Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
Centre ID:	OSV-0002031
Centre county:	Clare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Lead inspector:	Louisa Power
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:
19 May 2016 08:25	20 May 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This monitoring inspection was carried out to monitor compliance with specific outcomes. The previous inspection was on 24 and 25 March 2014 and the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gather our evidence

As part of the inspection, the inspector met with two residents. Residents told the inspector that they were happy with life in the centre, their choices were promoted and their independence was maximised.

The inspector also met with staff members and the director of services. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Description of the service
The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre was a large bungalow located in a rural location near a large town. The bungalow contained four single occupancy bedrooms for the residents as well as communal living facilities. The service is available to adult men and women who have a primary physical disability.

Overall findings
Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. The provider did demonstrate adequate knowledge and competence during the inspection and the inspector was satisfied that the provider was a fit person to participate in the management of the centre. The person in charge was absent from the centre on the day of inspection and adequate deputising arrangements were in place.

This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in the following areas:
• residents were supported to communicate at all times (outcome 2)
• admissions were safe (outcome 4)
• strong governance arrangements (outcome 14).

Improvements were required in the following areas:
• development of specific goals in personal plans (outcome 5)
• risk management (outcome 7)
• providing residents skills for self care and protection (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:
Residents with whom the inspector spoke with stated that they felt safe and spoke positively about the care, consideration and support they received. Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Residents and their representatives were actively involved in the centre. Residents were consulted about, and participated in, decisions about their care and the organisation of the centre .Regular residents' meetings took place every month. Items discussed included outings, staffing, décor of the centre, menu planning, resident's individual goals, management update and utilities. It was noted that, where residents had given their opinion or input, this was recorded and acted upon.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their meals, assisting residents in personalising their bedrooms, redecoration of their home and their choice of activities. Residents were encouraged to choose their activities for the day. The inspector saw that steps were taken to support and assist residents to provide consent and make decisions about their care and support.

Residents were supported in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Staff were observed to knock on bedroom doors before entering. Suitable locks were provided on the doors of toilets and sanitary facilities. One of the shower rooms was shared and the inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care. However, the measures were not outlined in intimate care plans.

Residents' personal communications were respected. Some residents reported that they had their own personal mobile telephones while others reported that they could access the telephone provided in the centre at all times. Wireless internet was provided throughout and a desktop computer was provided in the main hallway. Information in relation to staying safe on the internet and information governance was clearly displayed by the computer.

There was a complaints policy which had been reviewed in January 2016. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form had been amended since the last inspection to record whether the complainant was satisfied. Staff with whom the inspector spoke outlined that verbal complaints were documented. The investigation undertaken in response to complaints was thorough, comprehensive and prompt.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly in line with the centre's policy. Residents were supported to do their own laundry if they wished and adequate facilities were available.

Residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments were completed for each resident which outlined the supports and training needs, if any, required. Staff outlined a transparent and robust system for the management of residents' finances who required support in this area. An itemised record of the all transactions with the accompanying receipts was kept.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to access religious services and supports in line with their wishes.

Judgment:
Substantially Compliant

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

Findings:
Residents were facilitated to communicate in line with the centre-specific policy. A comprehensive assessment of each resident's individual communication needs was completed and this informed the personal plan developed for this area. In addition, residents had access to specialist input from speech and language therapists, in line with their needs, who completed comprehensive communication assessments. Residents were facilitated to access assistive technology, aids and appliances to promote their full communication capabilities. The inspector noted that visual aids, picture books and a communication box were available to facilitate communication with some residents, in line with the recommendations from the speech and language therapists.

A sample of personal plans was reviewed. The information contained in the communication domain was comprehensive and outlined individual requirements, interventions and goals in relation to effective communication. Staff demonstrated knowledge of the personal plans and the implementation of recommendations.

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:
The policy on admissions, transfers and discharge or residents, last reviewed in December 2015, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the statement

of purpose.

A written contract was in place which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The fees and additional charges were included.

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

Findings:
A sample of residents' plans was reviewed. A comprehensive assessment of the health, personal, social care and support needs of the resident had been completed in collaboration with the multidisciplinary team. The information recorded as part of the assessment was individualised and person centred. The assessment formed the basis of an individual plan of care. A plan of care had been developed for each resident. The plan of care outlined residents' needs in many areas including medicines management, personal care, nutrition, mental health, sleep, circle of support, transport, activities, rights, finances, spirituality, links with the community, mobility and assistive technology. The resident and representatives were consulted with and participated in the development of the plan of care. One resident had developed her own individualised version of her plan of care which outlined the important aspects for her.

The plan of care was subject to a review on an annual basis or more frequently if circumstances change. The inspector saw evidence that the review was carried out with the maximum participation of the resident. The review did assess the effectiveness of the plan. Changes in circumstances and new developments were included in the personal plan and amendments were made as appropriate. However, the inspector noted that definitive goals were not clearly outlined in plans; the personal responsible and timeframe for completion were not outlined for goals. The lack of definite goals could lead to residents not maximising their personal development.

Staff and residents with whom the inspector spoke were knowledgeable in relation to individual healthcare need and daily interventions to be implemented. In relation to the development of healthcare plans for residents, the inspector noted that plans of care had been developed in line with many residents' individual healthcare needs. However, the inspector saw that plans of care were not developed for all resident's individual healthcare needs. For example, where a resident had a significant healthcare need which required regular outpatient visits to the local hospital and a number of daily interventions by staff, a comprehensive care plan had not been developed to guide staff. In addition, a care plan in relation to pain management had not been developed for residents who were prescribed 'as required' pain relief to ensure that pain relief was administered appropriately.

There was evidence of multidisciplinary team involvement for all residents, in line with their needs, including occupational therapy, speech and language, physiotherapy, psychology and medical. However, the review of the plan of care was not multidisciplinary in all plans of care seen during inspection. For example, all residents had a primary physical disability and the assessment of need had been completed in conjunction with the physiotherapist and occupational therapist. But the review of the plan of care did not include these specialist services to ensure that appropriate interventions and goals were outlined in line with each resident's assessed needs.

A robust system was in place to ensure that relevant and important information was communicated in the event of a resident being transferred to hospital.

Judgment:
Non Compliant - Moderate

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:
Overall, the provider was committed to protecting and promoting the health and safety of the all in the centre. A proactive approach had been implemented in relation to risk management. However, some improvement was required in relation to risk assessments, follow up of incidents and the infection prevention and control policy.

There was a comprehensive health and safety statement in place which was dated January 2014. The health and safety outlined general aims and objectives in relation to health and safety, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls

identified as necessary to reduce each risk.

The inspector reviewed the risk register and saw that there was a system to identify and review hazards. The risks identified specifically in the regulations were included in the risk register. The director of services and staff confirmed that the risk register was currently under review. The inspector noted that a comprehensive system of review was underway whereby each individual area in the centre was examined individually and the risks identified. However, the inspector noted that a number of risk assessments were dated as being completed in 2014 with a review date of 12 months. In addition, a number of risks observed in the centre were not included in the risk register including latex gloves, extremes of temperature (hot/cold), hot water and vehicles.

A monthly health and safety summary was completed by the person in charge which recorded fire drills, evacuations, incidents, training and outstanding issues. A monthly hazard/precaution checklist was completed by staff which included a check of electrical appliances, filing cabinets, furniture, exit signage, staff training, chemical storage and office equipments. Any issues identified were seen to be reported and remedied in a timely fashion. There was a system in place for regular quarterly health and safety meetings to review health and safety arrangements in the centre on an ongoing basis. However, the last two meetings (February 2016 and May 2016) had been cancelled.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. The inspector noted that, where improvements were identified, the improvements were implemented in a timely fashion. However, for ten of the 11 incident forms from February 2016, preventative actions and/or follow up by the manager were not outlined. This had been identified in the monthly health and safety summary in April 2016.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was serviced annually, most recently on 18 June 2015. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. The fire panel and emergency lighting were serviced on a quarterly basis, most recently in May 2016. A template of the daily and monthly fire checks were made available to the inspector. These checks included inspection of the fire panel, escape routes, emergency exits, fire panel and fire doors.

Staff and residents demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The training matrix confirmed that regular fire training was completed for all staff. However, the training matrix indicated that refresher fire training was required for one staff member.

Fire drills took place on a quarterly basis. Residents and staff reported that they had all attended a recent fire drill. The inspector noted that a detailed description of the fire

drill, duration, participants and any issues identified was maintained.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and regularly in line with resident's changing needs. The PEEP outlined the mobility of the resident, aids required and a detailed account for the method of evacuation.

Procedures were also in place for the prevention and control of infection. The centre was visibly clean and there were adequate hand sanitising and washing facilities for residents, staff and visitors. Residents and staff were seen to practice appropriate hand hygiene. The inspector saw that personal protective equipment such as gloves and aprons. The training matrix confirmed that infection prevention and control training had been completed by all relevant staff. A policy in relation to hand hygiene was made available to the inspector which had been reviewed in October 2014. However, a comprehensive infection prevention and control in line with standards published by the Authority was not in place.

The training matrix indicated that moving and handling training had been completed by all staff. Plans in relation to moving and handling had been completed for all residents in conjunction with the multi-disciplinary team. Staff demonstrated an in-depth knowledge of the plans. Suitable moving and handling equipment was provided and was serviced in line with the manufacturer's recommendations.

A sample of vehicle checks was made available to the inspector which included checks of roadworthiness, servicing, insurance and safety equipment.

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

Findings:
Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Supports were in place to ensure that

residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. However, improvements were required in relation to providing skills for self-care and protection and development of positive behaviour plans.

There was a policy in place in relation to the safeguarding of vulnerable adults, reviewed in January 2014. The policy would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team.

The intimate care policy, dated January 2016, outlined how residents and staff were protected. Each resident had a intimate care plan which was reviewed on a regular basis.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and staff stated that there was an open culture of reporting within the organisation. However, the inspector noted that a robust plan had not been develop to ensure that a resident who may be placed in a vulnerable situation was safeguarded and was supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

The inspector noted that all incidents, allegations and suspicions of abuse since the last inspection were appropriately and comprehensively recorded, investigated and responded to in line with the centre's policy, national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, reviewed in April 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques.

Staff outlined the positive approach taken to behaviours that challenges. Residents and their representatives were involved in discussions that had been arranged to support residents to manage their own behaviour. A process was in place for specialist input and staff outlined clear strategies to support residents to manage their own behaviour. However, staff confirmed that a documented positive behaviour support plan was not in place for residents that require support with behaviours that challenge to ensure a consistent approach.

The policy in relation to restrictive practices was made available to the inspector. The policy had been reviewed in April 2014, was comprehensive and was in line with evidence-based practice. A risk balance tool was used prior to the implementation of restraint, less restrictive alternatives were considered and signed consent from residents was secured where possible. Multi-disciplinary input had not been sought when planning and reviewing individual interventions for residents.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were supported on an individual basis to achieve and enjoy best possible health. However, improvements were required in relation to the documentation of each resident's wishes in relation to care and support during times of illness and at end of life.

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Access to a medical practitioner was facilitated regularly. There was clear evidence that there treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including occupational therapy, psychology, psychiatry, physiotherapy, speech and language, dietician and dental.

A bereavement and end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The inspector reviewed a sample of residents' records and saw that a plan had not been developed to capture each resident's wishes in relation to care at times of illness or end of life. Therefore, information would not be available to guide staff in meeting all residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents had access to a dietician and speech and language therapist, in line with their needs, and recommendations made were seen to be implemented. Residents were encouraged to be active through swimming, exercise classes and bowling.

Residents were encouraged to be involved in the preparation and cooking each meal. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks and residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

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

Findings:
Each resident was protected by the centre's policies and procedures for medicines management but improvements were required in relation to documentation in the storage of refrigerated medicines.

Medicines for residents were supplied by local community pharmacies. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medicines management policy and had been reviewed in July 2014. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely. However, the temperature of the refrigerator used to store medicines was not recorded on a daily basis to ensure reliability.

The medication prescription and administration records for all residents were reviewed. The practice of transcription by nursing staff was in accordance with the relevant professional guidance. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. A comprehensive and individualised risk assessment was available which took into account cognition, communication, reception and dexterity.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. Stock levels were checked and reconciled on a weekly basis to identify any errors or discrepancies. A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

Training had been provided to staff on medicines management and epilepsy awareness.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose contained all of the information required by Schedule 1 of the regulations and the inspector found that the Statement of Purpose was clearly implemented in practice. The statement of purpose had been last reviewed in February 2016.

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:
There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was away at mandatory training on the day of inspection. The director of services was available throughout the inspection and had an in-depth knowledge of the residents and the service provided. The director of services

demonstrated a proactive approach to the provision of person centred support and a willingness to come into regulatory compliance. There were established regular formal meetings between the person in charge and the director of services.

The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge has many years' experience in supporting individuals with an intellectual disability. The person in charge had an undergraduate qualification in social care and postgraduate qualifications in social care management. The person in charge had worked with the organisation since 2009 in a management role. The person in charge was employed full time by the organisation.

A report of an unannounced visit on behalf of the provider was made available to the inspector. The most recent visit had taken place in December 2015 which examined a number of areas including rights, social care needs, governance, staffing, medicines management and documentation. An action plan had been generated following the visit and there was evidence that actions were being completed.

The provider was aware of the requirement to complete an annual review of the quality and safety of care in the centre and to make this review available to residents. A template for the annual review was made available to the inspector but an annual review had not taken place in the centre.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge for greater than 28 days and the arrangements to cover for the absence. The person in charge had recently returned from a period of planned absence. The Chief Inspector had been informed of the planned absence, the arrangements to cover for the absence and when the person in charge had returned.

The person in charge was absent from the centre on the day of inspection due to training and there were adequate arrangements in place for the management of the centre when the person in charge is absent. There was a designated shift leader and the director of services was identified to deputise for the person in charge in her absence. The director of services demonstrated a good understanding of the responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of 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:
There was a planned and actual staff roster in place which showed the staff on duty during the day and the sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported residents and this provided continuity of care and support. Residents informed the inspector that they were satisfied with the staffing levels and were kept informed of any changes in the roster.

Staff files were kept centrally and were not examined as part of this inspection. An audit of the staff files was completed by the organisation in December 2015 as part of the unannounced visit and all files examined were found to be in compliance with the regulations. There was evidence of effective recruitment and induction procedures; in line with the policy dated April 2014.

A system of formal and informal staff supervision was in place which included regular staff meetings, formal supervision meetings and appraisals. Staff meetings took place every month and items discussed included medicines management, roster, documentation, update on residents, fire safety, hand hygiene and activities. Form supervision meetings took place at least four times per year.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The inspector saw that copies of both the regulations and the standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents.

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

Findings:
Only the area relating to the relevant records and documentation required under the outcomes examined on this inspection were considered.

The medicines management policy required review as it did not outline procedures in relation to the management of crushed medicines, methotrexate and non-prescription medicines in line with the Authority's guidance.

The safeguarding policy did not reflect the updated national safeguarding policy and procedures.

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:

Louisa Power
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
Centre ID:	OSV-0002031
Date of Inspection:	19 May 2016
Date of response:	27 July 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The measures in place to promote residents' privacy and dignity in the context of shared sanitary facilities were not outlined in intimate care plans.

[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 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Intimate Care Plans for service users who share sanitary facilities will include measures to promote their privacy and dignity in the context of these facilities. Signage for use will be in place.

Proposed Timescale: 30/09/2016

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:
Plans of care were not developed for all resident's individual healthcare needs.

2. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
A) A comprehensive Care Plan in relation to a service user's specific significant healthcare need will be developed with the service user for completion by 30.09.16
B) A care plan in relation to pain management will be developed for service users who were prescribed 'As required' pain relief to ensure appropriate administration of pain relief to be completed by 30.09.16

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Definitive goals were not clearly outlined in plans; the personal responsible and timeframe for completion were not outlined for goals.

3. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
Plans of Care to be reviewed to include:
Record of any recommendations and changes arising out of the personal plan review will be recorded when the plan is reviewed Completion date 31.1.17

Definitive Goals for the service user outlining the person responsible and timeframe for completion by 30.09.16

Proposed Timescale: 31/01/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of the plan of care was not multidisciplinary

4. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
Arrangements to be made for plans of care to be reviewed annually by multidisciplinary personnel for completion by 31.1.17

Proposed Timescale: 31/01/2017

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:
A number of risk assessments were dated as being completed in 2014 with a review date of 12 months.

The last two health and safety meetings had been cancelled.

5. 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:
All risks are now recorded on the risk register this is used to track and review any risks. A paper and electronic diary system has been put in place to ensure that risk assessments are reviewed within the stated timeframe

Proposed Timescale: 27/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of risks observed in the centre were not included in the risk register.

6. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The risks identified on the day of inspection have been assessed and included on the risk register including latex gloves, extremes of temperature hot/cold, hot water and vehicles.

Proposed Timescale: 27/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Preventative actions and/or follow up by the manager were not outlined in the majority of incident forms reviewed.

7. Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Incident forms will include input from the manager on preventative actions, recommendations and follow up.

Proposed Timescale: 15/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A comprehensive infection prevention and control policy in line with standards published by the Authority was not in place.

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

Please state the actions you have taken or are planning to take:
A local Infection Prevention and control Policy will been drawn up and implemented

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Refresher fire training was required for one staff member.

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

Please state the actions you have taken or are planning to take:
Refresher Fire Training is planned for the 24th August 2016

Proposed Timescale: 31/08/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A documented positive behaviour support plan was not in place for residents that require support with behaviours that challenge to ensure a consistent approach.

10. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
This has been identified through Individual Health Action Plans with a system in place to support service user with behaviours that challenge

Proposed Timescale: 31/08/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A robust plan had not been develop to ensure that a resident who may be placed in a vulnerable situation was safeguarded and was supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

11. Action Required:
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Please state the actions you have taken or are planning to take:
A safeguarding plan has been developed to support the service user develop skills in self care and protection.

Proposed Timescale: 27/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans had not been developed in relation to care at times of illness and at end of life.

12. Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Please state the actions you have taken or are planning to take:
Care at times of illness and end of life are being addressed through Individual Health Action Plans with the involvement of service users.

Proposed Timescale: 30/09/2016

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:
The temperature of the refrigerator used to store medicines was not recorded on a daily basis to ensure reliability.

13. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
A Medication Fridge Temperature Record has been put in place.

Proposed Timescale: 24/06/2016

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:
An annual review had not been completed.

14. 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 draft Annual review for 2015 has been drawn up currently being looked at with new HIQA guidelines on draft reports.

Proposed Timescale: 30/09/2016

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 policies in relation to safeguarding and medicines management required review.

15. 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 medications management policy has been referred to the medications policy review group to review the policy in relation to crushed medicines, methotrexate and non-prescription medicines. A local policy will be put in place.

Proposed Timescale: 30/09/2016