

**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 Moorehall Disability Services Ltd
Centre ID:	OSV-0003481
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Moorehall Disability Services Ltd
Provider Nominee:	Sean McCoy
Lead inspector:	Sonia McCague
Support inspector(s):	Philip Daughen;
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 May 2015 08:30	12 May 2015 18:30
13 May 2015 09:00	13 May 2015 16:30

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 was the centre's first inspection by the Authority. This inspection was announced and took place over two days.

The purpose of this inspection was to inform a decision of registration following an application to register the services and facilities as a designated centre for adults with a disability under the Health Act 2007.

The centre is community based, and comprises of four bungalows with maximum capacity for 15 residents. Three bungalows provide residential services for 12 residents, with four residents in each house, while one bungalow provides a respite

service for a maximum of three residents. On the days of inspection, male and female residents were accommodated in two of the three residential houses, while four males occupied the other residential house. Three females were availing of respite in the house dedicated to respite services. Resident accommodation is ground floor and all bedrooms were of single occupancy.

The Chief Executive, as provider nominee, the Person in Charge, staff team and residents within the centre facilitated the inspection process.

As part of the inspection the inspectors met and spoke with residents, relatives/visitors, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

Notifications of incidents and information received and monitored by the Authority since the last inspection was followed up on at this inspection.

Overall, inspectors were satisfied that reasonable systems and appropriate measures were put in place to manage and govern this centre.

Staff were knowledgeable regarding resident's needs, likes and dislikes, and residents were complimentary of staff and expressed satisfaction with the care and services provided.

Evidence of good care, practices and support was found in most outcomes; however, some improvements were required in the following:

- Outcome 5: Social Care Needs
- Outcome 6: Safe and suitable premises
- Outcome 9: Notification of Incidents
- Outcome 11: Healthcare Needs
- Outcome 17: Workforce

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the provider and person in charges' response.

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:

The inspectors found that arrangements were put in place to ensure the rights, privacy and dignity of residents were promoted and residents' choice encouraged.

Policies and procedures were in place to promote and ensure residents are consulted with, and participate in, decisions about their care and about the organisation of this centre.

Advocacy services were being developed and information about resident rights formed part of the support services available to residents. Resident meetings formed part of the arrangements for consultation and decision making processes in relation to routines, practices, activities and facilities. There were adequate access to facilities for occupation and recreation. The person in charge told inspectors she had plans to develop the detached garage of one house as an activity and recreation area.

Arrangements were in place to promote and respect resident's privacy and dignity, including receiving, mail, telephone calls and visitors in private and all residents had single occupancy bedrooms. Resident accommodation was personalised with items and décor of their choosing. Residents were supported to retain control over their property and personal possessions. However, as referenced in outcome 6, the option of a bedroom lock was not available to all residents.

Procedures and arrangements were in place and described by residents and staff to enable residents to exercise choice and control over their life in accordance with their identified and recognised preferences. Opportunities to maximise resident independence was provided. As a result of inspection findings the provider has increased support staff

at night in one house following the inspection to afford one resident, requiring high support needs, freedom of choice and control over mobility decisions on a 24hour basis and which will also facilitate a safe evacuation in the event of an emergency.

A complaints policy was in place. The complaints procedure was displayed and an easy read version was also available. A record of complaints was available. Recommendations made by inspectors in relation to the arrangement and inclusion of key details for auditing purposes were to be implemented by the person in charge to inform learning.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

There was a policy on communication with residents.

The inspectors found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their needs and preferences.

Resident's communication needs were known by staff supporting them and had been identified for assessment in the personal planning process. Personal plan documents available aimed to capture individual communication limitations, abilities and support requirements. However, improvements were required, as outlined in outcome 5, in relation to the detailing and recording of assessments and interventions within a personal plan having been recently introduced into practice. Inspectors found that staff were available to meet the diverse needs of all residents and were seen communicating with residents in an appropriate and respectful manner.

Residents of the centre had formed links with the local community. The inspectors found that residents had access to radio, television, social media, newspapers, internet, and had information on local events and entertainment. Access to assistive technology and aids and appliances where required to promote the residents' full capabilities were facilitated.

Judgment:

Compliant

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

Findings:
A policy was in place in relation to visitors. The policy supports residents to be facilitated to receive visitors in private with no restrictions on family visits, except when requested by the resident or due to a health and safety risk.

Residents were satisfied that family, personal relationships and links with the community were encouraged and supported when necessary by staff.

The inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community and travel abroad. Families were encouraged to get involved in the lives of residents in accordance with resident's wishes. The inspectors were informed by the person in charge that residents would be supported with staff and transport arrangements to promote engagement with family, relationships and the community.

An arrangement for residents, families and representatives of residents to attend personal plan meetings and reviews in accordance with the wishes of the resident was in place. A number of residents facilitated inspectors to review their personal plan files.

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

Findings:

Policies and procedures were available for admitting residents, including transfers, transitions, discharges and the temporary absence of residents. Specific criteria and procedures prior to and on admission (residential and respite) were enhanced following discussions with the person on charge and provider nominee on inspection.

Residents' admissions were in line with the centre's Statement of Purpose. Emergency admissions were facilitated based on available resources and/or transitions were facilitated in accordance with the resident's wishes, centre's policy and funding agent.

The inspectors were informed by staff that resident admission, transition and discharge was generally planned and would consider the wishes, needs and safety of the individual and the safety and views of other residents living in the shared accommodation and availing of the services.

A contract of care document was available outlining the terms and conditions of services to be provided. In the sample reviewed, inspectors found that the resident and representative had completed a written agreement of the terms of their stay in the centre with the person in charge and provider nominee.

The agreement set out the services to be provided and any fees or charges included in the agreed contract.

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):

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

Findings:

The inspectors found that recording arrangements were recently put in place to reflect the residents assessed needs and wishes. The introduction of personal plans was an initiative in the process of being implemented with residents to ensure the care support will be consistently and sufficiently provided, therefore, in the sample of assessments

and personal plans reviewed, inspectors found that improvements were required to ensure completeness.

The admission policy included a process of preliminary screening and assessment by the person in charge along with other relevant professionals and persons involved in supporting each resident. Prospective residents are invited to visit the house/centre in advance of admission and information is gathered as part of the assessment procedure to ensure each resident's health, personal and social care and support needs are fully assessed before admission.

The inspectors were informed of arrangements whereby an assessment and review is to be carried out as required to reflect changes in need and circumstances and at a minimum once a year. Assessments and interventions included GP, multi-disciplinary input and review.

Arrangements were described by the person in charge to ensure each resident has a written personal plan, which details his or her individual needs and choices. The personal plan template being implemented was available and was found to be in an accessible, easy read and understandable format. These personal care plan documents are to be implemented with each resident with an aim to support residents and improve their quality of life outcomes.

Each resident (or their representative) along with their key worker are to be actively involved in all assessments to identify their individual needs and choices. While staff and key workers had knowledge of resident's needs, the identified needs were not reflected in a personal plan to outline supports required to maximize personal development. In discussion with residents and staff, inspectors found incomplete records of assessments and personal plans. Overall, improvements were required to ensure completeness of assessments to inform personal plans, to aid care and ongoing personal planning and to facilitate evaluation of interventions in place.

Staff were aware that each plan is to be reviewed on an annual basis or more frequently if there is a change in circumstances. In a sample of plans completed, inspectors found that residents and their family members or representatives, where appropriate, were consulted and involved.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre is community based, and comprises of four bungalows that accommodated 15 residents. Three bungalows provide residential services for 12 residents, with four residents in each house, while one bungalow provided a respite service for a maximum of three residents. Resident accommodation is all ground floor and all bedrooms were of single occupancy.

The inspectors found that the location, design and layout of the houses as a centre to be suitable for its stated purpose and aims to meet residents' individual and collective needs in a comfortable and homely way.

There were appropriate facilities and the layout promoted residents' safety, dignity, independence and wellbeing.

The bungalows were suitably furnished and fitted for occupancy. Each bungalow had an equipped utility room, kitchen, dining room, store room, bathrooms and sitting rooms.

External garden sheds were resident's bicycles and recreational equipment was stored, patio area or courtyards and garden areas that were available with appropriate furniture that was colorfully decorated.

The premise was clean, suitably decorated and well-maintained internally and externally. Resident rooms were personalised with pictures, furnishings, items of interest and use placed at the discretion of residents. There was suitable space and a storage facility for the personal use of residents.

The premise had suitable heating, lighting and ventilation, and was free from any major dangers which could cause injury. However, the following matters related to the premises required improvement:

- the provision and option of individual bedroom door keys or locking devices was not available to all residents to enable them to secure their bedroom door
- electrical fuse boxes were inappropriately located in a resident bedroom of one house and in a communal bathroom in another house
- the outlook or view from one bedroom window was obstructed by a film that had been placed on the glass (frosted appearance)
- the water temperature in one house required monitoring as the tap water in wash

hand basins was hot to touch

A maintenance system was in place and arrangements were in place for the safe disposal of waste.

Adequate car parking was available at each bungalow.

Judgment:

Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspectors found suitable and sufficient arrangements in place to ensure that the health and safety of residents, visitors and staff were promoted.

There were policies and procedures in place for risk management and emergency planning.

The centre had policies and procedures relating to health and safety, and relating to incidents should a resident go missing.

Suitable procedures and arrangements were in place for the prevention and control of infection.

A risk management policy was in place and implemented throughout the centre which included identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

Arrangements for investigating and learning from serious incidents/adverse events involving residents were described by the provider nominee and person in charge.

There was adequate means of escape and fire exits were unobstructed. There were procedures for resident evacuation from parts of each bungalow in the event of fire. An additional staff member was put in place in one house at night following inspectors' feedback and discussion with the provider nominee and person in charge in relation to their responsibility to ensure the safe evacuation of all residents from the centre.

The fire alarm systems and fire safety equipment were serviced appropriately. Evacuation plans and procedures for each resident were maintained within each house which staff were familiar with. The provider nominee informed inspectors that the provision of a brush strip on internal doors within each house was put in place following this inspection as a measure to control the risk associated with the migration of smoke in the event of a fire which was raised by inspectors.

The inspectors spoke with staff that had knowledge of the emergency procedures and evacuation plans for individual residents. Fire tests and drills were maintained at regular intervals and records were maintained. Training in fire safety had been provided to staff and further training in fire safety and safe evacuation procedures to include all staff was confirmed by the provider nominee following this inspection.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspectors found that arrangements to ensure that measures to protect residents being harmed or suffering abuse was in place.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse and training arrangements were in place to promote residents safety and protect them from harm or abuse.

Staff were knowledgeable in relation to what constitutes abuse, and how to respond to allegations of abuse.

Arrangements were in place to support residents to develop knowledge, self awareness and understanding skills for self care and protection. Residents felt safe with the arrangements in place and support of staff.

Systems were outlined in policy documents to ensure any incidents, allegations or

suspensions of abuse were recorded, appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

There was a policy and staff training in place for providing personal intimate care.

There was a policy in place for the provision of positive behavioural support. Some staff had received training in managing behaviour that challenged including de-escalation and intervention techniques.

There was a policy in place on the use of restrictive procedures and restraint to reflect the aims and objectives of the statement of purpose.

Overall, inspectors found that residents were supported to have positive and meaningful experiences with little restrictions.

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):

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

Findings:

Arrangements were in place to record incidents occurring in the designated centre however, inspectors found that not all notifiable incidents, such as pressure ulcers, had been reported to the Chief Inspector where required.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspectors found suitable and sufficient arrangements in place to ensure the general welfare and development needs of residents were promoted and that residents were afforded new experiences, social participation, education, training and employment.

A policy on access to education, training and development was available.

Educational, social participation and achievement of residents was proactively supported by practices in the centre. Resident's employment and training goals were supported by the staff group and also facilitated by external organisations and training centers' which some residents attended on a regular basis.

Social activities, internal and external to the centre were available to all residents of the centre. Some residents had their own means of transport for short journeys, while others availed of public transport or vehicles owned by the provider and used for transportation needs of 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:

The inspectors found that suitable arrangements were in place to ensure that residents health care needs were regularly reviewed with appropriate input from multidisciplinary professionals, where required. Residents had access to a local GP, doctor on call and a

range of allied health care services on a GP referral basis.

Health monitoring and regular checks were maintained. A range of clinical observations were monitored and treatment had been provided based on observations and monitored outcomes.

The inspectors found arrangements were in place to ensure residents' nutritional needs were met, however, as indicated in outcome 5, assessment and personal plan records were not maintained to an acceptable standard to inform evaluation. Weights were recorded and monitored on monthly basis or more frequently if required; however, improvement was required to ensure interventions were adequately recorded to inform a plan of care to ensure a consistent approach and support in health care needs was provided and to aid evaluation.

Food shopping and menu planning to include healthy choices formed part of weekly discussions between residents and staff which were generally informal meetings that were maintained in each bungalow. Menu choices were known by residents and offered by staff. Photographs of meals choices were available to residents with communication needs and to support choice and involvement.

A policy on the monitoring and documentation of nutritional intake was available to support needs and monitoring.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Medication management policies were in place to guide practice and protect residents. The policy was reflected in practices described by staff and the person in charge, which inspectors found to be safe and suitable.

Medication prescription, administration and storage was suitable and in line with the centre's policy. A review of the policy in relation to the management of epilepsy was required to ensure consistency with the medication management policy.

All staff responsible for medication management had received comprehensive training

appropriate to their role.

Residents told inspectors how they were supported by staff to change practices in relation to medication administration times and were satisfied with the GP and pharmacy arrangements available to them.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose met the requirements of the Regulations. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

The statement of purpose was available to residents and staff. It described the service provided in the centre and will be kept under review.

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:

Management systems were in place to ensure effective governance and support to residents to promote the delivery of safe, quality services.

The chief executive has overall responsibility for the governance and management of the centre. A governance structure to comply with the Regulations and Health Act 2007 was in place to ensure that the quality of care and experience of residents is monitored and developed on an ongoing basis.

A range of audits was maintained being further developed by the person in charge that informed quality review meetings held on a monthly basis to identify risks, determine outcomes and inform governance and management arrangements and improvements.

Ongoing audits are to inform an annual review as part of the quality assurance systems.

Resident, staff and management meetings, on call arrangements and staff rostering plans were to be maintained to ensure adequate governance and management arrangements.

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):

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

Findings:

The provider nominee was aware of his responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

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):

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

Findings:

The inspectors found sufficient resources available as required. Adequate resources were put in place and provided to ensure effective delivery of care and in accordance with the statement of purpose.

Staffing levels, facilities and services provided reflected the statement of purpose and function. Staffing resources were subsequently adjusted and increased based on resident support needs, rights, and risk and dependency level.

The service was adequately resourced on a full-time basis to support residents. Two vehicles were available and operated by staff for residents transportation needs.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found that arrangements were in place to ensure that an adequate number of staff and skill mix were available to residents. As referenced previously, staffing resources were increased at night in one house based on resident support needs and dependency levels.

Staff had completed mandatory and relevant training that included adult protection, fire

safety, moving and handling, health and safety, food safety and nutrition, first aid and basic life support, aggression and de-escalation techniques, epilepsy and medication management.

A recruitment policy included that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and the regulations.

The inspectors reviewed a sample of staff files and found that while their files were substantially compliant, a record to confirm induction on commencement of employment and subsequent appraisal arrangements had not been maintained or completed. Improvements were to be included and reflected in the recruitment policy to ensure supervision requirements of the regulations.

There were no volunteers involved in the centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors found adequate systems in place to promote the maintenance and completion of accurate records.

A copy of insurance cover for the centre was available.

The centre had written operational policies required and specified in schedule 5.

A residents guide provided detail in relation to all areas required including a summary of the statement of purpose, contract of services and the complaints process.

The inspectors found that records relating to residents and staff were secure and

available for inspection.

A policy with the requirements in relation to access, maintenance and retention of records was available and reflected in practice.

A directory of residents was available and completed to meet the requirements of the regulations.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sonia McCague
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 Moorehall Disability Services Ltd
Centre ID:	OSV-0003481
Date of Inspection:	12 May 2015
Date of response:	12 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 05: Social Care Needs

Theme: Effective Services

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

Resident's identified needs were not reflected in a personal plan to outline supports required to maximise personal development.

Records of assessments and personal plans were incomplete.

Assessments had not informed personal plans, to aid care and ongoing personal

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

planning and to facilitate evaluation of interventions in place.

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:

We are currently reviewing our assessment tool to ensure it meets our resident's individual specific needs. From this all residents shall undergo a re-assessment and care plans will reflect the outcomes.

Proposed Timescale: 17/07/2015

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 following matters related to the premises required improvement:

- the provision and option of individual bedroom door keys or locking devices was not available to all residents to enable them to secure their bedroom door
- electrical fuse boxes were inappropriately located in a resident bedroom of one house and in a communal bathroom in another house
- the outlook or view from one bedroom window was obstructed by a film that had been placed on the glass (frosted appearance)
- the water temperature in one house required monitoring as the tap water in wash hand basins was hot to touch

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- A locking device will be fixed to all individual bedroom doors to enable residents to secure their door.
- Our houses are not newly constructed nor have they had alterations since construction. It is the opinion of our Electrical Engineer that they are compliant against the regulations applied when constructed. Therefore periodic inspection certificates will be produced to test the integrity of the system by the 8th July 2015
- The film has been removed from the window and completed 15/05/2015
- Anti-scald valves are being fitted to all hot water taps within the facility to manage the temperatures and this will be completed by the 31st June 2015.

Proposed Timescale: 08/07/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Notifiable incidents of pressure ulcers had not been reported to the Chief Inspector as required.

Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

Outstanding incident of a grade 2 pressure sore has now been notified to the Chief Inspector as per the Notification process

All incidents shall be closely monitored and notified as per regulations.

Proposed Timescale: 12/06/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Healthcare interventions were not adequately recorded to inform a personal plan of care, to ensure a consistent approach and support in health care needs was provided and to aid evaluation.

Action Required:

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

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

We have revised our care plan template to include all information relating to the resident's health care need and specific interventions required to meet these needs to ensure consistency with individual care and to aid evaluation.

Proposed Timescale: 12/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

A record to confirm induction on commencement of employment and subsequent appraisal arrangements had not been maintained or completed, improvements were to be included and reflected in the recruitment policy to ensure supervision requirements of the regulations.

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:

Our Recruitment Policy is being reviewed by The Clinical Governance Group and will be updated to reflect the supervision requirements of the regulations.

We are reviewing our Induction record template. All new staff attend an Induction Programme. Established staff employed by the service prior to Regulation did not have the same level of induction. Nevertheless all staff will be inducted to the same standard. In addition, A record shall be maintained on all staff to include arrangements made for on going appraisals.

Proposed Timescale: 31/08/2015