

**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 St Aidan's Day Care Centre Limited
Centre ID:	OSV-0001855
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Aidan's Day Care Centre Limited
Provider Nominee:	Maura Kelly
Lead inspector:	Noelene Dowling
Support inspector(s):	Shane Grogan
Type of inspection	Announced
Number of residents on the date of inspection:	10
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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 November 2015 09:30 To: 26 November 2015 20:00

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 13: Statement of Purpose
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the third inspection of this centre which is designed to provide care for adult residents of mild and moderate intellectual, physical disability and mental health issues. The centre was inspected on 9 December 2015 and granted registration without restrictive conditions on 3 June 2015.

The provider had applied to have the conditions of registration varied to allow for one additional resident to be accommodated in the centre bringing the number who can be accommodated to 11 persons. This also required increasing the accommodation by the addition of a self contained apartment allocated close to the other units which comprised the designated centre. This was necessary to accommodate a resident whose placement in another centre under the same organisation had to be terminated. Two to one staffing was required for the resident. The residential had been living in unsuitable accommodation since that time.

The Authority had carried out an inspection on 11 October to ascertain the safety and suitability of the living arrangements for the residents during that time. The apartment which is the subject of this variation was also reviewed at that time.

All documentation including a revised Statement of Purpose and application for the variation was forwarded to the Authority prior to this inspection.

This inspection was announced and took place over one day. Ten of the outcomes required to demonstrate compliance with the legislation and regulations were inspected against with two others partially reviewed.

As part of the inspection the inspectors met with residents and staff members. Inspectors observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, and policies, procedures and staff files. Staff were observed to be respectful, attentive and very knowledgeable on the residents' needs.

This inspection found that the provider had undertaken significant work to ensure that the accommodation was in compliance with the regulations including the installation of emergency lighting and updating of fire alarms and safety systems. There were effective and suitable governance arrangements in place.

Improvements were required in the provision of suitable levels of staffing for the additional accommodation and adequate staffing for one unit at the weekend. While mandatory training was up to date for the centre staff this was not the case for the agency staff being used.

There was good practice found in health care and access to allied care services including mental health services was evident.

Residents had significant involvement in the development of comprehensive personal plans to ensure their health and social and personal care needs were identified and supported according to their wishes. The premises were fully compliant and suitable to cater for the needs of all the residents.

There were improvements required in the following areas;

- recruitment practices for agency staff were not satisfactory
- staffing levels and availability at weekends in one house was not satisfactory
- access to required specialist assessment was not facilitated for safeguarding purposes
- multidisciplinary assessment of needs and accommodation was not satisfactory in a small number of instances

residents right to remain in their home at weekends was not facilitated

- risk management and restrictive practices policies required review.

A review of one resident's and fee and rental arrangements was required for safeguarding purposes.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities)

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in its entirety but some issues emerged which required attention. It was apparent to and observed by inspectors that the management and staff were committed to promoting resident's dignity, personal development and choice in how they lived their lives. There was evidence that the residents and their representatives were actively involved in the running of the centre and their lives within this.

Staff understood the resident's means of expression including non verbal clues and were able to respond to their expressed preferences. There was communication cards used to help residents communicate and their wishes. Advocacy services had been sourced for a resident as needed to ensure rights were protected.

However, a number of findings indicate that further consideration and thought is required to ensure compliance with this outcome. Dignity, quality of life and choice for one resident was significantly compromised by virtue of the fact that they had to leave their own home each Friday and move to another designed centre to stay in another residents room until Monday morning. Notwithstanding the fact that this was outlined in the resident's contract this arrangement was not satisfactory and this was the resident home. The arrangement has been in place for some years. A resident was paying rent into another residents bank account as the accommodation was rented in the other residents name. This arrangement contained significant risks for this resident and is actioned under Outcome 8 Protection.

Generally residents had their own bank accounts and withdrawals were made with staff support as needed. All monies given for residents use were dated and the expenditure

was recorded and receipted. Records were available for review at any time.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of five personal plans, medical records and daily records of residents and found good practice in the systems for the assessment of resident needs and access to multidisciplinary service in general.

There was evidence of a range of evidence based assessment tools being used for falls, nutrition or pressure areas. These were updated following any changes in the resident's status. There were appropriate care support plans implemented in relation to any risks identified.

There was documentary evidence of multidisciplinary reviews being held annually or more frequently and the outcome of the plans was accessed at these reviews. There was evidence of the participation and involvement of families and next of kin and the residents themselves in the planning and the reviews.

Residents had access to the plans although not in an easy read or pictorial format.

They were reflected of the residents' needs, wishes and social aspirations.

The care plans were comprehensive and based on a range of issues such as health, nutrition, safety, communication, behaviour, training, family supports and social inclusion. Additional plans were implemented for counselling or mental health support as needed.

There was evidence of appropriate multidisciplinary involvement in residents care with good access to services such as physiotherapy, occupational therapy, psychiatric and mental health services.

The social care needs were driven by residents own preferences and seen to be very

well supported. Most residents had access to activities they enjoyed during the day such as attendance at meaningful day care, which included life skill training, gardening, cookery, involvement in tidy towns and residents associations. A resident informed inspectors of her plans to bake the Christmas cakes.

Inspectors were not satisfied that the immediate discharge of a resident from their previous centre had undertaken in a planned and safe manner while acknowledging the immediacy of the decision.

However, inspectors were not satisfied that the current day care arrangement for one resident which was managed by an external agency was adequately planned. There was very limited information available as to the scope and suitability of arrangement or the multidisciplinary involvement in planning for this. The resident was obliged to participate in the day care arrangement seven days per week. This did not allow the resident any free or rest time.

While inspectors acknowledged that this arrangement was undertaken in response to an emergency there was no evidence that once the residents accommodation was registered that the day care available to him would be provided in a more meaningful and suitable manner.

This concern regarding planning and decision making is also relevant to the resident who has to leave the centre each Friday to stay in another centre. Suitable arrangements have not been made meet the residents needs.

The provider agreed that these would be reviewed in conjunction with the resident's multidisciplinary team.

The documentation used despite being copious was not amenable to ease of access, retrieval and completeness. There were a minimum of 55 documents used for each resident which did not allow for the information to be easily retrievable. From speaking with staff and reviewing the personal documentation for the residents inspectors were satisfied that deficits were primarily documentary and the care as required was delivered. This was discussed with the provider at the feedback meeting and it was agreed that the documentation would be revised.

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):

No actions were required from the previous inspection.

Findings:

The premises including the apartment which is the subject of the application is suitable for its purpose and meets the needs of all the residents. It is comprised of two residential houses located approximately a mile from each other. One house formed part of a purpose built development for a sheltered community and was single storey with adequate access throughout to accommodate assistive equipment such as hoists and wheelchairs. The other premises was a semi-detached two-storey townhouse. Each house can accommodate between three and seven residents.

The grounds of both houses were well maintained with an area directly accessible for residents that were secure. Parking was available for both premises. Both properties were free from hazards, well furnished, comfortable and decorated in a homely fashion with appropriate equipment for use maintained in good working order. Kitchen and bathroom facilities were clean, accessible and suitably equipped. All residents have their own bedroom one of which is en suite and there are a suitable number of assisted bathroom and toilets available.

There were suitable kitchen facilities in each house which also had laundry facilities which residents used. A number of the residents had keys for their own bedrooms. Residents' rooms were comfortable with adequate storage for belongings and rooms were individualised with personal items and photographs.

The premises which is the subject of the application is located in the basement of another designated centre managed by the organisation. There is a separate entrance door and separate entrance via the back garden.

The apartment consists of a small porch, combined living room and kitchenette/dining area.

There is one bedroom and a staff office. The bedroom has a separate patio door which can be used in the event of fire. It is brightly decorated and furnished and has all the necessary equipment including its own shower and toilet facility, cooking facilities and laundry equipment. There is ample storage for the resident's belongings.

Records demonstrated that all equipment for use by the residents were serviced and the vehicles used also had documentary evidence of roadworthiness.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre's policies relating to risk management, health and safety, and emergency planning were reviewed. There was an up to date Health and Safety statement in place and procedures relating to emergency situations, such as fire, flood, water shortage and power cuts, were in place for the Centre. However the risk assessment policy was not in compliance with the regulations as it did not include all of the provisions of Regulation 26(1)(c).

From a review of the accident and incident log including the clinical incidents records there was evidence of adequate review which would support the identification of trends, timeframes or predisposing factors and help to prevent re occurrences. A significant amount of data was collated and analysed.

Risk assessment and management plans were undertaken and implemented for the residents

Despite the availability of a policy on infection control it was observed that in one of the houses access to the hand hygiene sink was partially blocked by a yellow clinical waste bin. In addition the residents laundry was being washed in a room which was used for sluicing purposes. This is not in line with the requirements of the National Standards for the Prevention and Control of Healthcare Associated Infections and does not comply with requirements of Regulation 27.

There were adequate precautions against the risk of fire in place and the fire procedures in the apartment were in process with the installation of emergency lighting and the installation of a new fire alarm monitoring panel to include the apartment.

Documentation in relation to the servicing of fire equipment, including emergency lighting, were reviewed. The inspectors found that:

- Suitable fire equipment was provided.
- There was adequate means of escape, including emergency lighting; and fire exits were unobstructed.
- There was a procedure for the safe evacuation of residents and staff in the event of fire prominently displayed. •The mobility and cognitive understanding of residents has been adequately accounted for in the evacuation procedure and all residents had a personalised evacuation plan.
- The fire alarm was serviced on a quarterly basis and fire safety equipment is serviced on an annual basis.
- There were fire drills at suitable intervals,

Fire training records were reviewed and the staff directly employed by the Centre had up to date fire training. The Inspectors noted that the provider did not have evidence that agency staff had training in fire safety and management. This was of concern considering their pivotal role in the current emergency arrangement.

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):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed the policy and procedures for the prevention, detection and response to allegations of abuse and the protection of vulnerable adults which required amendment to ensure it was in line with the revised HSE policy on the protection of vulnerable adults. The provider nominee was the designated officer and had undergone the training in the revised policy. She was familiar with her responsibilities. All staff had updated training in the "Trust In Care" policy.

The provider informed inspectors that a number of key staff were identified to be trainers for the revised policy and would then undertake the training with the staff group. Staff expressed their confidence in the actions of the person in charge should any abusive incident occur.

The residents who could communicate with inspectors stated that they felt safe, could and would let staff know if anything was wrong. Independent advocates were made available to the residents as required and the provider and person in charge were present frequently in the individual houses.

Records reviewed indicated that where concerns were raised appropriate investigative procedures were implemented and the relevant external personnel were informed and involved. However, there were gaps in both access to assessment and safeguarding guidelines and financial arrangements for some residents.

In another instance the instance the guidelines for staff to follow in relation to a residents' personal care did not equate with the level of support necessary to ensure that the resident and staff were protected, based on previous experience. A resident was particularly vulnerable as their rent was been paid into another residents bank account with no contractual arrangements as to their accommodation which reflected this.

There was an up-to-date policy on the management of behaviour that challenges and the inspector saw evidence that centre staff had received training in preventative strategies and the management of behaviours. Staff were found to have understanding and competence in supporting the residents.

A dedicated staff was available to provide guidance and support for the staff when necessary. Where the environment was found to be a contributing factor the provider had made alternative arrangements to ensure a less stimulating environment was available and additional staff were also made available

Access to psychological and psychiatric support was available generally but inspectors found that a specialist assessment for a resident was not facilitated despite this been recommended in February 2015 and again in August 2015. This was despite a risk assessment indicating that this was required to ensure the safety of all concerned and if necessary provide additional support for the resident.

The policy on the use of restrictive practices had been revised and sue was not excessive.

From a review of incident reports, medication administration charts and nursing records it was evident that sedative medication was used on a PRN (as required) basis to manage behaviours. These were correctly prescribed and reviewed by the psychiatric service and were not unduly overused.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found evidence that resident's healthcare needs were very well supported. Residents could attend at a practitioner of their choice and had access both in the centre and in the doctors surgery according to their wishes. Some of the residents had a good understanding of their own health care needs and one resident told inspectors of the healthy eating and weight loss plans they had embarked on to good effect.

There was evidence from documents, interviews and observation that a range of allied

health services were available and accessed in accordance with the resident's needs and changing health status. These included occupational therapy, physiotherapy and psychiatric and psychology services. Chiropody, dentistry and ophthalmic reviews were also attended regularly by the residents.

Healthcare related treatments and interventions were detailed and staff were aware of these. Such interventions were revised annually or more often as required. Inspectors saw evidence of health promotion with regular blood tests, vaccinations, medication reviews, and gender specific screening pertinent to the needs of the residents.

Inspectors found that there was a cohesive approach to the monitoring of health care, evidence of timely response by the staff and a detailed health summary report was maintained by staff. This included any risk of the development of pressure areas. Fulltime nursing care was provided in one house as this was dictated by the needs of the residents.

The documentation indicated that all aspects of the resident's health care and complexity of need was monitored and reviewed. Nutrition and weights were monitored and specific vulnerabilities were noted and acted on such as falls risks or specific dietary needs.

There were protocols in place for the management of epilepsy or head injury and staff were clear on these protocols.

Meals are cooked in each of the houses with the support of staff and residents went shopping for their foods again with the support of staff. Dietary intake was monitored and the advice of dieticians and speech and language therapists was sought as needed. Assistive crockery and cutlery was available to support the residents to remain independent.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory although none were being used at the time of this inspection. There were appropriate documented procedures for the handling, disposal of and return of medication.

Inspectors saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. All medication was safely stored and there were systems for checking in and receipt of medication. Regular audits of medication administration and usage were undertaken by the person in charge and the pharmacist. Additional food supplements were used only if prescribed by the GP. There was a protocol in place for the use of emergency medication. A small number of medication errors were noted and the remedial actions taken by the person in charge were seen to be appropriate and prompt.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. This required some amendments and these were duly made and the revised version forwarded to the Authority to include the additional premises and care practices and staffing. It was found to be centre-specific and compliant with the requirements of the regulations and detailed the care needs and service to be provided.

Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with mild to moderate intellectual and physical disabilities and dual diagnosis.

Inspectors were satisfied that the different needs of the residents were identified and supported in a way which maximised the resident's quality of life. Issues in relation to accommodation and day services are addressed in the relevant sections of the report.

Judgment:

Compliant

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. This required some amendments and these were duly made and the revised version forwarded to the Authority to include the additional premises and care practices and staffing. It was found to be centre-specific and compliant with the requirements of the regulations and detailed the care needs and service to be provided.

Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with mild to moderate intellectual and physical disabilities and dual diagnosis.

Inspectors were satisfied that the different needs of the residents were identified and supported in a way which maximised the resident's quality of life. Issues in relation to accommodation and day services are addressed in the relevant sections of the report.

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):

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. There was a full-time person in charge, who was a registered nurse, with extensive knowledge and the appropriate experience to ensure the effective care and welfare of residents in the centre. The registered provider was also a registered nurse with extensive experience who had worked as general manager of the centre since 2005. Both the person in charge and the registered provider were actively involved in the day-to-day operational management of the centre and demonstrated sufficient knowledge of the associated statutory duties. Senior management was supported by a financial manager and an HR manager and was accountable to a Board of Directors that

had overall responsibility for the governance of the organisation.

Management communication systems included quarterly management meetings which required a detailed written report by the provider nominee. Staff meetings with unit heads that were held on a monthly basis. Care was directed by the person in charge via the team leader.

Quality management systems were in place that included regular audits to inform the review process. For example the person in charge had conducted an audit of personal care plans, infection control practices, medication management systems and accidents and incidents. Remedial actions were identified.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed staff rosters for the Centre and found that there was an actual and planned staff rota in operation. Overall, inspectors found that staff employed directly by the Centre were of an appropriate skill mix and experience to ensure a good quality of care for the residents with the exception of the availability of staff at weekends in one house. The staff group was comprised of nursing social care and care assistant personnel.

Inspectors reviewed a sample of staff files. Inspectors found that the files relating to staff directly employed by the Centre contained all of the information required by Schedule 2 of the Regulations. Mandatory staff training in relation to manual handling, fire safety, Management of Actual or Potential Aggression (MAPA) and protecting residents from abuse was up to date for all staff directly employed by the Centre.

With the current emergency situation and the increase in staffing numbers required to open the new apartment additional staff has been required. This was sourced via recruitment agency. A review of the documentation available demonstrated that the provider had not taken sufficient steps to ensure these staff had up to date mandatory

training which ensured continuity of care for all residents and were satisfactorily vetted with appropriate references. The person in charge informed inspectors that this two to one one ratio will continue but that they will ensure continuity of the designated centre staff supported by agency staff.

However, a review of the roster indicated that on four occasions only agency staff were available to support the resident.

These matters were discussed with the provider and person in charge. The lack of adequate information in relation to agency staff had been discussed following the review in October and had not been addressed.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that the records required by regulation in relation to residents, including medical records, nursing and general records were not easily retrievable and managed in way so as to ensure completeness.

All of the required policies were in place but some including the policy on the management of risk and the protection of vulnerable adults required amendments. Documents such as the residents guide and directory of residents were available. The inspectors saw that insurance was available. Reports of other statutory bodies were also available.

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:

Noelene Dowling
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 St Aidan's Day Care Centre Limited
Centre ID:	OSV-0001855
Date of Inspection:	26 November 2015
Date of response:	09 December 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:

Dignity, quality of life and choice for one resident was significantly compromised by virtue of the fact that they had to leave their own home each Friday and move to another designed centre to stay in another residents room until Monday morning. This was not of their choosing but was due to resources.

1. Action Required:

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

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

Communication is ongoing with the HSE and a costing has been submitted for consideration by the HSE to extend the service from a four night service to a seven night service. The service user in question has expressed in writing that this would be her preferred choice rather than relocating from one house to another at the weekend.

Proposed Timescale: 30/04/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Suitable arrangements have not been made to meet the residents needs for day care and consistent accommodation.

2. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The service provider met with Day Service Provider and the HSE to discuss the individual's day service arrangements. It was agreed that the Service Provider will be provided with a detailed plan from Day Service Provider indicating the activities and social care needs pertaining to this client. A new communication log is being developed to ensure continuity of care between day and residential services according to his needs and preferences.

We are awaiting a panel report from HIQA to progress the individual relocating from an inappropriate setting to a more person centred, consistent and homely accommodation.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

The personal plans for a small number of residents did not show evidence of multidisciplinary review of their accommodation and day care arrangements.

3. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in

circumstances and new developments.

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

Further reviews will take into account changes in circumstances and new developments. The PIC will audit a random selection of reviews in 2016.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

The immediate discharge of a resident from their previous centre had not been undertaken in a planned and safe manner.

4. Action Required:

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

This decision was been made due to a serious event that occurred in Day Services. The outcome came about as a result of collaboration with the Consultant Psychiatrist, GP and the HSE Personnel .There was no alternative option or time to plan this relocation due to safeguarding and health and safety concerns for all. Please note this individual still resides with St Aidan's and there is still a tenancy agreement in place albeit he is living in a Day Centre. We hope to relocate this servicer user to Mulcahy House Apartment and we await a HIQA panel decision to proceed with this action.

Proposed Timescale: 31/12/2015

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 risk management policy did not contain adequate guidance on hazard identification and management including the risks specified by the regulations.

5. 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:

We will review the risk management policy to include hazard identification, management and assessment of risks throughout the designated centre.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The residents laundry was being washed in a room which was used for sluicing purposes.

6. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The resident's laundry room will be relocated within the home. We will liaise with the Cluid housing Association for support on this matter.

Proposed Timescale: 29/02/2016

Theme: Effective Services

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

Agency staff had not received in fire safety and management.

7. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Fire prevention Training will be provided by the Service Provider to Agency Staff.

Proposed Timescale: 31/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The identified therapeutic risk assessment for a resident had not been facilitated.

8. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The PIC phoned, spoke and wrote to the appropriate personnel to progress this matter and is awaiting a reply in writing.

Proposed Timescale: 31/01/2016

Theme: Safe Services

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

Residents were not adequately protected due to lack of satisfactory personal care guidelines and rental arrangements for accommodation.

9. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The individual's person centred plan has been reviewed and it is now documented that this individual has the support of two staff during personal care. Please note this was being done but not documented in their personal plan.

Proposed Timescale: 31/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no evidence that external staff had the training and skill mix to deliver the care required by the residents.

10. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Moving forward we will only use external Agencies that have the required qualifications, skill mix appropriate to meet the individual needs of the residents.

Proposed Timescale: 31/12/2015

Theme: Responsive Workforce

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

Information including vetting, evidence of training and adequate references were not available for external staff employed by the provider.

11. 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:

Going forward the PIC will ensure that information including vetting, evidence of training and adequate references will be available for external staff employed by the provider.

Proposed Timescale: 31/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

A number of the required policies required review.

12. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The provider will review policies to comply with regulatory requirements in the next six months.

Proposed Timescale: 30/06/2016

Theme: Use of Information

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

Records in relation to residents were not maintained in a manner so as to ensure completeness and ease of retrieval.

13. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

We have already had a meeting on December the 9th with CNM1s, Unit Managers and staff to review and evaluate our personal plans. Work will be undertaken to address the completeness and ease of retrieval of documents. This work will commence in collaboration with the service users consent in January,2016. Due to the high number of service users attending our service it is envisaged that this could be a lengthy process. The residents plans will be prioritised

Proposed Timescale: 30/06/2016