

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rathedmond Community Group Home
Centre ID:	OSV-0001934
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	North West Parents and Friends Association of Mentally Handicapped Children
Provider Nominee:	Evelyn Carroll
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: To:
29 August 2016 13:30 29 August 2016 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 14 October 2014. As part of this inspection, the inspector reviewed the two actions the provider had undertaken since the previous inspection. The inspector found that these actions had been addressed in line with the provider's response.

How we gathered our evidence:

As part of the inspection, the inspector met with three residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents' bedrooms were individually decorated with personal photographs of family and friends and music posters. The inspector also spoke with two staff members, including the person in charge. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was being provided as described in that document. The designated centre comprised a two story house that accommodated up to four residents who have intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located within walking distance of a large town where public transport such as trains, buses and taxis were available. Suitable transport was also available to residents who wished to access the community.

Overall judgment of our findings:

The inspector found examples of compliance with the regulations in the following areas:

- Residents were consulted in how the centre was run (outcome1)
- Personal plans were regularly reviewed and reflected the assessed needs of residents (outcome 5)
- The health and safety of residents, visitors and staff was promoted (outcome 7)
- Safeguarding measures were in place (outcome 8)
- Residents were supported to have the best possible health (outcome 11)
- Medications were administered in line with best practice (outcome 12)
- Management systems were in place which promoted the safety and quality of care (outcome 14)
- Records and documentation was maintained to a high standard (outcome 18)

The inspector found improvement was required in the following areas:

- Risk ratings did not accurately reflect the identified risk (outcome 7)
- Appropriate recording mechanisms were required in regards to residents' financial transactions (outcome 8)

The reasons for these findings are explained under each 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):

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

Findings:

On the day of inspection, the inspector found that each resident's rights and dignity was respected. The inspector also found that residents were actively involved in the running of the designated centre. The actions from the previous action plan were addressed with staffing arrangements facilitating residents to be actively involved within the community.

The inspector met with three residents on the evening of inspection. Each resident stated that they were satisfied with the service provided in the designated centre and appeared happy and relaxed throughout the evening. Residents interacted warmly with staff who in turn spoke to residents in a caring and respectful manner. Residents told the inspector that they felt safe in the centre and identified a staff member on duty and the person in charge as the people that they would go to if they had any concerns.

Residents' meetings were taking place on a weekly basis. The inspector reviewed the minutes of these meetings which showed residents took an active role in decision making within the centre. The meetings facilitated residents to make choices on meals, social activities and roles which they were responsible for within the centre such as setting tables, watering plants and helping with the preparation of meals. The staff also used the meetings to discuss with residents topics such as complaints, human rights, fire safety and emergency procedures within the centre. Advocacy was also available to residents who requested an independent advocate.

The centre had an easy read complaints procedure which was on display for residents, families and visitors. Detailed records of complaints were maintained within the centre with all complaints dealt with in a prompt manner. Residents could identify the

nominated person to deal with complaints within the centre and staff were able to identify both nominated persons to deal with complaints within the organisation.

Each resident had a detailed intimate care plan which was regularly reviewed and reflected the assessed needs of residents in terms of personal care. The plans highlighted areas of independence and if necessary the level of assistance a resident may require.

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:
On the day of inspection, the inspector found that each resident's well being and welfare was maintained to a high standard within the designated centre.

The inspector reviewed three personal plans with the permission of each resident. One resident spent time with the inspector and was happy to discuss their plan. Each plan reviewed by the inspector showed that residents were actively involved in the formulation of their respective plans and were regularly reviewed. The plans contained the supports that residents were receiving such as family support, speech and language, physiotherapy, psychology, audiology and general practitioner. The inspector observed that any referrals made on behalf of residents for multi-disciplinary support was done so after a signed consent was received from the resident concerned.

Each personal plan contained a "Book about me" which gave a detailed overview of the resident. This booklet contained information such as:

- My family and where I live
- How I communicate
- My daily routine
- My rights
- My social interests

- My likes and dislikes.

Each resident also had highlighted short term activity based goals and long term aspirational goals. The aspirational goals residents had chosen included learning to play golf, working in a pharmacy and involvement with horses. Each aspirational goal had been subdivided into achievable steps and was regularly reviewed by staff. The short term activity goals involved planned activities such as trips to the cinema and historical sites, registering to vote, shopping and household activities such as baking.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted and protected.

The inspector observed that the centre had adequate precautions against the risk of fire in place. There was fire fighting equipment in place such as fire extinguishers, fire alarm, emergency lighting and smoke detectors all of which were serviced regularly. There were fire doors in place throughout the centre. The person in charge stated that all fire doors were to have doors closers fitted in the coming weeks. The person in charge showed the inspector documented correspondence which confirmed this. Staff within the centre were carrying regular documented fire drills and fire safety checks. The fire alarm was checked weekly for faults and daily checks were being conducted of emergency exits, emergency lighting, fire extinguishers and emergency break glass units. Each resident had a personal emergency evacuation plan in place which was regularly reviewed. The centre also had an emergency evacuation plan in place which was on display. The centre also had a critical incident plan which accounted for where residents could go in the event of the centre having to close as a result of an emergency. Each resident also had a missing person plan which was updated as required.

The centre had procedures in place for the identification and management of risk. The inspector reviewed a substantial risk register which identified all perceived risks within the centre. Each risk identified was rated and had controls measures listed to negate the listed risk. All risks within the centre were highlighted under headings such as general welfare, facilities, occupational risk, infection control and medication management.

However, the inspector found that some of the identified risks such as restrictive procedures and behaviours of concern were given excessive risk ratings as the centre had no restrictive procedures in place and there were no behaviours of concern within the centre.

The centre had an up-to-date health and safety statement in place. Staff were also conducting a monthly audit of health and safety within the centre with recent audits addressing trip hazards, lighting and waste disposal issues. The centre also had procedures for identifying and managing accidents and incidents. All incidents and accidents had been logged and brought to the attention of the person in charge. There was evidence of learning from incidents with a recent medication error being escalated to the risk register with a control measure of further staff training in the administration of medication facilitated.

The centre had a policy on infection control. Staff recorded the refrigerator temperature on a daily basis and there were colour coded chopping boards for the safe preparation of food. The centre also had colour coded mops which indicated their purpose.

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:
On the day of inspection, the inspector found that the designated centre had adequate measures in place for the prevention, detection and response to alleged abuse. However, the inspector found that improvements were required in regards to the management of residents' finances.

The centre had methods in place for the recording of monies spent on behalf of residents. The recorded balances were checked weekly by staff and receipts, entries and balances were audited every six months by the organization's finance department. There was a policy in place on guiding staff in relation to residents' finances which stated that "staff on duty were responsible for the appropriate recording of all pocket money"

transactions undertaken on behalf of the resident". However, the inspector found that recording procedures used for residents' finances failed to ensure that residents were protected from potential financial abuse. The inspector found that some receipts for residents were not entered on the recording system, some receipts were entered with incorrect transaction dates and receipts were difficult to trace in relation to the documented transaction.

The centre had a policy in place for the safeguarding of vulnerable persons at risk of abuse and all staff had been trained the safeguarding of vulnerable adults. Staff interviewed on the day of inspection had a clear understanding of the safeguarding policy and the associated reporting process with the staff stating that they would make the person safe, contact the person in charge and the designated person assigned to manage allegations of abuse. The inspector noted that there were no restrictive practices in place in the designated centre on the day of inspection.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the person in charge was aware of the regulations in regards to incidents which should be brought to the attention of HIQA. The person in charge had also maintained a record of all events for which HIQA had been notified.

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:

On the day of inspection, the inspector found that residents were supported to enjoy the best possible health.

The inspector reviewed records which indicated that residents were supported to attend specialists such as cardiology, gastroenterology, orthopaedics and audiology. Residents were also reviewed as required by physiotherapists, chiropodists, dentists, dieticians and occupational therapists.

The inspector reviewed a sample of care plans which guided staff in relation to the care required to manage conditions such as hypotension, shortness of breath and chest pain. Care plans were also in place to guide staff in relation to eye care, ear care and oral hygiene. The inspector also noted that a nursing assessment of care plans for each resident was carried out every six months. Each resident had their weight checked monthly. The inspector found that residents with noted weight changes were referred accordingly to dieticians, general practitioners and specialists.

On the day of inspection, the inspector observed staff preparing a home cooked meal for residents which appeared nutritious and appetizing. The inspector spoke with two residents in regards to meals within the centre. Both stated that they were happy with the amount and choice of food which was available within the centre. Residents stated that they had access to snacks throughout the evening and that the main meal choice of the day was decided by residents.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that there were suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

The inspector found that each resident had been assessed to manage their own medication as stated in the regulations. The inspector also found that there were appropriate practices relating to the management of medications within the centre. There was an organizational policy on residents' medications and there was a system in place for the monitoring of drug errors. Staff interviewed had a clear understanding of the safe administration of medication and also had detailed knowledge of the actions to take in relation to a medication error occurring.

Prior to the inspection, staff had received training in the administration of medication from a pharmacist. The person in charge stated that further training from an external trainer is scheduled for staff in relation to the administration of medication. Evidence of this was located in the training matrix reviewed by the inspector.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that there were management systems in place which promoted quality and safety within the service. The centre also had clearly defined management structures in place.

The inspector found that the person in charge had a detailed knowledge of residents' needs and their responsibility as detailed in the regulations. Staff within the designated centre stated that they felt supported by the person in charge to carry out their roles and received both formal and informal supervision. The person in charge also attended monthly team meetings and was in regular contact with staff in the designated centre.

The inspector reviewed the annual review of the quality and safety of care in the designated centre. An action plan had been generated following this review which highlighted the need for improvements in the quality of long term goals for residents and the importance of circulating a revised safeguarding policy. All actions had been addressed by the staff team.

The inspector also reviewed the six monthly report of the safety and quality of care within the centre. The inspector noted that residents, families and staff were consulted in the formulation of this report. The report focused on accidents and incidents, complaints, staff training, statement of purpose, contracts of care and personal plans. The audit highlighted improvements required in relation to the easy read complaints procedures and the need for formal staff supervision. The inspector found that all actions had been addressed by the person in charge.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

No actions were required from the previous inspection.

Findings:
On the day of inspection, the inspector found that there were appropriate numbers of staff present to support the needs of residents. There was also a staff rota displayed within the centre which was found to be accurate.

The inspector reviewed the staff training matrix which indicated that all staff employed within the centre had received training in fire safety, manual handling, protecting vulnerable adults, risk management, first aid and food and hand hygiene. The inspector noted that safe administration of medication training was planned, however, staff had not received training in the safe administration of medication on the day of inspection.

The inspector reviewed the staff file of an employee who was being inducted on the day of inspection. The inspector found the staff file to be in accordance with schedule two of the regulations.

Judgment:
Substantially 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):

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

Findings:

On the day of inspection, the inspector found that records and documentation was maintained to a high standard within the designated centre. All personal plans and relevant documentation had been reviewed on at least an annual basis. Files were readily available and easy to follow. All polices as listed in Schedule 5 of the regulations had been reviewed since the last monitoring inspection.

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:

Ivan Cormican
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:	Rathedmond Community Group Home
Centre ID:	OSV-0001934
Date of Inspection:	29 August 2016
Date of response:	27 September 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 provider failed to ensure that appropriate risk ratings were applied to identified risks within the designated centre.

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

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The site specific registrar will be reviewed to ensure that all risks are site specific and the appropriate risk ratings will be applied.

Proposed Timescale: 28/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that procedures were in place to guide staff in relation to appropriate recording of residents' financial transactions.

2. Action Required:

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

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

Procedures have been reviewed and all receipts are now numbered and recorded in each residents' financial books.

Policy on Guidelines for Finance in Residential Services for Service Users has been reviewed accordingly.

Proposed Timescale: 23/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure that staff had received appropriate training in the safe administration of medications.

3. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Two day certified Training in Safe Administration of Medication is scheduled for 3rd and 4th November, 2016 for all non nursing personnel.

Proposed Timescale: 04/11/2016