents, and facilitated activities during the inspection. Activities included trips to the library, drives, coffee breaks, games, books, baking, beauty regimes, hand and foot massage. In addition, outings took place from the centre, such as trips to pottery classes, coffee shops, restaurants, and the local shopping centres. A new pilot programme in active retirement was being rolled out by staff in the centre. The staff described the new programme, and how it would benefit the residents. A number of residents were now at retirement age, and this programme will provide a more meaningful and interesting day. In the recent past, some residents were facilitated and supported to go on holidays. However, staff said this was limited and based on the availability of staff resources.

There was a transition plan in place for one of the premises of the centre. It was planned that all residents will eventually move into a community setting and to smaller domestic style homes. This was a carefully organised and staged process, with evidence of consultation with the residents and their families. There were records of letters and minutes of meetings outlining the proposed plans on residents files. The residents themselves told the inspector about the move, and how they looked forward to it. A transition personal plan was developed for each resident, which outlined the goals residents wished to achieve in the move. Residents had a choice in where and what type of house they would like to live in. There were regular meetings with residents to plan and discuss the move into the community. The staff were aware of the move. One resident had expressed a desire to remain in the centre, and the management outlined how they were dealing their fear and worries.

Judgment:
Substantially 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:
Inspectors found one of the premises within the designated centre would not fully meet the requirements of the Regulations. The designated centre consists of two distinct premises in different locations but within a close geographic distance. Both are located within a campus based residential facility and were visited by inspectors.

Premises 1:

The first premises is located in an urban setting, in close proximity to the local community and the city centre. There are good public transport links nearby. However, inspectors found the design and layout of the building did not fully meet the requirements of the Regulations. The provider was fully aware of the deficits in the building, and plans were in place to de-commission and vacate the premises by the Summer of 2015. The premises is located on its own extensive grounds. In the past it accommodated up to 60 residents. Currently, thirteen residents reside in the designated centre. The deficits with the building as follows:

- the road into the building was uneven with potholes in areas
- the design and layout of the premises- a large three storey building, with long corridors, hallways and open stairwells- had not been fully assessed for potential risks and barriers to residents independence
- the entrance to the premises is by a common entry area, accessible by visitors and staff to external day services based within the building
- common areas such as hallway, stairs and landings were clinical and sparsely decorated.

The bedrooms were all single occupancy. While they were small in size with limited space around the bed, there were no negative outcomes for residents as no resident currently required assistance or specialist equipment to mobilise. All bedrooms were provided with adequate storage and a wash hand basin. Inspectors were invited to visit one residents bedroom. It was very nicely decorated and had a small sitting area off it. The resident told inspectors she was very happy with her private accommodation. In addition, on the ground floor were staff offices, a large catering kitchen, dining room, laundry, two day services and a large oratory.

As reported above, the provider had plans to fully vacate and decomission the building by the end of the Summer of 2015. There was a transition plan in place for the remaining residents to move out of the premises. Alternative accommodation had been identified for each resident, who had been consulted with, as discussed in outcome 5. It was envisaged the plan for new accommodation would be fully addressed during the Summer of 2015. The transition plan had been submitted to the Authority and a meeting held to discuss same prior to this inspection.

Premises 2:

Inspectors found the second premises meets the requirements of the Regulations. The premises is set in a more rural location. It has transport links to the local community and the city centre. It is set in a campus setting, and surrounded by nicely landscaped grounds that residents may access. It may accommodate up to nine residents. All

bedrooms (single occupancy) are large and spacious, with en-suite toilet and shower. Each bedroom was provided with large window or a balcony. Inspectors met a resident who had planted flowers on his balcony. There is ample storage space provided.

There was a secure entrance to the premises, which was located on the first floor of a two storey building. A lift accessed all floors of the building. There are two kitchen and dining areas and a large sitting room, all of which were nicely decorated and furnished, with soft seating, paintings and pictures throughout. There was adequate number of toilets, showers and bathrooms provided. Inspectors spoke to one resident who was very happy with her home and enjoyed living there.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Inspectors found measures were in place to ensure the health and safety of residents, staff and visitors to the designated centre was promoted and protected. However, there were improvements identified in relation to risk management.

There were improvements required in the identification and assessment of risk in the centre. Inspectors reviewed the risk management policy which met the requirements of the Regulations. However, it was not fully implemented in practice as a number of risks in one of the premises of the centre were identified by inspectors. For example, uneven grounds, a fire exit area storing equipment, the kitchen and an open stairwell. None of these area had been risk assessed. In addition, the premises was a large and set over three stories however, it had not been fully assessed. These matters were brought to the attention of the person in charge, who undertook to address the risk in relation to the fire exit immediately. Inspectors later visited this area and it was cleared of equipment.

There was a risk register reviewed by inspectors that outlined a range of clinical and environmental risks, along with their risk rating and the control measures to manage them.

There were systems in place to discuss and monitor risk. There was a health and safety committee was in place. The person in charge said carried out regular health and safety checks. However, the issues identified above had not been highlighted or addressed.

There were systems in place to manage adverse events. The person in charge informed inspectors that she would review all incidents. Inspectors also saw incidents were discussed at the health and safety committee, the minutes of which were read. The last meeting took place in November 2014 and the next was due to take the day after the inspection.

A health and safety statement was seen by inspectors. There was an emergency plan in place, which included the alternative accommodation options in the event of an evacuation.

Personal evacuation procedures were in place for each resident and reviewed regularly. These included residents likes and dislikes and prompts for staff if residents have difficulty in taking part in evacuations. Staff were familiar with the residents evacuations plans.

A policy on the prevention and control of infection was read by inspectors however, it had not been updated since 2010. See outcome 18. There were hand gels present throughout all units in the centre and hand-washing guidelines were displayed for staff.

There was a policy on the management and prevention of fire. The fire exits were unobstructed and daily records read confirmed these were checked by staff. There were regular staff fire drills which residents took part in, and records were maintained for drills. In addition, night time drills also took place. All staff spoken with were familiar with the procedures to follow if the fire alarm went off.

There was provision of fire equipment and a log book or stickers of the servicing dates was read for the fire extinguishers, fire alarms and emergency lighting. However, the service records were not available for review, therefore it could not be ascertained if all of the equipment was in good working order. Fire evacuation procedures were displayed in each of the premises. Records reviewed confirmed all staff had participated in fire training in the last year, with planned training in place.

Judgment:
Non Compliant - Moderate

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:
Inspectors found the provider had measures in place to safeguard and protect residents from abuse, and there were suitable procedures in place to guide staff in the support of residents with behaviours that challenge.

There was a policy on and procedures in place for the prevention, detection and response to abuse. In addition, the provider also had a copy of the Health Service Executive policy and procedures on "safeguarding vulnerable persons at risk of abuse".

Inspectors spoke to staff who were familiar with the types of abuse and how they would respond if an allegation of abuse was made. All staff had completed up-to-date training in safeguarding of residents, and records read confirmed this. There had been no incidents, allegation or suspicions of abuse and the person in charge was familiar with the procedures to follow to carry out an investigation.

Inspectors read intimate care plans that had been developed for each resident, these were held on their personal file. The plans were comprehensive and provided clear guidance to staff and reflecting the residents' wishes and procedures they liked to follow.

There were good practices in the support of residents with behaviours that challenged, with an area of improvement with regard to training identified. A small number of residents had behaviours that challenged and positive behaviour support plans were in place to guide their support. A sample were were read by inspectors, and they clearly described the underlying causes of behaviours and the least restrictive and most therapeutic interventions to be used. The staff were familiar with the residents and took every action to ensure all alternatives were followed, and interventions reduced. Staff had completed training in the past. However, records read indicated that most staff did not have up-to-date training in the area. This is discussed under outcome 17.

There was access and referral to a specialist team, which included a clinical nurse specialist in behaviours that challenge. Inspectors read detailed reports completed by the team of various reviews of the residents. This team also developed the behaviour support plans and reactive strategies outlined above.

Inspectors found there were good practices in the management of restrictive practices. There was some use of restrictive practices in the centre in the form of chemical restraint. Inspectors read protocol that had been developed for each of the resident for whom these medications were prescribed. The protocol outlined the alternatives to be considered prior to the use of the medication. Staff spoken were familiar with the protocols in place for residents.

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:
Inspectors were satisfied that each resident was supported to achieve and enjoy the best possible health.

Inspectors reviewed resident files and found that residents had access to medical and allied healthcare professionals. These included, but were not limited to, a general practitioner (GP), dentist, occupational therapist, dietitian, dentist, psychiatrist and physiotherapist. The files indicated that access to these services was timely, and residents were facilitated by staff to receive any recommended treatments.

Where residents were currently undergoing medical treatments/tests this was noted in the residents files for follow up and staff were aware of any particular current needs. However, the documentation of care-plans required improvement. For example, care-plans were not developed to guide the care of residents with diabetes. This is further discussed under Outcome 5.

Residents were seen to be actively encouraged to make healthy living choices during the inspection and to take responsibility for their own health and medical needs.

There were good practices in place for residents to make healthy living choices around food. However, an area of improvement was identified. In one premises, all meals were prepared for residents in a main central kitchen. Residents would come to the main dining room for their meal. Inspectors visited the kitchen and met the chef on duty, who described the range of meals provided to residents. While the chef was knowledgeable of residents identified special dietary requirements, and documented information of these were seen by inspectors, some of the information was not up-to-date. This was discussed with the nurse manager who said she would ensure this was addressed.

Inspectors observed the lunchtime meal, which was be nutritious and wholesome. There was evidence of a range of choice at meal times.The mealtime experience was seen to be a relaxed social event, with staff present to support and assist residents if required. Snacks and drinks were available to residents throughout the day and residents were seen availing of this.

There were similar good practices observed at the second premises. However, an area

of improvement was identified. Staff spoken with who said it was not an ideal arrangement and they were unable to prepare these meals as the residents required their assistance. This was discussed with the person and charge and provider, who outlined plans in place that would address the issue. See outcome 16 (resources).

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Inspectors found each resident was protected by the designated centres policies and procedures for medication management. While this action was compliant overall, an area of improvement in the monitoring of medication practices was identified.

There was a comprehensive medication policy which provided staff guidance. Inspectors read a sample of completed prescription and administration records which were completed in line with best practice guidelines. Information pertaining to each resident's medication was available in the residents files.

There were no residents self administering their own medications at the time of the inspection. Procedures were in place to guide staff if required.

Staff were familiar with the policies and procedures to be followed. Currently, nursing staff administered medications. The nursing staff also completed an online medication management course. The person in charge outlined plans for staff who had more than one medication error to attend training.

Inspectors did not review incidents of medication errors at this time. This would be assessed at the next inspection.

It was evident that there were appropriate procedures for the handling and disposal of unused and out of date medicines, and these were reviewed by the person in charge. However, there was no auditing of the medication management practices carried out by staff.

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

Findings:
Overall, inspectors found that governance arrangements were satisfactory however, the systems in place to review the safety and quality of care required improvement.

The designated centre is part of a larger organisation with a clearly defined management structure which identifies the lines of authority and accountability in the centre.

There was a person in charge with responsibility for the day to day running of the designated centre. Inspectors found she was suitably qualified, experienced and full time in her role. She fully participated in the inspection process and demonstrated appropriate knowledge of the Regulations. The residents were familiar with the person in charge who was observed to spend time to talk and interact with them.

There was a clearly defined management team in place. It was evident that the lines of authority and accountability were outlined and appropriate governance arrangements were in place. An area of improvement was observed in one premises. While the person in charge visited the centre frequently and this was confirmed with staff of the centre, there was no full time manager based in the unit to ensure clinical supervision of residents and that staff were appropriately supervised. This was discussed at feedback with the provider, who was aware of the issue and advised inspectors it was an area of improvement that had been identified.

The person in charge regularly met the provider on a formal basis, and minutes of management meetings with the director of nursing and the provider were read. There were suitable deputising arrangements in place, with the clinical nurse manager (CNM2) supporting the person in charge. Staff were clear of the management structure and the reporting systems in place.

The provider worked full time in the organisation and was available to the person in charge when required. The provider was also supported by the director of nursing who oversaw the management of the service where the designated centre was located.

While there were audits of infection control procedures seen by inspectors, there was no system of continuously monitoring and reviewing the quality and safety of the service provided to residents in the designated centre. A detailed audit based on the National Standards had taken place in February 2014 however, none had taken place since.

The provider had carried out unannounced visits to the service in the last year, and the reports of these visits and their action plans were read. However, there was no overall annual review of the safety and quality of the service as required by Regulations.

Judgment:
Non Compliant - Moderate

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:
This outcome was reviewed in the context of one competent of the inspection.

Overall, there were suitable resources in the centre to ensure residents personal plans were implemented. However, with an area of improvement identified as reported in Outcome 11. While there were suitable catering staff in one unit they were not deployed across the centre to ensure all the catering needs of residents were met. For example, there was no catering staff up to four days a week to make dinners in one of the premises, and meals had to be prepared the day before.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Inspectors found there was an adequate number of the staff to meet the needs of the residents. However, improvements were required in relation to staff documentation, provision of training, and the system of supervision.

There was a planned roster in place, and generally there was an adequate staff skill mix to meet the residents needs. However, due to staff shortages on the inspection day, and because of no replacement staff availability, one staff assigned to support a resident. on a one to one basis as part of their behaviour support plan, was required to provide staff assistance. While no negative outcomes were observed for this resident, the supports were part of an agreed positive behaviour support plan to meet their needs.

A sample of staff files were reviewed by inspectors. However, there were some deficits in the documentation required to be maintained by Regulations. For example, a number of files did not contain evidence of An Garda Siochana vetting, qualifications and a minimum of two references.

Staff training records were reviewed by inspectors. However, there were gaps in the up-to-date training provided to staff in behaviours that challenge and movement and handling. This was discussed with the person in charge, who later showed inspectors a schedule of of proposed training that would address this deficit.

There was no formal system of staff supervision or appraisal. The person in charge informed inspectors that a new supervision policy was due to be implemented following training, and a formal system of appraisal would be introduced thereafter.

Judgment:
Non Compliant - Moderate

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:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002586
Date of Inspection:	28 April 2015
Date of response:	11 June 2015

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:
The residents own monies were not paid into a financial institution account of their own name.

Action Required:
Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an

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

account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

Please state the actions you have taken or are planning to take:
Plan
• The Registered Provider shall ensure that any resident that is deemed not to have financial capacity will have their finances managed in line with HSE Financial regulations.
• The Registered Provider shall ensure that the Registered Provider and staff, do not pay money belonging to any resident (without financial capacity) into an account held in a financial institution, without informing/discussing with the resident, their next of kin/advocate and the payment is in line with the HSE Financial Regulations.
• The Registered Provider shall ensure that staff, do not pay money belonging to any resident (with financial capacity) into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.
• The Registered Provider shall ensure that in the situation where there are difficulties in implementing this review that it is raised at the management team and a plan of remedial action is put in place.

Proposed Timescale: 01/10/2015

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:
There was no evidence of a multi-disciplinary review of residents personal plans.

Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
Plan
• Person in Charge will ensure that all multidisciplinary inputs are recorded in the resident's file.
• Person in Charge will ensure that there is documentary evidence of all reviews with a rationale for any changes made.

Proposed Timescale: 20/07/2015

Theme: Effective Services

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

Health care plans were not developed for residents with diabetes.

Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the 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:
Action: Since the inspectors visit comprehensive care plans have been developed for all residents with Diabetes type 1 and type 2. The care plans are in inaccessible format for residents with type 1 and 2 diabetes.

Plan
• The Person in Charge will ensure that all residents care plans will be reviewed to reflect the needs of residents.

Proposed Timescale: 20/05/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The external grounds of one premises in the designated centre were no in good repair.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Action: Risk assessments have been completed in the areas of grounds and building. Risks have been identified and an action plan put in place to address the risks identified. Works have been approved and will be prioritised as per risk assessments

Plan
• The Registered Provider shall ensure that the Designated Centre will have regular maintenance and upkeep.
• The Registered Provider shall ensure that the Designated Centre will be decorated in a manner to maintain resident's dignity and esteem.
• The Registered Provider shall ensure that maintenance will focus on specific works identified through regular checks.
• In the event where any necessary additional controls identified cannot be managed at local level they will be escalated to the Risk Register and senior management level.

Proposed Timescale: 01/08/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of one premises of the designated centres does not fully meet the residents needs.

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

Please state the actions you have taken or are planning to take:
Action: Senior Management are aware of the unsuitability of one premises. Suitable alternative accommodation for the residential service has been sourced and the residential accommodation in the centre is due for closure late Summer/Autumn 2015

Proposed Timescale: 30/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Parts of one of premises in the designated centre were not suitable decorated.

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

Please state the actions you have taken or are planning to take:
Action: Since the inspectors visit residents have been consulted about using their art work to enhance the identified areas in the residential centre.

Plan:

• The Registered Provider shall ensure that the décor of the Designated Centre will be reviewed regularly.
• The Registered Provider shall ensure that the Designated Centre will be decorated in a manner to maintain resident's dignity and esteem.

Proposed Timescale: 18/06/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The identification and assessment of risk in the centre required improvement.

A number of area of risks identified during the inspection had not been assessed as outlined in the report.

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

Please state the actions you have taken or are planning to take:
Action: Since the inspectors visit hazard identification and assessment of risks has been carried out throughout the designated centre and entered into the Risk Register.

Plan:

• The Registered Provider shall ensure that the Designated Centre will have regular maintenance and upkeep.
• The Registered Provider shall ensure that the Designated Centre will be decorated in a manner to maintain resident's dignity and esteem.
• The Registered Provider shall ensure that maintenance will focus on specific works identified through regular checks.
• In the event where any necessary additional controls identified cannot be managed at local level they will be escalated to the Risk Register and senior management level.

Proposed Timescale: 01/07/2015

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:
There was no annual review of the safety and qualify of care.

Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
• The Registered Provider will ensure an overall annual report encompassing the results of the safety audits along with the quality of the service will be in place and will be

available to the residents.

Proposed Timescale: 30/12/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system of monitoring the quality and safety required improvement.

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:
Action: Since the inspectors visit training in Clinical Auditing for CNM's was provided on 14/05/2015.

Action Plan:
• The Registered Provider will ensure that un-announced audits will be carried out.
• The Registered Provider will ensure action plan will be implemented following an Audit and
• The Registered Provider will ensure action plan audited following its implementation.
• The Registered Provider will ensure in the event where any necessary additional controls identified cannot be managed at local level they will addressed by the centre management team.

Proposed Timescale: 30/12/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The catering staff resources in one unit of the designated centre required improvement.

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
Since inspectors last visit. The catering staff roster for Westfield house has been reviewed and a new roster has been agreed providing a catering staff for each day in Westfield House.

Proposed Timescale: 15/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps in the information required to be maintained for staff in the centre.

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

Please state the actions you have taken or are planning to take:
Action: The Person in Charge shall ensure that all documentation will be updated in respect of all staff in line with regulation 15.5. section 2.

Proposed Timescale: 18/09/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no system of supervision in the centre.

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

Please state the actions you have taken or are planning to take:
Action: Since the inspectors last visit all CNM's have received training in Supervision (27/04/2015). The service is currently in the process of finalising a formal Supervision Policy.

Plan

- The Person in Charge will ensure supervision for staff will occur at regular intervals.
- The Person in Charge will ensure daily monitoring of staff will continue

Proposed Timescale: 30/09/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
Some staff did not have up-to-date mandatory training in movement and handling and behaviours that challenge.

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

Please state the actions you have taken or are planning to take:
Action: Since the inspectors visit mandatory training in movement and handling and behaviours that challenge has been provided.

Plan:
• The Person in Charge has developed a training plan which ensures staff have access to the appropriate training, including refresher training.
• The Person in charge will review all staff training records to ensure that they are up to date.

Proposed Timescale: 18/07/2015