

**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: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002567 |
| Centre county: | Louth |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Jackie Barron |
| Lead inspector: | Conor Brady |
| Support inspector(s): | Conan O'Hara |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 5 |
| Number of vacancies on the date of inspection: | 2 |

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: |
| 28 June 2016 10:00 | 28 June 2016 18:30 |
| 29 June 2016 10:00 | 29 June 2016 14:00 |

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 the inspection

This announced inspection was carried out to monitor compliance with the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities} Regulations (2013), Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations (2013) and the associated National Standards (2013).

This was the first inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013.

How we gathered our evidence

As part of the inspection, the inspectors met with all residents who resided in this centre. The residents presented as very content and well cared for over the course of this inspection. Residents communicated with the inspector and gave some insight into what it was like to live in the centre. Residents stated they were very happy in this centre and inspectors found very positive outcomes for residents in terms of the quality of care that was provided.

The inspectors spoke with and observed the practice of a number of staff members. The inspectors observed practices and reviewed documentation such as personal plans, medical/healthcare records, risk assessments, rosters, complaints, notifications, incidents/accidents, training records and policies and procedures. Inspectors found that both staff and management were very knowledgeable in terms of resident's needs, wishes and preferences. Staff presented as competent and professional in terms of their role within the centre.

Description of the service

The provider had a statement of purpose in place that clearly explained the service that they provided. In the areas inspected, the inspector found that the service was being provided as it was described in this document. The centre provided care for five residents who had an intellectual disability. Some residents had very specific healthcare needs and some were an aging population. All residents required on-going support and care in their lives which was provided to a high standard.

The centre comprised of a large two story dwelling located on a large private site. The centre met the resident's assessed needs in terms of the physical premises, location and layout of the centre. The centre had vacancy upstairs as the second floor was not in use at the time of this inspection however there was ample space for residents in this designated centre.

Overall judgment of our findings

Overall, the inspectors found that a very good service was provided in this designated centre based on the evidence gathered on this two day inspection. The centre was found to be highly compliant with the requirements of the regulations and standards and residents assessed needs and quality of life were found to be of a very good standard. Residents spoken to on inspection presented as very well cared for and happy in their homes.

All findings are discussed in further detail within the inspection report. As there was no areas found to be non-complaint there is no action plan required.

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):

This was the centre's first inspection by the Authority.

Findings:

Good practices were observed regarding resident's rights, dignity and consultation in respect of their routines, choices and daily activities. Good systems were in place regarding resident's finances and the recording of complaints. The centre promoted residents' privacy and dignity to a very good standard.

Residents were consulted on how the centre was run as a group and individually as needed. Residents meetings took place every week and discussed rights, complaints, activities, meals and centre news. The minutes of these meetings also reflected that individual consultation was sought when needed. Inspectors observed staff discussing routines and preferences with residents in a person centred manner throughout the inspection.

There was a complaints policy in place. Residents were aware of the complaints process and were supported to make complaints. A user friendly complaints process and advocacy details were displayed in a public area. Residents were well supported in the decisions that affected their lives and the person in charge instilled a very person centred approach to practice.

Inspectors reviewed the complaints log for the centre which showed that all complaints were responded to and resolved in a timely way and brought about changes. Complaints related to activities and peer behaviour. An independent advocate had visited the centre to pursue an external and objective perspective of service provision.

Inspectors observed staff treating residents with dignity and respect. Inspectors observed that practices and routines were centred around the residents' and their wishes and preferences. Resident's rights were respected and residents were supported to attend mass and were registered to vote. In addition, inspectors saw evidence of the residents filling out the recent census form with the support of staff. Resident's rights were found to be well promoted in this centre.

The centre had an intimate care policy and intimate care plans were in place. Inspectors reviewed a sample of intimate care plans and found they guided staff in maintaining the resident's privacy and dignity and encouraged residents to be as independent as possible.

The centre had a policy on resident's personal property and finances. Inspectors reviewed resident's finances and found there to be appropriate practices in place for the management of residents' finances. All residents had an account in their own name and there was nightly checks carried out on the account balances to ensure finances were safeguarded. There was a record of each residents personal property.

CCTV was in operation in the centre and the centre had a policy on its use. The CCTV was for security purposes and focused only on external areas of the house.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that positive communication was promoted within the centre.

Residents communicated with a number of residents. Residents stated they were very happy in this centre and liked their home and the staff who supported them.

There was a policy in place regarding communication and residents' personal plans appropriately guided staff on communicating with residents. The personal plans contained and outlined methods of communication, residents hearing and vision abilities and the manner in which the resident preferred to communicate. Staff spoken to were very knowledgeable of the different communication needs of the all residents.

Individual residents' communication methods were assessed and recorded. The centre had developed communication passports for each resident which outlined their methods of communication and likes/dislikes around same. Inspectors reviewed a number of these passports and found them to be of a good standard.

In addition, residents had access to radio, telephones, TV and newspapers.

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):
This was the centre's first inspection by the Authority.

Findings:
Residents were supported to maintain positive relationships with family members and to be involved in their community.

The centre had a open visitors policy in place. Safeguards were in place and visitors were required to sign in and out of the centre. Visitors were observed doing so over the course of this inspection. There were areas for residents to receive visitors in the centre and inspectors observed that these areas had adequate seating and privacy.

Families were kept informed of residents well being. Inspectors saw evidence of residents being in regular contact with family members through phone calls and visits to family members. Residents were also supported to visit family graves where family members had passed away.

Residents were active in the community in line with their preferences for example attending local League of Ireland matches, bingo, going out for meals, going to the pub and attending mass.

Some residents were made wards of court and the person in charge had very good systems in place to ensure these residents were well supported in the management of their affairs.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the residents' contracts for the provision of services outlined the services and facilities to be provided, fees charged and the details of additional charges to residents.

A sample of resident's written contracts were viewed and inspectors noted that these were all signed where possible by the resident, the resident's representative and representatives of the designated centre.

There was a policy and procedures in place for the admission, transfer and discharge of residents. A recent emergency admission had prompted the provider to update their admissions policy which was forwarded to HIQA following this inspection.

Inspectors found that admissions practices and contracts for the provision of services met the requirements of the regulations and standards.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs were clearly and accurately set out in an individualised personal plan, which reflected resident's needs, interests and capacities. Personal plans were found to be drawn up with the maximum participation of each resident and were developed to a very good standard.

The inspector reviewed a number of personal plans which contained up to date care plans for all aspects of service provision and care for residents. Residents had clearly defined person centred plans that outlined goals and objectives for residents. For example, residents who wanted to pursue holidays, visit their own property, attend/participate in music sessions, attend bingo, mass and care for family graves.

The inspector found that goals/objectives were clearly defined and pursuant with resident's wishes. The inspector found that the person in charge had a clear system of review to ensure care planning and person centred planning was effectively monitored and reviewed in respect of each resident. Person centeredness was a strong feature in all plans reviewed.

In discussing social care needs with residents the inspector found that residents enjoyed going to music events/outings, football matches, the pub, restaurants, mass, bingo, hairdressers and on holidays. The inspector found that residents had busy schedules and appropriate levels of social activities in their lives.

Residents were found to have good opportunities to pursue interests and preferences within and outside the designated centre. All aspects of care were clearly documented in personal plans, updated accordingly and kept under appropriate review.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspectors were satisfied that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The inspector found the premises to be appropriately bright, clean and well maintained. The inspectors found that residents were comfortable in their environment and were informed by residents that they were satisfied with same.

The centre was a very large property that was located on a large private site with extensive external and internal space. The premises were found to be private and safe in terms of the location, design and layout.

The inspector found that there was:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation.
- Rooms of a suitable size and layout suitable for the needs of residents.
- Adequate space and suitable storage facilities for the personal use of residents.
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents.
- Suitable storage.
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware.
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents.
- Suitable arrangements for the safe disposal of general and clinical waste where required.
- Adequate facilities for residents to launder their own clothes if they so wished.

Some residents had private areas and sitting rooms in addition to their bedrooms that were found to be decorated to a high standard in line with resident's personal wishes. One resident maintained a pet bird in his room and had a schedule in place to support them to care for their pet. Inspectors observed a poly-tunnel outside in the garden whereby residents could get involved in horticulture if they wished.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. The inspector found both clinical and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed in relation to the risk of residents choking, self injurious behaviour and road safety. The inspector observed controls in place to alleviate all identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes.

The inspector found that there was:

- Health and Safety Policy (27 related policies in place)
- Safety Statement (Location specific) 2015
- Health and Safety Checklists
- Health and Safety Audits
- Emergency Response and Evacuation Plan
- Health and Safety Advisors and Committees.

The inspectors found the person in charge had good systems in place to identify, assess and manage risks within the designated centre.

The inspectors reviewed the accidents and incidents log for the designated centre, and found a clear system of recording, review and action planning in place to address any risks as a result of an incident. There was also a checking system in place, to ensure all adverse events were reviewed, and appropriate actions had been taken, if necessary. The inspectors found a number of incidents had occurred in the centre including resident's behaviours, falls, coughing/dysphasia and verbal/physical aggression. The inspector found good evidence of appropriate follow up in all cases reviewed.

There was a clear system for reporting health and safety incidents, issues of concern and medication management incidents/errors. Both the person in charge and staff were familiar with this system in terms of the process of reporting and recording within the organisation.

The inspectors found that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a qualified professional. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times and staff and residents knew the procedure in the event of an evacuation. Personal evacuation plans were documented on each resident's files. A comprehensive emergency plan was drawn up, which highlighted arrangements in the event of an evacuation, along with other useful information and contact details.

Inspectors found that appropriate measures were in place regarding the hygiene standards in this centre and there were safe systems regarding infection control.

Overall, the inspector found that there was clear guidance for staff across different areas of health and safety to ensure the health and safety of residents, staff and visitors

was being promoted at all times.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspectors found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre.

The inspectors found up to date policies in place regarding safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. These policies reflected most recent national guidelines and staff were familiar with reporting procedures. The inspectors found that staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where/when required.

A recent emergency admission was complex in terms of safeguarding issues and the inspectors found that the resident had a detailed care plan and safeguarding plan in place. Inspectors found very good multidisciplinary and clinical input in place to support this resident's transition into this centre.

There were clear policies in place on the use of restrictive procedures which were based on national best practice. On review of documentation and through discussion with staff and observation of practice, inspectors determined that the centre was promoting a restraint free environment in as far as was possible.

Inspectors reviewed practices in relation to the protection of the residents' finances and found an effective system in place in the designated centre to safeguard residents' monies. Inspectors checked residents' finances (whereby managed by the provider) and found financial balances to be correct and correlated with records.

Appropriate training had been completed by staff in the areas of protecting vulnerable adults which ensured staff were equipped from a training perspective in line with regulatory requirements.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Inspectors reviewed the incidents log which was maintained in the designated centre and found incidents were appropriately notified to the Authority where and when required.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the general welfare and development needs of the residents' were well promoted.

Four of the residents were retired and did not attend day services while one resident attended day services.

Inspectors spoke with and observed residents and staff, viewed documentation and found that the residents were provided with suitable activation in line with their wishes, preferences and needs. The residents were supported to engage in activities which were in line with their interests for example attending soccer games, bingo and gardening.

The inspectors found that residents presented as very happy in their homes and some residents told inspectors they enjoyed going to the pub for a pint and out for dinner. Residents told the inspectors they did the activities they enjoyed on a regular basis and this was reflected in the documentation reviewed by inspectors.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as G.P., optician, dentist, psychology, psychiatry and speech and language therapist. Residents had access to specialist services and hospital appointments when and where required.

The inspector saw evidence of the close monitoring of residents weight loss and referral for specialist assessment regarding same.

Nursing staff were on duty in this centre at all times and care staff presented as very aware with care plans and healthcare needs.

Resident's healthcare documentation was maintained to a high standard and was clear and accessible. For example, assessments and appointment schedules/calendars. It was clear that the person in charge ensured residents were supported and facilitated to have their healthcare needs met to a high standard.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. The inspectors discussed meals and food with residents who clearly highlighted that they had choice regarding what they ate and when they ate. Residents were found to be offered the choice to participate in shopping and preparation of food and meals in the designated centre if they wished to do so. Residents informed the inspector that they were happy with the food in the designated centre. The inspectors observed menu choices, modified diet assessment led guidance, healthy eating information and residents having the freedom to access food and drinks as they wished.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that each resident was protected by the designated centres' policies and procedures for medication management. The person in charge demonstrated very good knowledge of the medication policies and protocols and had good systems in place to monitor medication practices in this centre. Only nursing staff administered medication in this centre.

The inspector found:

- There was a clear policy for medicines management.
- There were clear and effective procedures for prescribing and administration of medicines.
- The documentation reviewed by the inspectors was clear and accurate in terms of the prescription and administration of medicines within the designated centre.
- The procedures regarding medication safekeeping ensured medicines were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medicines return/disposal.
- Medicines were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medicines requiring same.
- There was clear information regarding all medication so as staff and residents were clear in terms of what the medication was and possible side effects. Crushed and covert administrations of medicines were done so in line with medication management policy

and in consultation with the resident's general practitioner.

- There were regular reviews and audits of medication and a system for managing medication errors was in place.

Nursing staff were observed administering medicines in line with residents' assessed needs and best practice guidelines.

Overall the inspector found the person in charge and staff professionally knowledgeable and competent regarding safe medication management practices within the designated centre.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that there was a written statement of purpose in place and requested an updated version be submitted to HIQA following the inspection. The inspectors noted that this document clearly outlined the services and facilities that were on offer to the residents living in the centre. The statement of purpose accurately reflected the service provided in the designated centre.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that supported and promoted the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation. The person in charge, assistant director of nursing and director of nursing were all met as part of this inspection.

The inspectors found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had extensive experience with the organisation and had considerable experience in the management and provision of care of residential services for people with intellectual disabilities.

The person in charge had appropriate qualifications in nursing and management and demonstrated an excellent understanding of the Regulations and Standards. The person in charge highlighted a number of audits carried out in conjunction with the management team in the designated centre in areas such as care planning, healthcare assessments, health and safety, complaints, finances and medication practices.

The inspector found evidence of high quality audits and action plans devised by the provider's management team. For example, work was seen in areas of improving the premises, risk management and random auditing of residents weights, blood pressure and health care planning. The inspectors reviewed annual reviews completed by the provider for 2014 and 2015. These audits included detailed analysis of regulatory requirements and a percentile rating of work completed and work outstanding. The quality of management and auditing was found to be of a very high standard in this designated centre.

The inspector found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents. The residents informed the inspector they would go to the person in charge with any problems they had and the inspector could observe that the residents had a very strong rapport and relationship with the person in charge which demonstrated her availability to them.

The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The person in charge had regular contact with residents, staff and families and was very much an operational manager who was 'hands on' within the designated centre. This

was evident in the levels of compliance across all outcomes inspected and clearly demonstrated the effective monitoring of care. The inspector found a relaxed, homely atmosphere whereby resident's needs were put first and this ethos was supported by 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):
This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a shift leader identified on the roster for every shift in the centre. In addition, deputising arrangements included the assistant director of nursing and director of nursing having oversight in the management of the designated centre in the absence of the person in charge. The inspector found there were no instances whereby the person in charge was absent for 28 days or more. The person in charge was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

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):
This was the centre's first inspection by the Authority.

Findings:

The inspectors found that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The inspectors found that this was evidenced through the positive outcomes for residents such as their quality of life, levels of appropriate activity in their lives, positive feedback from families and direct feedback from residents themselves.

Additional resources had been allocated to this centre in respect of a recent emergency admission.

Residents homes were well maintained, funded, staffed and ample accessible transport was available to residents as required. The inspectors found that the designated centre was well resourced to meet the needs of all residents.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, inspectors found that there were sufficient staff numbers and skill to meet the needs of the residents and to deliver a safe and good quality service.

There was a planned and actual roster maintained in the centre which showed the staff on duty during the day and at night. Inspectors reviewed a four week period and found that staffing levels were flexible to the needs of the residents. Based on observations, a review of the roster and these inspection findings, the inspectors found that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The centre used a small number of relief staff to ensure continuity of care and support. The person in charge demonstrated strong knowledge of the regulations and standards and instilled the importance of person centred practice within the staff team.

Staff were observed to be supervised appropriate to their role on a formal and informal basis. Regular staff meetings were held and items discussed included health and safety, incidents and accidents, residents' needs and audits/ A formal supervision system was being rolled out for all staff.

Inspectors reviewed a sample of training files for the designated centre and found that staff had up to date mandatory training in fire safety, manual handling and safeguarding. Staff also received trained in dysphasia and epilepsy as needed. The centre manager showed inspectors the schedule of training for the rest of the year and had identified additional training required for staff. For example, infection control and nutrition.

Residents received assistance and support in a respectful, timely and safe manner and staff spoken to were all very knowledgeable in their role and professional in the performance of their duties.

Inspectors reviewed five staff files which contained all of the information required under Schedule 2 of the regulations. This included up to date training, Garda vetting, references and photographic identification.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre maintained records, and had recording systems and procedures in place to support the provision of a residential service to the residents. Records and documentation in this centre were found to be of a very high standard.

Records were of a good quality and were in accordance with Schedules 3, 4 and 5 of the Regulations.

Inspectors examined a large sample of documentation and found that it included all the information required by Schedule 3 of the regulations. Records were complete, accurate and up to date. All information required in respect of each resident was found to be in place. The centre maintained a directory of residents which contained all the information specified in Schedule 3.

Inspectors found that the centre maintained other records in accordance with Schedule 4 of the regulations. Records were maintained in relation to the care and support provided to residents, and in relation to the running of and upkeep of the centre.

Inspectors found that the centre had a suite of corporate and local operational policies in place in line with Schedule 5 which guided practice in the centre.

A resident's guide to the centre was in place for residents and families and was written in an easy read format.

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:

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