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:	Lois na Greine
Centre ID:	OSV-0002566
Centre county:	Louth
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jackie Barron
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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

From:	To:
04 October 2016 09:30	04 October 2016 19:30
05 October 2016 10:00	05 October 2016 16:30

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 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 inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by the Health Services Executive (HSE) Meath/Louth (the provider).

The centre had a monitoring inspection in April 2014, where a number of major and moderate non-compliances were found across seven outcomes that were assessed.

This registration inspection found that the centre had addressed many of the issues identified in that inspection however, a number of non compliances were found in residents rights', communication needs, risk management, social care needs and healthcare needs.

The inspector observed that by the end of this two day inspection process the person in charge and the assistant director of nursing (ADON) had already commenced some of the actions required to address the areas of non-compliance identified.

How we gathered evidence:
The inspector met with all five residents that lived in the centre over the two day inspection process. For the most part residents were non-verbal however, the inspector observed that they appeared content in the house and were able to communicate their needs to staff members.

Staff in turn were seen to support and communicate with residents in a respectful and dignified manner.

One family member was also spoken with at length and they reported that they felt the service was very good. They felt their family member was very well cared for, the house was safe, staff were very supportive and approachable and they were welcome to visit the centre at any time.

The family member particularly emphasised that they felt their relative was very well supported to achieve the goals identified in their person centred plan (PCP) which included a charity walk and a holiday break away from the centre.

A senior staff nurse, a staff nurse and a social care worker were also spoken with over the course of the inspection. The inspector observed that residents appeared very much at ease with all staff members and interacted with them in a relaxed and friendly manner.

The inspector also spoke with the person in charge at length throughout the two days of the inspection. Policies and documents were also viewed as part of the process including a sample of social care plans, health care plans, complaints policy, contracts of care and minutes of residents meetings.

Description of the service:
The centre comprised of a very large well maintained detached house which had the capacity to support five residents both male and female. It was located in rural location in County Louth; however, two vehicles were available which provided transport to nearby towns.

A wide range of amenities such as shops, restaurants, churches, barbers, hairdressers, swimming pool, pubs, libraries and hotels were available in both towns.

Overall judgment of our findings:
This inspection found good levels of compliance across 13 of the 18 outcomes assessed. Safeguarding was found to be compliant and the staff spoken with could

demonstrate how to protect residents making reference to policy, protocols and care plans. General welfare and development, use of resources and workforce were also found to be compliant and the inspector observed that staff adequately trained to meet the needs of the residents.

Issues were identified regarding resident's rights, social care needs, communication needs, healthcare needs and risk management. It was found that better oversight was required with regard to assisting residents with the management of their personal items, residents were not being supported to attend their person centred planning meetings and access to some allied health care professionals was not always timely.

The outcomes assessed as part of this inspection are further discussed in the main body of the report and 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that arrangements were in place to ensure the privacy and dignity of residents were respected and promoted and residents' choice was supported and encouraged in the running of the centre.

The last inspection identified an issue were with regard to management of one residents personal property. While that particular concern had been addressed, issues remained regarding the use of two other residents' personal property in the centre.

Policies and procedures were in place to promote and ensure residents were consulted with, and participated in, decisions about their care and about the running of the centre.

For example, residents held regular meetings to discuss and plan menus for the week and organise social outings. Important issues such as the role of advocacy and the upcoming Health information and Quality Authority (HIQA) visit were also discussed.

The inspector viewed a sample of the minutes of the meetings which informed that residents had made decisions concerning menus for the week and how to celebrate special occasions such as residents' birthdays.

Over the course of the two day inspection the inspector observed that residents made their own choices regarding what activities to engage in such as using the facilities in the back garden, watching television (TV) or other household activities and/or tasks.

Feedback from family members also confirmed that individual residents' likes and preferences were facilitated and supported. The family member the inspector spoke with was extremely complimentary of the service and staff members. Comments made by this family member included, this is a brilliant service the staff are very supportive.

Feedback via questionnaires was also viewed by the inspector and generally they were all found to be very positive regarding how residents were supported to make their own decisions and choices in the centre.

Family members were also supported and encouraged to be involved and participate in all aspects of the residents' person centred plans.

From a sample of plans viewed, the inspector saw that family members were invited and supported to attend meetings on a regular basis. The family member spoken with by the inspector was also very positive about the circle of support meetings reporting that their relative had achieved some great goals through the PCP process

An issues was identified regarding residents participation in their PCP meetings however, this was dealt with under Outcome 5: Health and Social Care.

Access to advocacy services and information about resident rights formed a routine part of the support services made available to each resident. The centre had a policy on advocacy called 'Your service - Your say'.

The policy was to ensure that all residents had a right to appoint an advocate if requested and that advocacy services could be made available if required. An independent advocate had visited the centre in the past and spoke with some residents about the concept of advocacy and rights.

The inspector observed that information on how to contact an advocate was on public display in the centre and information on advocacy was also readily available in a format to suit the residents' communication requirements.

There were guidelines in place and on every residents file on how to promote best practice when supporting intimate care. The guidelines stated that every staff member had a duty of care to ensure that each resident would be treated with dignity and respect and have personal privacy for their intimate care needs in a safe environment.

The inspector observed that arrangements were in place to promote and respect resident’s privacy and staff members were observed to treat residents with dignity and respect at all times over the course of the inspection process.

Of a small sample of intimate care plans reviewed, they were found to be informative of how best to support the residents while maintaining their dignity and respect. The family member spoken with also emphasised that they felt their relatives were always treated with dignity and respect in the centre.

A complaints policy was in place in the centre which had been reviewed in 2015. The policy informed that that the service was committed to having a policy in relation to the

making, handling and investigating of complaints and that all residents and family members should be aware of this.

Feedback from both staff and family members informed the inspector that that they were aware of the complaints procedures in the centre and who to speak with if they had a complaint.

A dedicated complaints log was kept in the centre and the inspector observed that complaints were being logged and managed accordingly in line with policy and procedures.

For example, a staff member on behalf of a resident had complained that their bedroom was cold as the radiator was not working properly.

Another staff member had complained on behalf of another resident that one of their sensory pieces of equipment was not working adequately. By the time of this inspection both issues had been satisfactorily addressed.

The complaints procedures were also publically displayed in the house and an easy to read version was also available to every resident living in the centre.

The inspector observed however, that some complaints and/or concerns were not being adequately recorded. For example, one parent had expressed concern in the past regarding the overall charges applied for their relatives care package.

The person in charge had addressed this issue which resulted in a substantial reduction in rent for all residents. This issue was not recorded in the complaints/concerns folder.

On bringing this to the person in charge's attention and the ADON, both informed the inspector that training in the management and recording of complaints was scheduled to happen for all staff working in the centre in October 2016.

There were guidelines in place to protect each resident’s personal possessions, property and finances and each resident had an inventory of their personal items on their file.

Each resident was also supported in managing their own finances and their monies were kept safe by robust accounting procedures, which were checked on a daily basis by two staff members.

All purchases were required to have a receipt and every time a resident spent money their balance was checked by two staff members to ensure that all monies could be accurately accounted for.

However, on checking a sample of residents' personal inventory of personal belongings the inspector noticed that some personal items purchased by residents were not being used appropriately.

For example some personal items were made available for communal use in the centre while others were being used for storage.

The residents' in question had not been consulted about these arrangements and there permission was not sought for their personal items to be used in this way

When this was brought to the attention of the person in charge and the ADON they informed the inspector that these issues would be addressed as a priority.

Judgment:
Non Compliant - Major

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:
There was a policy in place on communication with residents and the inspector found that staff members supported, respected and understood the individual communication needs of each resident living in the centre.

However, a request made by the person in charge for support and input from a speech and language therapist in order to enhance the residents communication supports had been declined by the organisation.

A protocol on communicating with residents was in place and reviewed in September 2014. The aim of the policy was to facilitate a centre that supports residents with their individual communication preferences so as they can participate in any decision making process that affects them.

The inspector observed that this policy was put into everyday practice by the staff working in the centre. For example, where required information was made available to residents in a format suited to their individual assessed communication needs. Each resident also had an easy to read folder containing all information relevant to them for ease of access and retrieval.

Residents' communication needs were also identified in their communication assessments. From a sample viewed, the inspectors found that the assessments captured the individual communication requirements of each resident. They were also very informative of how best to communicate with each resident.

Some residents were supported to communicate with the use of pictures and symbols and the inspector observed that the centre was in the process of progressing the use of

assistive technology in enhancing the communication supports for some residents. Some residents had computers in order to support them with this initiative.

However, the inspector observed that some residents were not being assisted adequately to communicate in accordance with their assessed needs.

While the residents preferred style of communication was being supported by the centre, a request by the person in charge for support and input from a speech and language therapist had been declined by the organisation. This request was declined as an organisational decision was made that the residents did not meet the criteria for this level of support.

The inspector observed that there were ample communal TV's, individual TV's, DVD players, and music systems in the centre.

At all times over the course of the two day inspection process the inspector observed staff communicating effectively and respectfully with the residents. Residents for the most part were non verbal however, the inspector observed that staff were very much in tune and understood each residents preferred communication style.

From speaking with staff they were also able to verbalise and speak knowledgeably about each residents communication assessment and needs

Judgment:
Non Compliant - Moderate

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:
The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged. There was also a policy in place which outlined that visitors were welcome in the centre at any time.

The centre had a visitor's policy in place. The aim of the policy was to ensure that residents would be facilitated to develop and maintain personal relationships in accordance with their wishes and that family and friends were made welcome to visit the centre.

Feedback from one family member was extremely complimentary of the service and they informed the inspector that they always felt very welcome to visit the centre at any time. This family member informed the inspector that the staff in the centre were wonderful and had supported their relative to attend a family wedding and other important family gatherings.

On the day of inspection another family member was observed to be visiting with their relative.

Feedback from relatives' questionnaires also informed the inspector that family members were supported to visit the centre prior to their relatives moving in and that staff were very supportive of facilitating visits.

Some residents also had pictures of their loved ones, family members and friends on display in their bedroom.

Residents were also supported to frequent the nearby towns where they used they could use local shops, restaurants, pubs and hotels.

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:
This inspection found that there were robust policies and procedures in place to guide the admissions, transfer and the discharge processes in the centre.

There was a policy on admissions, transfer and discharge available in the centre. The policy set out to ensure that the service was committed to the highest standards for the admission, transfer and discharge being applied across the service.

Written agreements were also in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

It was also noted that each resident had an agreed contract for services provided and these contracts were kept in the residents personal files

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 inspector found that health and social care needs of each resident were being supported and facilitated in the centre and the issues identified in the previous inspection had been addressed. There was also regular input from a team of multi disciplinary professionals as and when required.

However, it was also observed that residents were not supported to participate in their circle of support meetings.

Overall the wellbeing and welfare provided to the residents was to a good standard and from a sample of files viewed the inspector was assured that person centred plans were being managed and facilitated in order to sustain and enhance the quality of life of each resident living in the centre.

A policy on person centred planning (PCP) was developed in 2016 and available in the centre. The purpose of the policy was to outline the service approach to PCP and to ensure that all staff working in the centre upheld the rights of the residents to be consulted with and to participate in the development of a comprehensive PCP.

The inspector viewed a sample of PCP's and found that the stated policy above was not being fully implemented in the centre. For example, and as sated above, residents were not being supported to participate in their circle of support meetings which formed a critical part of their PCP process.

However, the inspector observed that residents were being supported to achieve important goals with the assistance of the staff team, input from family members and allied health care professionals.

For example, residents were being supported to go on holidays of their choice as part of their PCP while others had participated in and completed a charity 5 kilometre walk. Another resident was in the process of being supported to learn how to write their name and address and the inspector observed the progress being made with this goal on the day of inspection.

There was also a policy in place to ensure that residents and those that supported them could access a meaningful day through the process of activation and/or training.

The policy was reviewed in 2016. From viewing a sample of files the inspector found that residents where requested, attended a range of day activation centres and clubs of their choosing. For example residents attended various day activation centres where they took part in activities of their choice.

From a sample of files viewed the inspector saw that residents were supported to engage in activities such as horse riding, relaxation, social outings and cooking.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
Overall the inspector found that the location and design of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and suitable manner. An issue was raised in the last inspection concerning the use of a summer house purchased by a resident however, this was dealt with under Outcome 1: Residents Rights.

The centre was in a rural location and consisted of a large single story five bedroom house. It was in driving distance to the towns of Dundalk and Newry. Two vehicles were provided so as residents could access shops, restaurants, pubs, barbers, hairdressers,

churches and cafes in those towns if and when requested.

There was a lobby area and a spacious hallway on entering the centre. Communal facilities included a very large open plan sitting room cum dining room and a separate sitting room which could be used for visitors.

There was a separate kitchen area, a utility room, an office and an additional large communal room/activities room that could be used by residents if they so wished. There was also a small relaxation room available to residents and a staff shower room available for use by all staff members.

All residents had their own individual bedrooms which were large and decorated to their individual likes and preferences. The inspector observed that the residents had decorated their own rooms to their own individual styles and preferences. Some residents also had pictures of friends and family members on display in their rooms.

Residents appeared very much at home in the house and the inspector observed that they looked very comfortable and relaxed watching TV and interacting with staff over the course of the inspection process.

The fixtures and fittings were modern and the centre was well ventilated, warm and spacious. It was well maintained and clean throughout. There was also ample storage room available in the centre. It was observed that some presses required maintenance work on day one of the inspection however, this had been addressed by day two.

There were well maintained front and back gardens in the centre. The front garden provided for ample parking space while the back garden had a large lawn and courtyard area for residents to avail of. There was ample garden furniture to avail if and when required by residents.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
While most of the concerns highlighted in the previous inspection had been addressed and there were systems in place to promote the health and safety of residents, visitors

and staff, issues remained regarding the management of risk in the centre and with some of the fire evacuation procedures.

There was a Corporate Health and Safety Statement for the organisation which was available in the centre was updated in 2014. It stated that all health and safety matters were applicable to all employees and was to ensure that all safety management programmes were fully integrated throughout the service.

The centre itself had a localised Safety Statement and the aim of the statement was to promote standards of safety in the centre with regard to the health and welfare of all residents and staff.

The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre. It also made reference to the fact the centre should engage in environmental and biological risk assessments where and when appropriate.

There was also a risk and incident management policy available in the centre which had been updated in 2016. The aim of the policy was to recognise that the service was committed to providing a safe service and emphasised the importance of implementing a robust risk management system to support this.

The policy was also to support staff to be aware of the policies and procedures in managing risk and in the event of an adverse incident, the appropriate reporting procedures.

The risk management policy was comprehensive and met the requirements of the Regulations. The inspector observed that there was a risk register in place in the centre that had recently been updated. The inspector was satisfied that where a risk was being identified it was being adequately addressed and actions put in place to mitigate it.

However, not all environmental risks were being identified in the centre. For example, a soft area to the front of the house was unsafe when it was raining. The chances of slipping on it were increased when it was wet.

While no adverse incidents had been recorded (because staff were aware of this and kept residents safe), this area had not been adequately risk assessed and there were no written guidelines available on how to keep residents safe.

The inspector also observed that some residents liked to engage in physical activity such as running in the back garden. While no harm had come to the residents to date, it was observed that there were some environmental risks that had not been assessed.

For example, there was a large uneven shore in the middle of the garden that could pose a risk of tripping and/or falling. This had not been assessed and there were no measures in place to mitigate the risk of falling and/or tripping over it.

There was also a requirement to keep some bedrooms doors locked at specific times throughout the day as there was a risk of other residents entering the rooms without

permission. However, the reasons why this was the case and the associated risks involved were not recorded adequately.

The front door was also kept locked and while the reasons for this had been documented and risk assessed, this practice required further review. For example, one parent expressed a wish that their relative could have access to the front door. Risk assessments had not been reviewed adequately in order to assess if this request could be facilitated.

While there were few adverse incidents occurring in the centre, the person in charge informed the inspector that all learning and actions arising from any adverse incidents occurring was documented and discussed at regular team meetings with her staff team.

The inspector found that the fire register was up to date having last been checked and signed off by an external fire consultancy company in August 2016. Fire equipment such as fire blankets, fire extinguishers and emergency lighting had also been checked in 2016. The centre also had fire doors in place.

Documentation read by the inspector informed that staff did daily checks on the alarm panel and checked that escape routes were clear. Weekly checks were carried out on emergency lighting and monthly checks were carried out on fire extinguishers to ensure that they have not been tampered with and their service history was up to date.

Fire drills were carried out routinely and from viewing the relevant documentation the inspector observed that some minor issues were identified with one resident in the most recent fire drill.

The resident in question refused to go to the fire assembly point and went back into the centre. However, the inspector observed that their personal evacuation egress plan had not been updated to reflect this issue.

There was a missing person's policy in place which had been reviewed in April 2016. The aim of the policy was to identify a resident who may be at risk of going missing and to support staff in what course of action to take should a resident go missing.

The person in charge informed the inspector that in the past a resident had gone missing however, there were procedures in place to manage such a situation should it occur again.

There were multiple policies and standard operating procedures in place for the management of infection control, all reviewed and updated between 2011 and 2016. The aim of the policies were to provide recommendations for the prevention and control of infection in a community based setting.

There were also guidelines available in the centre on how to promote good hand hygiene and what to do in the event of an outbreak of an infectious disease.

The inspector observed that the centre was clean and there was adequate warm water and hand sanitizing gels and soaps available. Many staff also had undergone training in

hand hygiene.

It was also observed that all staff had training in fire safety and manual handling.

Judgment:
Non Compliant - Major

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:
Overall the inspector found that there were adequate systems in place to protect residents from all forms of abuse in the centre and the issues identified in the previous inspection had been addressed adequately.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear and explicit guidance to staff on how to manage any incident of concern arising in the centre.

The policy, which was updated in 2015 provided staff with the knowledge on how to recognise abuse and their responsibility in reporting it. An easy to read version of the policy was also available for residents.

Standard operating procedures relating to safeguarding (which were revised in March 2016) were also available to staff working in the centre. They were to provide front line staff with the guidance on how to recognise abuse, how to prevent it and what course of action to follow if they had any safeguarding concerns.

The inspector spoke with two staff members over the course of this inspection and all were able to verbalise how to manage, record and report a safeguarding issue making reference to the designated person, policy and procedures in place in the centre.

From a sample of files viewed, all staff also had up-to-date training in safeguarding of vulnerable adults.

There was also a designated person to deal with any allegations of abuse and details of who this person was and how to contact them were on display in the centre and held on each residents file. Feedback from family members informed the inspector that they felt their residents were safe and secure in their home.

There was a policy in place for the provision of intimate personal care which was revised in April 2016. The aim of the policy was to establish protective measures for the residents and staff members and to provide staff with clear guidelines regarding the provision of personal care.

It was observed that comprehensive personal and intimate care plans were in place for each resident and provided guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident.

There was also a policy in place for the use of restrictive practices in the centre which was revised in 2015. The policy outlined the exceptional and limited circumstances in which restrictive practices could be used as part of a residents care plan.

The inspector observed that some restrictive practices were in place which were used for safety purposes and were monitored and reviewed. For example, sharp instruments were kept in a locked drawer as a risk assessment had determined that this was a requirement for safety reasons.

The front door was also kept locked for safety reasons however, the inspector felt that this restriction required further review as it impacted on all residents living in the centre. (This issue was discussed under Outcome 7: Health, Safety & Risk Management).

p.r.n. medicines was in use for one resident as a mood stabilizer. However, the inspector observed that it had not been administered for some time and there were very strict protocols in place for their administration.

It was also observed that the p.r.n. medicine was reviewed on a regular basis and staff spoken with were able to verbalise the protocols for its administration.

There was a policy on the management of behaviours that challenge in the centre which was approved in 2013. The purpose of the policy was to provide staff with an evidence based account of the safeguards and procedures that they must adhere to, to ensure the safe prevention and management of behaviours that challenge.

Where required residents had a comprehensive positive behavioural support plan in place. These plans were informative of how best to support a resident if they were to present with challenging behaviour.

The plans focussed on calm proactive, low arousal strategies to support residents and also used distraction as a technique to de-escalate a situation.

From speaking to a number of staff and the person in charge the inspector was satisfied that they were able to vocalise some of the issues that might trigger behaviours of concern and how to put the positive behavioural support plans into action if and when

required.

The inspector observed that there were psychiatry and regular psychology support available to the centre as and when required and from a sample of files viewed, staff had training in the management of challenging behaviour and safeguarding of residents.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

There was a standard operating procedure available in the centre on the reporting of notifiable events to HIQA which had been reviewed in 2014.

The purpose of the procedures was to provide a clear framework, including timeframes for the management team to follow in the event of a notifiable event occurring in the centre.

The person in charge clearly demonstrated her knowledge of her legal responsibilities to notify the Chief Inspector as and when required during the course of this inspection.

Judgment:
Compliant

Outcome 10. General Welfare and Development
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.

Theme:
Health and Development

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

Findings:
The inspector found that there were opportunities for new experiences and social participation for residents that formed a key part of their health and social care plans. Residents also engaged in a variety of social activities facilitated by both day and residential services.

There was a policy in place for support residents' access to external day activation programmes which was developed in June 2016. The policy was to provide guidance to all staff on how to support residents' access and experience meaningful day activities.

For example, all residents attended day activation centres where they could chose from a range of social and learning activities to engage in such as horse riding and baking

Some residents did not have a full time day service however, the inspector observed that in this instance the residents were supported to engage in activities of their choosing such as going for a social outing or a physical activity such as a walk with staff.

Family members also reported that the residents got to on social outings and were delighted that their relatives were supported to avail of a holiday break earlier in the year.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
The inspector found that arrangements were in place so as residents healthcare needs were regularly reviewed with appropriate input from allied health care professionals where and when required. However, a recommendation made by an allied health care professional for one client in June 2016 had yet to be implemented.

The person in charge informed the inspector that arrangements were in place in relation to residents having access to general practitioner (GP) services and a range of other

allied health care services as and when required. Each resident had a general health check on an annual basis which was conducted by their GP.

From a sample of files viewed the inspector observed that healthcare plans were informative of how each resident were supported to experience best possible health regarding personal hygiene, dental care, mobility, eye care, foot care and positive mental health.

The inspector observed that some residents refused to attend appointments however, alternative arrangements to manage such situations were in place in order to support residents enjoy best possible health.

The inspector found that monitoring documents were available and maintained in the centre. From a sample viewed, these files informed the inspector that hospital appointments where required were supported and facilitated.

Consultations with allied health care professionals such as optician, dietician, speech and language therapist and occupational therapist were provided for as and when required. While an issue regarding appointments with speech and language therapy were identified earlier in this report, this issue was discussed under Outcome 2: Communication.

However, the inspector observed that a recommendation from an allied health care professional made in June 2016 for one of the residents had yet to be progressed. On investigating this issue it appeared that the delay in sourcing this specialised equipment was due to budgetary constraints.

Both the person in charge and assistant director of nursing assured the inspector that this issue would be looked into as a matter of urgency.

Positive mental health was provided for, and where required residents where required had access to psychology and psychiatry supports.

Health care plans were informative of how best to manage special conditions such as high cholesterol. Residents were supported to follow a healthy diet plan and to engage in exercise.

The inspector found that arrangements were in place to ensure residents' nutritional needs were met to a very good standard.

Menu planning, healthy food choices and regular exercise formed part of discussion between residents and staff in weekly meetings. There was also a wide variety of options to choose from at meal times.

Mealtimes were observed to be very relaxed, person centred and taken at the residents pace. Staff were also observed sitting and chatting with residents at meal times.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that the medicines management policies were satisfactory and that practices described by the senior staff nurse were suitable and safe.

The medicines management policy in place in the centre had been reviewed and updated in December 2015. The aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked drug press was in place in the centre and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any drug errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and management on-call. However, the inspector observed that there had been no recent drug errors on record in the centre.

The person in charge and/or staff nurse regularly audited all medicines kept in the centre and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times.

Only qualified nursing staff were permitted to administer the everyday medicines and p.r.n. medicines in the centre.

All p.r.n. medicines had strict protocols in place for their use and were reviewed regularly by the GP and/or psychiatrist.

From speaking with the senior staff nurse about the medicines management practices in the centre, the inspector was assured that he was familiar with and could vocalise the strict protocols in place for the use and administration of p.r.n. medicines.

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

Findings:
By the end of the inspection process the inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review.

During the inspection process the inspector observed that some parts of the statement of purpose required updating however, this was in the process of being completed prior to the end of the inspection.

The statement of purpose was also available to residents in a format that was accessible to them.

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:
Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. From speaking with the person in charge at length over the course of the inspection it was evident that she had an in-depth knowledge of the individual needs and support requirements of each resident.

She was supported in her role by a Director of Nursing (DON) and an Assistant Director of Nursing (ADON).

The inspector also met with the DON and ADON over the course of the inspection and observed that both had familiarised themselves with the centre and residents living there.

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspector found that appropriate management systems were in place for the absence of the person in charge. There was always a qualified nurse on duty in the centre and they would assume the role of shift leader in the absence of the person in charge. There was an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

The provider nominee (or someone nominated on her behalf) made announced visits and unannounced visits to the centre. She also ensured that an annual audit of the safety and care provided in the centre was completed.

The inspector viewed a sample of this report and found it to be thorough and informative of where the centre was meeting their statutory obligations and what actions were required to address areas of non compliance.

For example, the annual review highlighted non compliances with regard to the statement of purpose and residents care plans. The inspector observed that both issues had been addressed by the time of this inspection.

It was also observed that the annual review highlighted the need to use more person centred language in documentation relating to the residents.

The inspector noticed that some of the language used related to the residents still required review however, a lot of progress had been made regarding this issue and the inspector was satisfied that within a reasonable timeframe this issue would be

addressed.

The person in charge also carried out random internal audits in the centre. Again these audits also identified areas of non compliance.

For example a recent internal audit on residents' finances informed that double signatures were required at all times when balancing residents' personal monies accounts.

The inspector checked a sample of residents accounts and found that staff were adhering to the double signature protocol.

A sample of staff supervision records informed the inspector that the person in charge provided good supervision, support and leadership to her staff team.

The person in charge worked on a full time basis and was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was committed to her own professional development and engaged in all required staff training in the centre. She was a registered nurse and also had recently completed a third level qualification in management.

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 person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

The person in charge of the centre had never been absent for any notifiable period of time to date

It was observed that suitable arrangements were in place for the management of the centre in her absence. There were three senior staff nurses working in the centre and

there was also on call system in place 24/7 to provide additional support if and when required.

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 observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs, activity, dependency and occupancy levels.

For example, where a resident (or group of residents) wanted to go on holidays, staffing arrangements could be adjusted to facilitate this.

The inspector also observed that the centre also had the use of two vehicles for social outings. The vehicles were maintained and insured appropriately.

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

Findings:
The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents and the issues identified in the previous inspection had been addressed adequately.

The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support.

There was a team of registered nurses working in the centre supported a team of non nursing personnel consisting of social care workers and care assistants.

From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. All health care assistants and social care workers had completed the required mandatory training and some held third level qualifications in health and/or social care.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. Family member spoke with also spoke very highly of the staff team and feedback from questionnaires was equally complimentary.

The person in charge met with her staff team on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspector.

It was found that the supervision process was of a good quality and supported staff in improving practice across the centre and identified future training initiatives that staff could avail of.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that systems were in place to maintain complete and accurate records in the centre.

The systems of filing and storing of policies and records in the centre were extremely well managed and facilitated the inspector to access information with ease of access to all documentation.

While some residents' records were not easily retrievable on day one of this inspection the person in charge had addressed this issue satisfactorily by day two.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5 of the Regulations.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspector found that records that related to residents and staff were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

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:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	Lois na Greine
Centre ID:	OSV-0002566
Date of Inspection:	04 October 2016
Date of response:	28 October 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents' had no control over the use of some of their personal property. For example, they were not consulted with or their permission sought regarding the use of some of their personal items in the centre.

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

1. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
The Registered Provider requested the PIC to facilitate a meeting with residents regarding their personal items. The meeting explored preferences indicated by residents and agreed a plan to support residents regarding their personal belongings. One resident has agreed to accept monies from the provider for an item of theirs as they indicated they no longer value or use the purchase. Normal depreciation of value was agreed also and the monies will be refunded through agreed process as per meeting record.

One resident has decided with support to retain personal belongings of value in bedroom and may decide when to use with peers or not each day. Meetings and outcomes are documented on file.

The management team are developing a local SOP for the centre in line with the service policy to provide greater assurances regarding supporting residents rights, dignity and consultation.

Proposed Timescale: 30/04/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were not being assisted adequately to communicate in accordance with their needs. While the residents preferred style of communication was being supported by the centre, a request for support from a speech and language had been declined by the organisation.

2. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
The PIC has referred all residents seeking review and support from speech and language therapy services. The registered provider has agreed that speech and language services will be prioritised for residents and committed to reviews for the residents within reasonable timeframes.

In the immediate term the PIC has reviewed all communication strategies and supports in liaison with management and the review has prompted a new design for complaints recording to promote a more user friendly system to support residents communicate

complaints, wishes, preferences and so on. The review has also prompted the introduction and use of simple tools to promote residents engagement in their person centred planning meetings.

Proposed Timescale: 30/04/2017

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:
Full participation of residents in their person centred plans was not being fully explored or supported in the centre.

3. Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
The PIC has reviewed all communication strategies and supports in liaison with management and the review has prompted the introduction and use of simple tools to promote residents engagement in their person centred planning meetings. The review has also prompted a new design for complaints recording to promote a more user friendly system to support residents communicate complaints, wishes, preferences and so on in their daily lives thus building their capacity for engagement in their personal planning meetings.

Proposed Timescale: 30/04/2017

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:
Not all environmental risks were being identified and there were no/or inadequate measures in place to manage such risks in the centre.

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:
The registered provider and PIC has addressed the risks identified and carried out works to address same. The actions are complete and risks identified at time of inspection are removed.

Proposed Timescale: 27/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the arrangements in place were not always effective in ensuring the safe evacuation of some residents during a fire. Some personal evacuation egress plans were not updated to reflect this.

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

Please state the actions you have taken or are planning to take:
The PIC has held a fire drill post inspection and updated all PEEPs accordingly which outline clear and safe evacuation process for all residents.

Proposed Timescale: 27/10/2016

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:
A recommendation made by an occupational therapist for one client in June 2016 had yet to be progressed.

6. Action Required:
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:
The PIC has liaised directly with the relevant manager and confirmed the referred equipment are being sourced via a UK based supplier as same is not available in Ireland, and one of the pieces is bespoke in nature, and has required the supplier to outsource certain elements of the specification.

Requests for finalised quotes have been in progress since date of prescription in 2016, and have required a considerable level of correspondence, due to the bespoke nature of the specification and sign-off of various details.

The prescribing clinician has advised the existing equipment is safe and suitable and there are no clinical risks based on current presentation involved in the waiting time.
Proposed Timescale: 28/02/2017