

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Portlaoise Area |
| Centre ID: | OSV-0002490 |
| Centre county: | Laois |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Joseph Ruane |
| Lead inspector: | Ann-Marie O'Neill |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 12 |
| 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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| From: | To: |
| 24 October 2016 10:45 | 24 October 2016 19:40 |
| 25 October 2016 10:30 | 25 October 2016 18:40 |

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 10. General Welfare and Development |
| 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 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

Background to Inspection.

This was an announced registration inspection. The registration inspection was taken on foot of an application to register by Health Service Executive (HSE). The centre was previously inspected in March 2014. This inspection gathered evidence to assess the fitness of the provider, HSE, in providing safe and appropriate supports to residents in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The provider had applied to register the centre to accommodate 12 residents.

How we Gathered Evidence.

The inspector met with all residents, a family member, staff, the person in charge and person deputising for the provider over the course of the inspection. Policies and documents were reviewed as part of the process including a sample of health and social care plans, complaints log, contracts of care and risk assessments. The inspector observed practice and staff interactions with residents. Residents had varying communication abilities and the inspector interacted with residents in line with their communication styles and preferences as set out in their personal communication plans and following guidance from staff.

Description of the Service.

The statement of purpose for the centre states that Portlaoise Area Community Service for adults with an Intellectual Disability aims to provide holistic person centred residential services and supports to people with an intellectual disability or intellectual disability and autism within their local community.

The centre comprises of three detached houses, referred to in the report as residential units. Prior the inspection the centre had comprised of four residential units. The provider submitted an application to make one of the residential units a stand-alone designated centre resulting in the centre referred to in this report comprising of the remaining three houses. All three residential units are located in the suburbs of Portlaoise town. The provider had ensured residents had access to a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers.

The centre accommodates 12 adult residents with varying degrees of intellectual disability and specific support needs in the management and support of autism spectrum disorders, healthcare and nutritional management.

Overall Judgment of our Findings.

Residents had opportunities for community inclusion across a wide range of areas in their lives. Residents were supported to identify and reach their goals and achieve full citizenship in their locality.

Residents living in the centre had moved from various institutional settings in the previous years and staff working with them had also supported them in their previous institutional home settings. All staff spoken with told the inspector that residents' quality of life had improved greatly. Residents who had engaged in significant behaviours that challenge in their previous institutional settings no longer engaged in such behaviours and were participating in activities in their local community such as the local women's walking clubs.

The inspector spoke with a family member who informed them that their sibling had gone for a visit to their family home for the first time in over 40 years. Previous to that their sibling had lived in an institution in Portlaoise and had not visited them or their family. The family member told the inspector they were very happy with the service their sibling was receiving, they found the centre to be homely and visits were encouraged and communications between family and staff were open and honest.

The inspector found improvements in compliance had occurred since the previous monitoring inspection. Of the 18 outcomes assessed all 18 were found to be compliant or substantially compliant. 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):

No actions were required from the previous inspection.

Findings:

The inspector found evidence that residents living in the centre had their rights, privacy and dignity supported to a good standard. Their personal choices were supported and encouraged, residents had access to independent advocacy services and consultation with residents was facilitated.

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedure was located in a prominent position and in an easy read format in each residential unit that comprised the centre. The complaints procedure identified who the complaints officer was for the organisation and the person nominated to manage complaints in the centre also. Each residential unit had a complaints and comments box where residents, visitors and staff were encouraged to give their feedback regarding the service.

The inspector reviewed a complaints log for the centre. There were no active complaints logged at the time of inspection. A number of compliments by residents' families had been logged which indicated they were very happy with the service their family member was receiving. Equally feedback questionnaires received by the Authority were also positive and complimented the staff and service their family member was receiving.

The centre had adequate privacy options in place for residents all bathrooms and toilets had privacy locks. Bedroom and living room windows also had adequate privacy options where they could provide adequate lighting but ensured privacy from the outside for residents.

Residents had access to an independent advocate if and when they required.

Information and contact details were available in the centre on how to access an independent advocate and a colour photograph of the advocate was present in each of the residential units comprising the centre.

The organisation had a policy on personal property, personal finances and possessions which guided practice in the organisation with regards to these matters. All residents living in the centre required full support in managing their personal finances. Financial ledgers, with documented monetary in and out balances were maintained and receipts for purchases and bank withdrawals and deposits also be maintained in each residents' financial ledger.

The inspector spoke with the person in charge to ascertain how she ensured residents' finances were adequately protected. The person in charge audits residents' finances on a monthly basis and reviews statements, balances and financial ledgers for each resident. The centre's expenditure was also audited by the person in charge to ensure residents' money is spent appropriately and items purchased such as groceries or personal items, were appropriate and in line with the residents' needs.

Activities available to residents were suited to their age and interests. All residents had opportunities to attend differing day services suited to their needs their interests and abilities. In one residential unit residents were in their older years and activities provided for them were geared towards their age and physical abilities also factoring in rest time for residents also.

The inspector reviewed a sample of resident meetings which occurred frequently and were inclusive of residents regardless of their communication or cognitive ability. Items discussed included their charter of rights, how to make a complaint, staff reading the local parish newsletter to residents, involvement in booking a holiday and choosing where to go and asking their feedback regarding refurbishments in their homes.

The inspector also noted that management and staff spoke respectfully of residents and displayed kindness to them throughout the inspection.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Residents' communication needs were supported in accordance with their assessed needs and preferences. There was a policy on communication in place to guide staff practice and procedures.

Residents' communication needs had been identified in their personal planning documentation. Each resident had a communication passport developed which contained detailed person centred information such as 'all about me', 'likes and dislikes' and 'how I communicate', for example.

Information in the centre was available in an easy to read format. If supports were required residents could avail of the services of a speech and language therapist (SALT) through local primary/community health care services.

Communication systems had been put in place to support residents in making choices and knowing what was happening next, for example some residents used objects of reference as a communication method. Visual aids and easy read format documents were in place to support residents' accessibility and understanding of their environment and supports available to them.

Internet access was available in the centre as were radios and a number of televisions in each residential unit comprising the centre.

Residents had also received timely and appropriate hearing checks and had also been supported to attend optician appointments.

Staff working with residents knew residents very well and understood their individual communication repertoires.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' family, friends and representatives were involved and included in decisions, planning and goals set for each resident. The centre operated an open visitors' policy in line with policies and procedures for visits.

Staff facilitated residents to maintain contact with their families. This included access to

phone facilities, transport home if needed and an open visiting policy to the centre. Some residents had visited their family homes for the first time in over 40 years in some instances. The person in charge and staff were actively encouraging and supporting residents and their families to visit and be involved in each other's lives.

As part of the organisation's policy on visitors there was a sign in book for visitors in the house which was up-to-date.

The location of the centre was in close proximity to the local town. There were facilities in the locality residents could access and frequent which would ensure they had a presence in their locality.

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose.

Each resident had an agreed written contract that dealt with the support, care and welfare of residents and included details of the services to be provided for each resident and the fees they would be charged.

The inspector reviewed a sample of contracts for the provision of service which documented signatures of residents and/or their representatives.

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:

The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans comprehensively reflected residents' assessed social care needs.

The inspector reviewed a sample of personal plans which were found to be comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care needs.

There was evidence of a comprehensive assessment implemented and ongoing monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. Residents' assessment of needs included general likes and dislikes, nutrition, intimate care and personal hygiene, behaviour support planning, healthcare assessments and personal goal setting.

Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates and medication management plans.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Some goals identified and achieved by residents included going on a boat trip, holidays and engagement in community based activities. Other residents had joined their local walking group in the community.

As outlined in Outcome 3; many residents living in this centre had moved from an institutionalised setting. Many of the goals that had been set out for them were for better access and participation in activities that their peers in other community residential settings without experience of institutional living have experienced most of their lives.

While the inspector found residents personal plans were comprehensive, a more formalised approach to goal setting and review was required to ensure they were reviewed with enough regularity to ensure they were achieved and changed if necessary.

Residents with greater dependency needs, for example, older aged residents, required

specific person centred planning which took into consideration their changing needs. The inspector noted the person centred planning process was not adapted or catered to the specific age group of residents living in the centre which differed in each residential unit of the centre.

Staff had adapted residents' personal plans into accessible formats for them using colour photographs to describe residents social care planning and their personal journeys on how they had come to the service they currently lived in. This information was important as it gave a context to some of the goals set for residents and achievements they had made since leaving their previous institutional residence.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre comprised of three residential units which were in the main suitable and safe for the proposed number of residents the provider had applied to register the centre for.

All residential units had adequate bathing/showering and toileting facilities all of which were of a good standard with aids and appliances to suit the needs of residents. At the time of inspection one residential unit had one shower/toilet in the house. The house accommodated three residents, one resident required full assistance with toileting and bathing. Another toilet was located in a building allocated as a utility space to the rear of the house. This toilet was used by staff or residents if they wished and had appropriate facilities and privacy accommodations for use.

The inspector viewed bedrooms on the invitation of some residents. Each bedroom had suitable storage options and adequate lighting and space for residents to mobilise safely.

Each centre had a well equipped and spacious kitchen and dining space. Laundry facilities were available and each residential unit was equipped with a washing machine, dryer and ample space to store laundry products.

There was suitable arrangements in place for the safe disposal of general waste in the centre. However, the inspector found storage of cleaning equipment such as colour coded mops and buckets and a vacuum cleaner was not adequate in one residential unit and was located in the patio of one of the residential units which took up space available for residents to mobilise in and looked unsightly.

Maintenance records were maintained in the centre which detailed servicing of equipment in the centre and ongoing maintenance works where necessary.

Judgment:

Substantially 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:

The health and safety of residents, visitors and staff was promoted in the centre. Fire containment and management procedures were in place and regularly reviewed and infection control measures met the needs of residents and suited the purpose and function of the centre. There were no actions from the previous inspection.

The risk management policy met the requirements of the Regulations and is implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

There was an up to date health and safety statement which addressed areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and identification of risks.

A person with responsibility for auditing of health and safety procedures in the organisation had visited the centre and carried out a review of practices and procedures recommending that a risk register be created for each residential unit to support the person in charge in the auditing and review of risk in the centre. The person in charge had begun to address this.

Personal risks for residents had been identified and were analysed with control measures in place to mitigate risks. These risk assessments were maintained in residents' personal plans. However, a medication management risk, which had been risk

assessed and reviewed by a speech and language therapist, required more robust control measures in place. The risk control measures with regards to a medication which could not be modified in once instance were not found to be robust.

The fire policies and procedures were centre-specific and up to date. The fire safety plans was viewed by the inspector and found to be comprehensive. The inspector observed that there were fire evacuation notices and fire plans displayed in the house. Regular fire drills took place and records reviewed by the inspector confirmed that they were undertaken at least quarterly.

Individual personal evacuation management plans were documented for residents and implemented as part of fire drills in each residential unit. The response of residents during fire drills was documented and also the length of time the drills took. Staffing levels had been increased in one residential unit to facilitate fire emergency evacuation. Ski pads were also located in units where residents required assistance in evacuation.

The inspector also observed that fire evacuation doors were fitted with a thumb turn mechanism. This would ensure residents, staff and visitors could evacuate from the premises without the necessity of a key but still ensuring that the premises was secure.

The inspector noted the presence of intumescent strips on all doors in one residential unit. All doors in the premises also appeared to be heavy set fire compliant doors. This promoted good fire containment measures in the residential unit.

There was a policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand washing facilities in the centre were adequate. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training.

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):

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

Findings:

There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Actions from the previous inspection relating to bed rail restraints had been addressed adequately.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

There was a policy and systems in place for the management of behaviours that challenge. This included access to relevant allied health professionals such as psychologists and/or behaviour support specialist nurse for the development of behaviour support plans and their review. Residents were also support to avail of community psychiatric services if required.

Residents who could display behaviours that challenge had behaviour support plans in place where necessary. Possible triggers and appropriate interventions and avoidance mechanisms were documented. Where residents required supports therapeutic management practices were in place and every effort was made to alleviate triggers and stressful situations for residents that may cause them to engage in behaviours that challenge.

A restraint free environment was promoted in general throughout the centre. Since the previous inspection the person in charge had implemented a restraint reduction strategy and had introduced a number of initiatives which had reduced the use of bed rails, these included the use of low-low beds and mats to protect residents should they roll out of bed. Feedback from staff indicated these initiatives had improved the quality of life for residents and reduced risk of injury to them where previously residents had tried to climb over bedrails, for example.

All staff spoken with and records reviewed confirmed that the overall incidence of challenging behaviours had reduced substantially since moving to the community houses. Staff mainly attributed to the more appropriate premises and non-institutionalised living, for example where residents had obsessions relating to foods and drinks they had reduced resulting in residents able to participate in community activities and enjoying hotel trips and eating out.

Intimate care planning was in place for all residents that required support in this regard. While plans were in place they required some improvement to ensure they provided enough person centred detail with regards to residents' individual preferences and supports. For example how residents liked their hair styled, the prompts they required to engage in personal hygiene, if any, to promote their independence as much as possible.

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| <p>Judgment: Substantially Compliant</p> |

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| <p>Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p> |
| <p>Theme: Safe Services</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.</p> <p>The inspector noted a restrictive practice was in place to ensure the safety of residents in one residential unit. It had not been notified in quarterly notifications to the Chief Inspector as required by the Regulations.</p> <p>To date all other incidents had been notified by the person in charge as required by the Regulations.</p> |
| <p>Judgment: Substantially Compliant</p> |

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| <p>Outcome 10. General Welfare and Development <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i></p> |
| <p>Theme: Health and Development</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents had an enhanced quality of life since moving to the designated centre from their previous institutional setting.</p> |

As referenced in some Outcomes in this report residents living in the centre had experienced a poor standard of living in their previous residential home setting. Since moving to the service a number of residents had experienced a reduction in engaging in behaviours that challenge.

Residents were now experiencing greater opportunities to engage in their local community and participate as fuller citizens of their locality.

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):

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

Findings:

The inspector reviewed a sample of health care plans for residents in both residential units of the centre and found residents were supported to have their health needs met in the most part.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). Residents also had access to the supports of allied health professionals such as dietician, speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital appointments.

Residents were also supported to access preventative health screening procedures such as breast checks and bowel cancer screening. All residents had received an annual health check which were up-to-date.

Some residents required epilepsy support management. The inspector reviewed an epilepsy support plan and found it to be detailed and described the type of seizure the resident experienced, emergency management of seizures should they occur. It also set out criteria for staff to implement with regards to administration of emergency rescue medication for the management of seizures. The resident's prescribing physician had also signed the epilepsy care plan.

All residential units had adequate space for storage of food. Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and

frozen foods were in good supply in the centre. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents.

Residents identified at risk of choking, due to compromised swallowing ability, had been referred to SALT for review and a modified consistency meal and fluids plan was prescribed. The inspector observed residents being supported to eat during the course of the inspection and noted staff implemented appropriate and discrete support to residents. Modified consistency meals were nicely presented and staff supported residents to sit in the correct position while eating.

Associated nutritional risk assessment tools were not used to assess if residents required referral to dietetic services based on any nutritional risk identified. Monitoring of nutritional risk was not robust enough and required review.

A policy on supporting residents' nutrition was being finalised at the time of inspection.

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):

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

Findings:

Overall, residents were protected by the centre's policies and procedures for medication management. The inspector did identify a medication administration risk which is referenced in Outcome 7 in relation to risk management.

All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices.

Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medications were stored securely in each residential unit that comprised the centre. A medication fridge was available for the storage of medications requiring refrigeration where required.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection.

Regular medication audits were carried out to ensure medication management systems were in line with the policies and procedures of the organisation and to ensure best practice. Where medication errors occurred there was evidence of prompt review to ascertain the cause of the error and to quickly and efficiently address the issue to prevent it from occurring again.

The inspector noted in one instance where a resident, who required their medications crushed or liquidised, was prescribed a medication that was not crushable or available in a liquid form and the resident was receiving a tablet. The inspector identified this as a risk. This is further discussed in Outcome 7: Health and Safety and Risk Management.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose met the requirements of the Regulations.

It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was evidence to indicate that the quality of care and experience of the residents living in the centre would be monitored on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services in accordance with the statement of purpose.

The inspector interviewed the person in charge. During this meeting the person in charge's fitness was assessed and the inspector found her to be a fit person to manage the centre with the necessary skills, experience and training. The inspector also assessed the person in charge's ability in practice during the inspection and found evidence that residents were receiving a quality service. Compliance was found in a number of outcomes on this inspection.

There was ongoing auditing of health and safety, fire safety, medication management and management of residents' finances in the centre. Through the implementation of these audits identified key issues that required review were addressed.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. The inspector reviewed the unannounced visits and the annual review of the centre. This auditing system was effective in improving the quality of care and experience of residents living in the centre. For example, during a person centred planning audit it had been identified that residents' goals setting required some improvement to ensure goals set were realistic and achievable, it was also identified that residents should have at least one activity outside of the centre in a one to one capacity with staff. These actions were being implemented by staff.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by the regional manager who had responsibility for oversight of a number of designated centres in the area. She was identified as a person who would be participating in management who would assume responsibility of the centre in the absence of the person in charge.

Each residential unit of the centre had an identified senior staff member who was responsible for the day-to-day running of each unit and for the implementation of audits and observation of staff practices. They met with the person in charge regularly and discussed centre and resident related issues with the person in charge as necessary.

Judgment:

Compliant

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 his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place should the person in charge be absent from the centre.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre was adequately resourced with staff trained to carry out care and support procedures for residents. Staff observed and spoken with during the course of the inspection presented as caring and respectful of residents. However, staff files did not contain all the matters as set out in Schedule 2 of the Regulations.

The inspector reviewed a sample of staff files and noted that some did not contain the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Items missing included photographic identification and evidence of staff's date of birth.

The person in charge had made efforts to ensure that each file contained a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. From the sample of files reviewed by the inspector staff had been vetted. However, the inspector found staff files to be disorganised and some important information were not kept in the staff files but in other files. The person in charge was required to review staff files to ensure they contained all the matters as set out in Schedule 2 of the Regulations.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. There was a staff nurse on duty at all times in each residential unit. The person in charge told the inspector that the staffing levels were based on the assessed needs of the residents. When required agency staff covered absences, the person in charge informed the inspector that efforts were made to ensure agency staff, familiar to residents, worked in the centre when necessary.

A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including communication, the management of swallowing difficulties and the management of behaviour that challenges.

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| 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):
No actions were required from the previous inspection.

Findings:
The records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which was up to date.

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:

Ann-Marie O'Neill
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

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002490 |
| Date of Inspection: | 24 and 25 October 2016 |
| Date of response: | 06 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 05: Social Care Needs

Theme: Effective Services

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

While the inspector found residents personal plans were comprehensive and detailed a more formalised approach to goal setting and reviews was required.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in

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

circumstances and new developments.

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

Each individual residing within the designated centre will have a full revised care plan in place with appropriate SMART goals. 31/01/2017

Revised goals will have identified review dates and will be reviewed quarterly or as required. A formal system for reviewing goals will be implemented in the centre. 31/01/2017

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Residents with greater dependency needs, for example, older aged residents, required specific person centred planning which took into consideration their changing needs.

2. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

A revised care plan has been devised for the centre. This Care plan will include a comprehensive assessment of individual support requirements and programmes and activities suitable to individual residents who are advancing in years. 31/01/2017

Each Residents Person Centred Plan will be revised to take into account their changing needs. 31/01/2017

Proposed Timescale: 31/01/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Storage of cleaning equipment such as colour coded mops and buckets and a vacuum cleaner was not adequate in one residential unit.

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The smoking hut will be removed. Complete 15/11/2016

Colour coded mops and buckets will be replaced with domestic style colour coded equipment which is now stored along with the hover in the utility room. Complete 15/11/2016

The back patio area will be power washed. Complete 27/11/2016

A Sensory Garden will be developed in consultation with residents. Consultation with the Occupational Therapist has commenced to develop a sensory garden. Design options will be discussed and agreed with all residents living in the centre. 31/01/2017

An application for funding will be submitted for minor capital to complete these development works in the garden. Complete 25/11/2016

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 medication management risk required more robust control measures in place.

4. 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:

A review of Medicines will be undertaken for residents who have Dysphasia in the centre in conjunction with the individual and their SLT, GP and Pharmacist. Complete 03/11/2016

Where a resident has Dysphasia the SLT will review the residents' ability to take their Medication. A referral was sent to the SLT for a resident on 04/11/2016 31/11/2016

A suction Machine will be provided for the centre. Complete 16/11/2016

The Physiotherapist will provide advice to staff on the use of the suction machine. 04/12/2016

All Risk assessments relating to individuals with Dysphasia will be reviewed and updated in the centre to reflect robust control measures to mitigate the risks. Complete 26/10/2016

A Guideline on the use of the suction Machine will be devised for the centre.

08/12/2016

All Care Plans relating to individuals with Dysphasia have been reviewed and updated.
Complete 26/10/2016

Proposed Timescale: 08/12/2016

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:

Intimate care planning was in place for all residents that required support in this area. While plans were in place they required some improvement to ensure they provided enough person centred detail with regards to residents' individual preferences and supports.

5. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

All Intimate Care Plans will be revised by the PIC in conjunction with the residents and or their representative and Key-worker to ensure that they are Person Centred taking into account each individual residents will and preference 31/01/2017

Proposed Timescale: 31/01/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all restrictive practices used in the centre had been notified in quarterly notifications.

6. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The use of a Restrictive Procedures in the centre has be notified by the PIC to the

Authority. Complete 31/10/2016

Corrective action has been taken through the provision of an information session to members of the staff team on notifications to HIQA as per the regulations. Complete 31/10/2016

Proposed Timescale: 31/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge was required to review staff files to ensure they contained all the matters as set out in Schedule 2 of the Regulations

7. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

A review will be undertaken by the PIC of all staff files to ensure that they contain all matters as set out in Schedule 2 of the Regulations. 12/01/2017

Proposed Timescale: 12/01/2017