

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002531
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 July 2015 10:30 To: 22 July 2015 19:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
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 an announced monitoring inspection and was the first inspection of the designated centre conducted by the Authority. The service consists of two houses one of which provides respite services and the other provides residential or day care services.

The respite house provides a service for children and adults on alternate weeks and operates Monday to Sunday closing from Sunday afternoon until Monday afternoon at 16.00 hours. Children from the age of 3 to 18 years old, with moderate to profound intellectual disability and or autism, with associated physical, sensory, medical and behavioural needs were accommodated. Adults across the disability spectrum were accommodated. The respite arrangements are flexible and are aimed to meet residents' needs. This means that service users can have flexible lengths of stay ranging from a few days to a week at a time. The centre can accommodate up to seven residents overnight and one place is reserved for emergency use so the

number normally accommodated is six. A day care respite service is also provided.

The service is coordinated and delivered by a clinical nurse manager supported by a team of nurses and support staff. Staff the inspector talked to conveyed a good standard of professional knowledge in relation to care practice particularly person centred care and had a good working knowledge the policies and procedures that underpinned their work and that were required by legislation and good practice standards. The inspector reviewed assessments, support arrangements and documentation such as personal plans, health and safety records and medication storage and administration arrangements. The inspector found that the service provided was safe and resident focused and was delivered by a committed and experienced staff team. The inspector found that staffing levels were suitable to meet the needs of the service users. Social care and support needs were met and there was evidence of safe medication management practices.

The inspector talked to the six adult residents on their return to the house from their day activities. They said that they enjoyed the break from their usual routine and described the opportunities they had to enjoy different social activities and to go shopping with others. They described what they did during their stay and described going to the cinema and bowling and during the summer said they went to the beach.

The inspector found that staff knew residents well and greeted them warmly when they arrived. Interactions were observed to be friendly and respectful and it was evident that staff made efforts to ensure that residents were given opportunities to express themselves and exercise choices. The activity schedule for the week was based on choices and preferences made by residents at the beginning of their stay.

Both houses that form the designated centre are located in residential areas and are a short walk from the town. The respite house is a modern design organized over two floors and a large garden. Three bedrooms located on ground floor and two on the upper floor. There is a kitchen/dining area and a sitting room that could accommodate all residents comfortably. There is a secure garden to the rear and this was noted to have a good range of accessible playground equipment and seating. The house was well maintained and decorated to a good standard. The other house (currently unoccupied) is also organized over two floors. It has three bedrooms on the ground floor and appropriate communal space.

Areas of non-compliance related to aspects of the premises such as the provision of assistive supports such as handrails, the review of some policies and procedures including the medication management policy to ensure the centre specific arrangements are outlined and evaluations of health care problems required more consistent review to meet legislative requirements.

These are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 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:

Records confirmed residents had a detailed communication assessment documented in personal plans. Staff enabled residents to communicate effectively by ensuring that documents and day to day activities were outlined in different formats and were also child orientated. There were photographs of activities such as washing and dressing, varied meals and facial expressions to help residents indicate their choices and feelings.

Residents had access to radio, TV and telephone. Residents who had specific communication needs and used assistive technology usually brought their equipment in with them for their respite stay.

Essential information such as the statement of purpose and some procedures were outlined in pictorial formats. Staff were familiar with the varied communication pathways of residents and could describe the ways they facilitated communication to achieve maximum benefit for residents.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

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

Findings:

There were no restrictions on visitors and the inspector found from talking to staff that residents used their respite break to have time on their own with their peer group. Telephone contact was maintained with families at residents' wishes and many residents kept in touch with families independent of staff. The inspector saw that residents are supported to develop and maintain personal relationships and links with the wider community and as residents live at home families were fully involved in their day to day lives. The inspector noted that staff had recorded next of kin and family details for all residents.

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:

There were well established admission procedures in place that supported the wishes and needs of residents. The arrangements for admissions took into account personal circumstances so that residents and families could maximise benefit from respite breaks. Referrals to the service are assessed by a referrals team that includes the person in charge to determine if the centre is suitable to provide the service required.

Prospective residents and their families receive a "respite pack" that informs them about the service, to take in a supply of medication in use and to ensure prescriptions are updated with any changes since the previous admission. They are also advised to update staff with any developments or changes since the previous admission such as new therapy programmes or changes in health needs. The inspector saw records that confirmed that prior to any resident coming in to the service there is comprehensive communication with the family in relation to the residents needs. There are no charges made for respite care.

Residents generally use these periods for social activity. The inspector saw that relatives were updated as required in relation to residents' progress. There is further communication with the families as part of the evaluation of the residents stay at the end of respite breaks. The contribution of respite care to the overall support of the

resident is also reviewed when personal plans are updated. There were arrangements in place for the management of money held by residents and on behalf of residents. Money was kept securely and receipts were kept for all transactions and these were sent home with residents when the respite period came to an end.

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:

All adults and children had plans in place for their respite care stays. These plans provided comprehensive details on health care needs, communication pathways, assistive devices in use, social care preferences and how their regular day care and education services are organised. The inspector noted that there was emphasis on the abilities of residents, their likes and dislikes and what they liked to do in the evenings when they returned from school or day care.

At the beginning of each respite break, staff met with the children or adults to seek their views and choices about what they wanted to do during their stay. This meeting was known as an "advocacy" meeting and the inspector noted that food preferences were identified, menus planned and the activities or events they wanted to go to during their stay were established. These meetings were recorded and the inspector was told by residents that they felt they had the opportunity to make decisions and that staff respected their wishes.

Residents had specific assessments of their needs, a support plan and a brief person centred plan. These documents provided essential information including photographs and contact details for next of kin. A nursing care assessment was completed and this was used to inform care practice. The inspector noted that the information recorded was meaningful and informed practice. One record reviewed had for example good descriptions of ability to communicate, how the resident expressed distress, who the

resident knew well and the activities that engaged his interests. There was good emphasis on describing levels of independence and the inspector saw that residents' capacity to make choices and manage their personal care was described in all records examined.

Residents told the inspector about their life styles, where they went to day care and what they liked to do when staying in the centre. Children and adults were encouraged to use community facilities. Social programmes included cinema trips, shopping trips, visits to places of interest and activities within the house and playground. The centre has a large well equipped activity area that is used for a range of activities including painting and art. Transport was provided for school, day care services and for social trips.

Support plans and risk assessments were devised according to the findings of the assessments. There was good emphasis on describing levels of independence, what abilities residents had and their strengths. The daily records maintained by staff described their interaction with children and their monitoring of the children's health, general well being and their activities during their stay in the centre. Key workers reports were completed every three months.

Some health care problems, for example choking risks were noted to require review as the inspector noted that while measures were in place to address this, risk progress or the impact of intervention had not been evaluated since November 2014.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The houses that form the centre are within walking distance of the town of Stranorlar. The respite house is dormer style and has five bedrooms three of which are located on the ground floor. It was well furnished, clean, comfortable and had many home like features that contributed to making it a good environment for residents. There was good lighting and ventilation. It was free of any significant hazards that could cause injury to a child or adult. Suitable arrangements were in place for the disposal of waste.

There was a well-equipped kitchen and dining area that was adequate in size for the number accommodated at any time. The sitting room at the front of the house was large enough for residents to sit together and was furnished with sofas and a television. There was a shower and toilet centrally located on the ground floor. On the upper floor there were two further bedrooms, a staff office and storage areas. Outside there was a secure garden with seating and a play area and this was noted to be well equipped with a range of play equipment. There was a large activity area that was used for group activity such as art and games. This was noted to have a range of materials and was in regular use. There were car parking spaces to the front of the premises.

The unoccupied house that is also part of the centre was in good condition. It had three bedrooms on the ground floor and two on the upper floor. There was communal sitting, dining and kitchen space for the capacity of four residents when occupied as one bedroom was used as a staff sleep in area.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were adequate systems in place to promote the health and safety of residents, visitors and staff. There was a health and safety statement and an active risk register in use. There was a description of the safety management system in the service as a whole, the procedures to be followed and the responsibilities of staff. This was supported by a range of associated risk management procedures such as accident/incident management, fire safety, moving and handling and food hygiene procedures among others. Service records for the equipment and a set of risk assessments conducted in the centre also contributed to the risk management arrangements.

There were suitable procedures in place for the prevention and control of infection. There was a hand hygiene policy and personal protective equipment such as gloves and aprons were available for staff. The centre had an infection control policy and there was evidence that cleanliness and hygiene was a priority for all staff. All areas were visibly clean when inspected.

The risk management policy and associated procedures were actively implemented and met the requirements of the regulations. The inspector found that there was a local risk

register that contained a range of centre-specific risk assessments. The assessments identified specific risks and the measures in place to control them. There was a proactive approach to risk identification. The inspector saw that measures had been put in place to ensure hot water did not present a hazard or a burns risk. Areas that had been highlighted for attention in the risk register included the need for a handrail to be fitted to the ramp at the front door, a grab rail on the bus and non slip tiles for showers. These matters had been referred for remedial action but had not been addressed. They are included in this report for attention to ensure an effective risk management approach in accordance with regulation 26-Risk Management Procedures.

There was a policy and procedures on incident/accident/near miss reporting and incident investigation. These events were recorded, notified through the risk reporting system and were reviewed locally to identify areas for change so that learning and prevention took place as a result. Each residents file had a safety assessment and the inspector saw that activity such as being able to regulate the shower, awareness of road safety and ability to undertake tasks such as making tea that were central to independence had been assessed.

Satisfactory precautions were in place to guard against the risk of fire. A fire safety policy and procedure was in place. There was a fire register in use and the records related to fire safety were up to date. Records of the daily, weekly and monthly checks of the fire equipment, fire precautions and on the means of escape that were undertaken by staff were maintained. Suitable fire fighting equipment was available and this was noted to have been serviced in July 2015. Emergency lighting was in place. Fire exits were unobstructed. There was a weekly check of fire equipment and these checks were up to date. The fire alarm is activated from a different point each week. Fire drills and fire training were undertaken regularly. Staff had good knowledge of the fire safety arrangements. All staff had received training in fire safety which is done on site and staff interviewed were knowledgeable regarding the steps to be taken in the event of a fire. All residents had an evacuation plan and staff were aware of places of safety to be used should the house need to be evacuated. These include nearby designated centres that were permanently staffed. Staff also said they had good relationships with local people and could rely on support in an emergency. The vehicles used for transport were taxed, insured and serviced regularly.

The areas that were noted to need attention included:

- Window restrictors were required on upper floor windows to prevent accidents and the areas identified in the risk register required remedial action.
- Toilet and shower facilities required review to ensure that additional supports such as handrails were adequate to meet the needs of all residents admitted to the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,

understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were appropriate measures in place to safeguard residents and protect them from abuse. Staff displayed good knowledge on varied aspects of protection and were confident that they could identify protection concerns.

The centre had the Health Service Executive policy and procedures that described the latest national guidance on the protection of vulnerable adults and children. The procedures that staff must follow should they identify any concerns or suspicions of abuse were described. Staff were clear that they would report any concerns about the safety of children or adults firstly to the person in charge or to the director of nursing for the area in her absence. Staff could describe the indicators that would prompt safeguarding concerns. The contact details for the local social workers who had responsibility for safeguarding concerns were available. The person in charge told the inspector that there had been no allegations, concerns or suspicions of abuse in the centre. All staff members had attended training in Children First: National guidance on the Protection and Welfare of Children (2011) and in adult protection. Training records confirmed that staff had attended training on safeguarding and protection on two dates in 2015 and all staff had attended.

There was a policy and procedures for the provision of personal and intimate care. Adults and children were assessed as to the level of support they required and the inspector saw that when support was required from staff this was identified in care records and an appropriate care plan put in place. Such plans were reviewed periodically by the key workers and the person in charge. There was evidence that behaviour that presented challenges was assessed and the causes explored. Support plans were put in place where needed. Staff said that behaviour problems were rare and that there had been no serious incidents of behaviour that challenged and no restrictive practices were currently used. There was a policy on restraint/restrictive practice.

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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: A record of all incidents occurring in the centre was maintained. The person in charge was aware of the incidents/events that had to be reported to the Authority.</p>
<p>Judgment: Compliant</p>

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

<p>Theme: Health and Development</p>

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Adults and children were provided with good healthcare arrangements while on their respite placements. As the respite breaks were for short periods of time healthcare needs were generally met at home by their families in conjunction with their own General Practitioner (GP). The respite service was a nurse-led service with a qualified nurse on duty on each shift and this ensured that residents who had medical conditions that required attention received appropriate assessment and nursing care. If a health-related issue required medical attention during the respite stay parents/guardians/family members would be contacted to arrange an appointment with their own GP. If an acute problem arose the out of hours GP service would be contacted.</p> <p>The assessments of support needs contained information on medical needs, specific conditions and medication. Parents and family members informed staff at the time of each respite break if any healthcare issues had arisen since the last admission so that staff could continue to monitor the situation.</p> <p>Children also had access to school nurses and allied health professionals such as speech and language therapists, occupational therapists and psychologists as required. There was safe garden space to enable residents to spend time outdoors and the garden equipment was varied and attractive to encourage them to take part in physical exercise and walks during respite breaks.</p>
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Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Policies and procedures to guide staff on all aspects of safe medication management were in place however these required review as the review date had expired and the specific arrangements for the management of medication in a respite service were not adequately described. There were arrangements for the safe storage of medication, which was kept in a secure cabinet. The keys of the cabinet were held by the nurse on duty. Medication for each resident was clearly labelled and medication administration records were in use and fully complete.

Staff were well informed about the medication in use and residents' medication regimes. The inspector was told that as residents are admitted for respite care they take in from home the supply of medication required for the duration of their stay. This means that some medication is administered from blister packs and some from the original packaging. Staff reconcile the medication brought in to the centre with the prescriptions on arrival. The medication arrangements were a critical area of practice the inspector was told due to the constant changes in the resident group. Medication was also taken from home to day care settings and schools before residents came to the centre which staff indicated present some risks such as the possibility of loss. The respite centres staff in the area had met with pharmacists recently to discuss medication issues such as this and the particular problems that occur when medication regimes change.

Emergency medication for particular conditions was taken in from home and residents and families were reminded to ensure the supply was up to date prior to admission.

Judgment:

Non Compliant - Moderate

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 described the service provided but required amendment as staff names with the exception of the nominated person and the person in charge should be removed to avoid unnecessary updates when staff move. The number of whole time equivalents should be described. As the currently unoccupied house forms part of the designated centre this needed to be described in the statement of purpose.

Judgment:

Substantially 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:

There is a clearly defined management structure that identifies the lines of authority and accountability for the management of the service. The person in charge is supported by a team of staff nurses and health care staff on site and also has supervisory support from the director of nursing for disability services in the area. She reports to the service manager for disability services who in turn reports to the nominated person on behalf of the provider.

The person in charge is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and she works full time in the centre. She demonstrated good clinical knowledge, good understanding of her legal responsibilities as required by the regulations and standards and she was familiar with all residents who used the respite care service.

The inspector found that a system for monitoring the safety and quality of care and support provided in the centre including six monthly unannounced visits and an annual review of the service was not yet in place. This requirement is described in regulation 23(1) and (2) Governance and Management.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Residents and staff were observed to have friendly interactions and good relationships where choices and daily routines were respected. Residents said they valued meeting the same staff each time they came in as they knew the ways they liked their daily routines and personal care to be carried out and the activities they liked to do when in the centre.

There was a sufficient number of staff to meet the needs of residents and as described earlier the numbers accommodated and their support needs were considered in the context of staff numbers and skill mix available. While there was continuity of care, there was some reliance on agency staff to ensure a full complement of staff.

The staff rota was planned in advance. A review of the staff rota in relation to the numbers using the service showed that the staffing levels took account of the needs of residents and the size and layout of the premises. The person in charge was on duty daily and was supported by another nurse and a carer each day when residents were in the centre. At night there was a nurse on waking night duty and one care staff on sleep-in duty.

The inspector reviewed the training records maintained. These conveyed that all staff had received training in Children First (2011), adult protection and Trust in Care in 2014 and 2015. Fire safety training had been attended by seven staff in 2015 and one remaining staff was scheduled to attend. Training in moving and handling was up to date. Other training completed included hand hygiene, medication management, team working, audit and emergency resuscitation procedures. Six staff had attended two

days of training on break-a- way techniques in 2015.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The majority of the policies, procedures and records required by the regulations were in place and reflected the practices in the centre. Records were stored securely and were noted to be complete, up to date and well maintained. The person in charge was aware of the requirement to retain records in accordance with the regulations and there was adequate storage for records in the centre. A directory of residents was maintained.

As discussed earlier the medication policy required review as the date set for review had expired and it needed amendment to reflect the centre specific arrangements for medication management in a respite service particularly the receipt and checking of medication when residents are admitted.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002531
Date of Inspection:	22 July 2015
Date of response:	08 January 2016

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:

Some health care problems for example choking risks were noted to require review as while measures were in place to address this, risk progress or the impact of intervention had not been evaluated since November 2014.

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 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:

Person In Charge will ensure all care plans and risk assessments are evaluated for effectiveness and an action plan implemented following evaluation.

Proposed Timescale: 31/01/2016

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:

Window restrictors were required on upper floor windows to prevent accidents and the areas identified in the risk register required remedial action.

Toilet and shower facilities required review to ensure that additional supports such as handrails were adequate to meet the needs of all residents admitted to the centre.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Person in charge contacted Maintenance Department re. Window restrictors and handrail supports in bathrooms to meet needs of all residents

Proposed Timescale: 29/02/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Policies and procedures to guide staff on all aspects of safe medication management required review as the specified review date had expired.

The specific arrangements for the management of medication in a respite service were not adequately described in the policy and procedures.

3. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered

as prescribed to the resident for whom it is prescribed and to no other resident.

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

Policies and procedures to guide staff on all aspects of safe medication management will be reviewed.

Proposed Timescale: 31/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose required review to state the number of whole time equivalent staff only. It also needs to describe the currently unoccupied house that forms part of the designated centre.

4. Action Required:

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

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

Person In Charge has amended the Statement of Purpose for number of Whole Time equivalent.

Person In Charge will amend the Statement of Purpose to describe the unoccupied house.

Proposed Timescale: 31/01/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

A system for monitoring the safety and quality of care and support provided in the centre including six monthly unannounced visits was not in place.

5. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Person In Charge has recorded monthly meetings with Director of Nursing. Unannounced visits will be carried out to evaluate the Safety and Quality of care and support required. Written Plan will be put in place to address any concerns regarding Standard of Care and Supports.

Proposed Timescale: 29/02/2016

Theme: Leadership, Governance and Management

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

The inspector found that a system for monitoring the safety and quality of care and the production of an annual review of the service was not yet in place.

6. Action Required:

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

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

A system for monitoring the safety and quality of care and the production of an annual review will be implemented.

Proposed Timescale: 31/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The medication policy required review to describe the centre specific arrangements. The date for the review of this policy had expired.

7. 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 Medication management policy will be reviewed.

Proposed Timescale: 31/03/2016

