

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Pinegrove Residential Service
Centre ID:	OSV-0001782
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Catherine Glynn
Support inspector(s):	none
Type of inspection	Unannounced
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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 November 2016 10:30 To: 23 November 2016 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care And Support For Residents In Designated Centres For Persons (Children and Adults) With Disabilities) regulations 2013. This was the second inspection of the designated centre. The inspector assessed 10 outcomes as part of the inspection and reviewed actions from the last inspection day.

How we gathered our evidence:

As part of the inspection, the inspector met with five residents, staff and observed work practices. The inspector also reviewed a sample of documentation such as, personal plans, fire procedures, risk assessments, incident logs, training records, medication records, staff files and audit reports. The inspector walked around the house on arrival to the designated centre. Throughout the course of the inspection, the inspector observed staff and residents to interact and engage in a respectful and warm manner.

Description of service:

The designated centre was located on the outskirts of a rural town. It was located in

a scenic area with day services and similar services located close by. The centre was a bungalow which accommodated five residents. There was three staff on a daily basis with two staff at night. The night staff comprised a sleep in staff in addition to a waking night staff. Residents were supported to engage in community activities on a daily basis and this was further supported with the addition of day services and volunteers. The inspector observed the use of several communication systems and activities that enhanced the environment to the benefit of the residents'.

Overall findings

At the time of inspection, the inspector found that all the actions from the previous inspection had been addressed. The inspector found that there was good practice in place to support the social care needs. Improvement was required with regard to fire management and healthcare. Of the ten outcomes inspected five were compliant, two were substantially compliant.

The reasons for the findings are further outlined under the relevant outcome in the report and the regulations that are not being met are included in the action plan at the end.

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:

The inspector found that on the day of inspection staff were able to outline residents' personal preferences and choices for meals, activities and clothing. Residents were asked and consulted with regarding their daily routines and preferences in a manner that was reflective of their ability and communication needs.

Each resident had their own bedroom, which was decorated to reflect their individual taste. There was sufficient space in each bedroom to hold clothing and personal belongings. Staff were observed to treat residents with dignity and respect during interactions and when entering private rooms. The inspector found that staff treated the residents belongings with respect. There was a policy in place that covered residents' belongings.

There was a complaints policy in place. A designated person was named to whom complaints could be made at a local level in the centre. The complaints policy included an appeals process. There was good use of photographs to assist residents understand who they could raise an issue with if they were unhappy. The contact details of the confidential recipient appointed by the HSE were provided on the notice board in the house. There were no active or unresolved complaints at the time of inspection.

Residents meetings were held every six weeks in the centre. This provided the opportunity for residents to air any issues that were of concern. This was also an opportunity where the weekly activities for the house were discussed such as shopping, social activities and any changes in the running of the house.

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):

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

Findings:

As required by schedule five of the regulations, there was a written policy and procedures regarding the admission, transfer, discharge and temporary absence of residents. The statement of purpose also outlined the admission process.

A copy of the contract of care was retained in each resident's file. The inspector found that an action from the last inspection was addressed requiring an outline of all charges the residents were required to pay.

The inspector found that there had been a recent admission into the service. This had been completed in line with the admissions policy. The resident had completed pre-admission visits on a scheduled and planned basis. This ensured a comprehensive assessment of needs, compatibility and familiarity with the service was completed before admission. The inspector found that all residents' needs and compatibility were taken into consideration as part of the transition process.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was individualised assessment and personal planning in place and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre and in the community.

Each resident had a personal plan which contained important personal information about the residents' background, including details of family members and other people who were important in their lives. Plans set out each resident's identified life goals. The inspector found that the plans were descriptive regarding communication needs, ability and sensory needs for each resident.

There was an annual review for each resident attended by the resident, their family, allied health care professionals, support workers and day staff to discuss and plan around issues relevant to the residents' life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, the inspector found that the goals identified from the previous year had been achieved and current goals were being progressed.

Staff also supported residents' access to the amenities in the local community such as shopping, eating out, meeting their families, leisure outings and Special Olympics. There was a vehicle available to transport residents to day services or other activities they wished to participate in. Arrangements were also made for residents to take holidays, go for outings and attend local events if required.

Judgment:

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):

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

Findings:

Overall the inspector found that the centre location, design and layout of the premises

was suitable for its stated purpose and met the needs of residents in the designated centre. The inspector found that all actions from the last report had been addressed with regard to the premises within the designated centre.

The design and layout of the centre reflected the statement of purpose and was found to meet the needs of residents. There was adequate communal space and suitable storage facilities insofar as is reasonably practical for the personal use of all residents. Rooms were of a suitable size and layout and were well decorated and furnished with evidence of residents' consultation. Pictures were readily displayed throughout the communal areas of the centre.

A kitchen area with suitable and sufficient cooking facilities was available in the centre. Laundry facilities were provided in the centre and residents were observed attending to their laundry tasks with support and guidance in a respectful manner. Baths, showers and toilets were of a sufficient number and met the needs of residents and were found to be well maintained and suitably decorated on the day of inspection.

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):

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

Findings:

The inspector found that the centre had robust systems in place so that the health and safety of residents, visitors and staff was promoted and protected.

The centre had policies and procedures in place relating to risk management and health and safety. Actions from the previous inspection had been addressed with regard to additional information required in the risk management policy. Identification and management of risks, control measures and learning formed part of the risk recording system in place in the centre. All residents had individual risk assessments as part of their personal plans which supported their choices and preferences in relation to maximising and promoting independence.

There were adequate precautions against the risk of fire in the designated centre. Fire procedures were on display in the centre. Records of fire drills, testing of equipment and servicing records were all stored in the centre. Evacuation plans were completed for all residents however the centre evacuation plan was not descriptive and did not guide staff with regard to evacuating all five residents. Staff were able to describe to the inspector

the evacuation plans for all residents in the event of a fire and the order of evacuation, but this was not reflected in the centre evacuation plan. Day and night drills had occurred and learning was evident from the drills completed as per review of the fire records.

There was an emergency plan which provided guidance to staff in the event of a number of types of emergencies and included arrangements for alternative accommodation. All staff spoken with were informed of these plans. There was a policy in place for infection control.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The centre had policy and procedures in place for the prevention and detection of abuse. All staff had received training in the prevention and detection of abuse.

The inspector spoke with two staff and found that they knew what constituted abuse, what to do in event of an allegation or suspicion of abuse and were familiar with the procedures in place. A designated person was clearly identified and accessible for residents and staff should the need arise. The person in charge was found to monitor all systems such as, documentation, incidents and notifications to ensure there were no barriers to disclosing concerns of abuse. Relatives spoken with informed inspectors as to who they would contact if they had any concerns.

Staff received training in behaviour management approaches. There was a policy and procedure in place to ensure positive behaviour support was provided in the centre. The inspector found evidence in the personal plans regarding on-going support from the behaviour support specialist and psychiatry. However, access to psychology was limited due to resource issues.

There was a policy and procedures in place with regard to restrictive practice. There

were restrictive practices in place in the centre on the day of inspection. These practices had been referred to the rights review committee for review. This was an on-going process to ensure all residents affected were supported. The person in charge kept a record of all restrictions in place in the centre at the time of inspection.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that residents were supported to achieve and enjoy the best possible health. However, improvement was required with regard to protocols for specific health care needs.

All residents had access to a general practitioner (GP) of their choice and were supported to attend GP appointments when required. Residents' families were kept informed, where requested, of all health checks. Annual health checks and health screening were completed for all residents. Referrals to allied health professionals were facilitated through the GP, such as chiropody, physiotherapy, dietician and psychiatry. Residents had nutritional assessments completed where required and were actively engaging with their assessed healthy eating plans, with support from staff.

The inspector found that a resident had experienced an allergic reaction to an adverse medication event. This medication event was logged as an incident and the inspector found that there was learning from the event. However, staff had not developed a protocol to outline the presentation, support and assistance a resident required if this type of event occurred again. The inspector found from discussion with staff that they were aware and had supported the resident, however this information was not reflected in the personal plan.

Residents were supported to access snacks and drinks of their choice at any time in the centre. The inspector found that residents were supported to choose their meals at weekly household meetings. Where possible residents were actively engaged in preparing and cooking of the meals. The inspector observed that a number of residents had specialised meal plans in place with regard to consistency and texture. The inspector found that staff were knowledgeable and informed about how to support the residents dietary needs.

<p>Judgment: Substantially Compliant</p>

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

Findings:
The centre had a policy and procedure in place for safe medication management and the inspector found that staff acted in accordance with these. All staff had completed training on medication management at the time of inspection.

The person in charge had ensured that assessment of residents had been completed to facilitate self administration of medication where appropriate. There was safe and suitable storage for all medication in the centre. Systems were in place to guide staff on ordering, storage and disposal of medication in the centre. All residents were supported to access a pharmacist of their choice.

There was a system in place to monitor and review any medication incidents. The person in charge spoke of learning from incidents and outlined strategies to prevent reoccurrence of errors. All residents had medication care plans completed and were reviewed as part of their personal plans. A staff member was nominated in the centre to be responsible for completing audits and monitoring medication management overall. The person in charge reviewed the medication management audits and also reviewed medication care plans.

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.

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<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The quality of care and support of the residents were monitored and developed on an on-going basis.</p> <p>Management systems were in place that provided care and support to the residents. There were effective on call arrangements in place and a clearly defined management structure at the time of inspection. The provider had identified accountability and responsibilities in all areas of service provision in the designated centre.</p> <p>The person in charge worked full time and had the skills and experience necessary for the role they held. It was evident that the person in charge had in-depth knowledge of the residents and their backgrounds.</p> <p>A member of the organisations quality management team, on behalf of the provider, had carried out the annual review of the service. The inspector found that six monthly unannounced audits had also been completed at the time of inspection.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector found that the person in charge maintained and provided an actual and planned roster. This reflected suitably qualified staff and sufficient resources to meet the needs of the residents as identified in their personal plans.</p> <p>The inspector reviewed staff files in line with the requirement for schedule two of the</p>

regulations. From the three staff files reviewed the inspector found that all records were in place as required.

The training records reviewed by the inspector demonstrated that staff had received all training and completed refreshers scheduled by the organisation. A record of attendance at training was maintained in the centre by the person in charge. The inspector found that the training undertaken enabled staff to provide care that was evidence based and in line with best practice. Staff stated they received regular support from their line manager and felt supported in their role.

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:

Catherine Glynn
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 Western Care Association
Centre ID:	OSV-0001782
Date of Inspection:	23 November 2016
Date of response:	21 December 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 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 centre evacuation plan in place did not reflect the knowledge that was required to safely evacuate all residents in the designated centre.

1. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive

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

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:

All staff will continue to receive their fire training as part of the organisation's mandatory training programme. All staff are in coverage for this training. The manager is updating the centre emergency plan to specify how each of the residents are to be supported to evacuate the building safely.

Proposed Timescale: 31/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no protocol in place to guide staff for a resident with anaphylaxis.

2. Action Required:

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

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

A draft protocol to guide staff for a resident with a risk of anaphylaxis has been developed and has been sent to the General Practitioner for review and approval. Once it is finalised, it will be communicated to all staff.

Proposed Timescale: 31/01/2017