

**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-0002627
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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: 08 September 2015 14:30 To: 08 September 2015 19:00

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

Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The centre is part of Sligo Group Homes Services. The centre comprises of a six bed roomed bungalow. This centre provided residential accommodation and support services to five residents on the day of inspection. One resident was accommodated in the local nursing home temporarily for rehabilitation as she required bed rest for a period of time. The residents gave their consent to the inspector to enter their home and review their documentation.

At this inspection, the inspector met with residents, the staff member on duty and one of the staff nurses who provide support to the care staff. Documentation such as personal plans, medical records, policies and procedures and staff files were reviewed as part of the inspection. The designated centre was clean, well maintained and provided a homely environment to the residents. The inspector found the staffing levels were appropriate to meet the needs of the residents and residents informed the inspector that they enjoyed living in the centre and had a good quality

of life.

Areas of non-compliance included provision of meaningful personal emergency evacuation plans, ensuring where goals were identified by residents that a commencement date was documented and a plan was put in place to ensure regular reviews were carried out. Also an annual review of the safety and quality of care and support provided to residents which provides for consultation with residents and their representatives is completed. The action plan at the end of the report identifies areas where improvements are required to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for 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 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:

The inspector met with all residents who were accommodated on the day of inspection. All residents could make known their views and wishes, and spoke freely with the inspector. Hospital passports were available for each resident. These provided a valuable tool if service users had to attend or be admitted to the local acute hospital. Most service users had their own television and radio in their bedroom and had access to television and radio in the sitting room. One resident who had an interest in computers had his own lap top but told the inspector that he would use it more regularly if there was wi-fi in the house.

The inspector observed staff and service users communicating freely. There were no service users who were displaying behaviour that challenged at the time of this inspection. Easy to read versions of some documents were available, for example 'My Guide'.

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:

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

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

Findings:

Each resident had a written personal plan, which details their individual needs and choices. This was made available to the resident in an accessible format. The inspector noted that each resident was involved in an assessment to identify their individual needs and choices. These plans included information relating to residents' health care needs, communication needs and goals identified. While goals were set, there was no commencement date so it was not possible to see when the goal was identified and whether any steps had been taken to progress the goal. However, while it was not always clear from the records that goals had been realised, residents told the inspector that their goals were realised and were very complimentary of the staff's assistance to achieve these goals. Residents described to the inspector how many of their goals were on-going, for example, frequently accessing social activities in the local community or going on an annual holiday.

Person centred plans were reviewed annually and there was evidence of multi-disciplinary and family/significant other input. A weekly Friday meeting was held where residents chose what activities they wished to partake in over the weekend and the menu for the coming week. There was also evidence of discussion of issues such as complaints, rights and safeguarding. Most of the resident could access the community independently and regularly attended a local hotel for music sessions. Daily records were maintained outlining how residents spent their day.

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 location, design and layout of the centre are suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The

house was clean, well decorated and well maintained. All residents had their own bedroom which was personalised and well furnished and a bedroom was available for staff to sleep over. There were adequate shower/bathroom and toilet facilities in the house. While there is no private area for residents to spend private time with visitors, residents told the inspector that they use the dining/kitchen area or their bedroom. Residents told the inspector they were happy with this arrangement but it does not always ensure privacy. If the kitchen/dining area are used by residents to meet their visitor, it may not be available to the other residents accommodated.

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:

An emergency plan was in place that specified responses to be taken by the staff in relation to possible emergencies. A health and safety statement was in place but this was not reviewed within the last year. A comprehensive risk management policy was in place. There was evidence available that the emergency lighting was checked quarterly. A system was in place to manage adverse events. An accident/incident report was completed for all incidents and these were reported to senior personnel.

The inspector found that fire precautions were in place. There were regular fire drills. Fire fighting equipment and a fire alarm was provided and documentation was available to support that the fire alarm system had been serviced recently. Fire exits were observed to be unobstructed. Fire drill records were not comprehensively completed to ensure any impediments to safe evacuation were addressed in subsequent drills. For example, it was noted by the inspector that on a recent fire drill staff had documented that a resident had problems getting out of bed but there was no controls put in place to mitigate this risk. Fire drill records did not document how many residents were evacuated or if any aid such as a wheelchair was used. While staff showed the inspector that a wheelchair was strategically placed to aid evacuation, the inspector noted that none of the personal emergency evacuation (PEEP) identified the requirement for the use of a wheelchair.

All staff had completed training in fire safety. The inspector spoke with the staff that were able to tell the inspector what they would do if the fire alarm was activated and how they would evacuate residents. Staff spoken with were confident that they would be able to safely evacuate residents and stated that the fire service was located with 4

minutes of the centre.

The inspector also spoke with residents and found they were clear that they would immediately evacuate night or day if the fire alarm was activated. Alternative safe accommodation for residents was available should evacuation be required.

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:

Staff spoken with were knowledgeable with regard to what constituted abuse and stated they would report any suspicion or allegation of abuse immediately to senior staff. Staff confirmed that there was always a manager on call who they could access. Staff had received training in Safeguarding Vulnerable Persons. Residents informed the inspector that they felt safe and well cared for by staff and could talk to staff. There have been no allegations of abuse reported to date at this service.

There were no restraints in place at the time of this inspection. No residents were accommodated with behaviours that challenge.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Staff supported residents to access community health services as/when required. A staff member was available to accompany residents to any medical appointments. Some residents were accompanied by a family member according to the individuals/family's wishes. There was evidence available of medical review in files reviewed. An out of hour's service was also available. Health promotion initiatives were also in place, for example breast check, bowel surveillance. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required. Staff reported that all residents were in good health at the time of inspection.

The inspector spoke with all residents with regard to their diet. Residents received their main meal in the evenings on return to the centre. This meal was mainly cooked by staff. Residents assisted staff with the preparation of their meals at the weekend. Residents confirmed they enjoyed the food and were happy with the quality of the food. Residents supported by staff completed the weekly grocery shop and told the inspector that they were given the opportunity to make their views known and have them taken into account about what food they liked and wanted. Care plans contained information about food that people liked and disliked. Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted. Residents told the inspector that they often enjoyed Sunday lunch in local restaurants as part of a social outing. Snacks and drinks were freely available. There were no restrictions on access to the kitchen.

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:

All medications were administered by a care worker. Each resident's medication was supplied in a blister pack. These were stored in a locked filing cabinet. No resident was self-administering their medication at the time of this inspection. A medication management policy was in place but this was not centre specific and did not detail local procedures in place for the administration of medication or arrangements for storing or obtaining medication for residents.

The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice with a signature of the prescribing doctor for all medication administered and the maximum dose prescribed for as required (PRN) medications was stated on the medication charts.

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:

The provider was aware of her responsibility to ensure a bi-annual unannounced visit together with a written report on the safety and quality of care and support provided in the centre was completed. While the person in charge informed the inspector that an unannounced visits by persons nominated by the provider had occurred in the centre, no report was available of these visits. There was poor evidence available that a comprehensive system was in place to review the quality and safety of care provided to residents.

A clearly defined management structure was in place. Staff reported to the person in charge, who in turn reported to the provider nominee. The person in charge is employed full-time as Services Manager to manage nine houses, the day service and the resource centre. She qualified as a registered nurse – Intellectual Disability (RNID) in 1985 and has worked in disability services post qualification. She has worked as a clinical nurse manager for 14 years. She demonstrated during the inspection adequate clinical knowledge and knowledge of her statutory responsibilities and was actively engaged in the governance and management of this centre. The person in charge is supported by two experienced nurses who work across the residential services. Weekly meetings are held between the Person in Charge and these two nurses to discuss day to day management of the centres.

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' informed the inspector that their needs were met and staff treated them well. Staff spoken with by the inspector displayed the required skills and experience to support and care for the residents. The inspector reviewed the staffing roster and found that a staff member was on duty each evening from 16:00rs until midnight, with a sleep over until 08:00 and waking duty until 10:00hrs. The inspector observed that staff members knew residents well and there was a relaxed and comfortable environment in the house.

The Person in Charge dropped into the centre on an ad hoc basis to see staff and residents. Two experienced nurses worked across the services to provide advice and support to staff. Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. The staff nurse on duty confirmed that all staff had up to date fire safety training and had been trained in adult protection and safe moving and handling.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002627
Date of Inspection:	08 September 2015
Date of response:	23 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 05: Social Care Needs

Theme: Effective Services

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

While goals were set there was no commencement date so it was not possible to see when the goal was identified and whether any steps had been taken to progress the goal.

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:

Commencement dates and review dates have been implemented to reflect progress of personal goals

Proposed Timescale: 23/12/2015

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:

On a recent fire drill staff had documented that a resident had problems getting out of bed but there was no controls put in place to mitigate this risk.

Fire drill records did not document how many residents were evacuated or if any aid such as a wheelchair was used.

The personal emergency evacuation (PEEP) did not identify the requirement for the use of a wheelchair.

2. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All PEEP forms have been updated and where required wheelchair use has been identified and included.

Person Responsible: PIC

Proposed Timescale: 23/12/2015

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:

The medication management policy was not centre specific and did not detail local procedures in place for the administration of medication or arrangements for storing or obtaining medication for residents.

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:

Medication Management training commenced in November with the Wolfe group for staff involved in administering medication.

Person Responsible: PIC

Proposed Timescale: 31/03/2016

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:

While an unannounced visits by persons nominated by the provider had occurred in the centre, no report was available of these visits.

There was poor evidence available that a comprehensive system was in place to review the quality and safety of care provided to residents.

4. 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:

Unannounced visits are planned to be carried out on a bi-annual basis by a provider representative and a written report on the safety and quality of care will be provided.

Person Responsible: Provider

Proposed Timescale: 29/02/2016

