

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Coill Darach
Centre ID:	OSV-0002572
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Fiona Monahan
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
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:
19 October 2016 10:00	19 October 2016 19:00
20 October 2016 09:30	20 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 an inspection in October 2015, where a high level of non-compliance was identified.

This registration inspection found that the centre had addressed the majority of non-compliances identified in the last inspection and demonstrated high levels of compliance across 15 of the 18 outcomes assessed.

Two outcomes were found to be substantially compliant which were communication needs and premises; while a moderate non-compliance was found in social care needs.

Overall the residents received a good quality of care, staff were found to be adequately trained to meet the needs of the residents, family members were very complimentary of the service provided and there were robust systems of governance and management in place.

How we gathered our evidence:

The inspector spoke with six of the residents that lived in the centre at regular intervals over the two day inspection process. Residents were positive about the service in general and were comfortable in speaking with the inspector about their home.

While most residents were non-verbal, they used facial expressions and body language to communicate with their peers, staff and the inspector.

Two family members were also spoken with at length and both reported that they felt the service was to a very good standard, their family members were very well cared for, they were safe in the centre, staff were very supportive and approachable and they were welcome to visit the centre at any time.

A staff nurse and a health care assistant 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.

It was also observed that residents appeared very much at home in the centre and staff were seen to consult and converse with all residents in a respectful and dignified 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, complaints policy, contracts of care and minutes of residents meetings.

Description of the Service:

The centre comprised of a large well maintained detached bungalow which had the capacity to support seven residents both male and female.

It was located in Navan, County Meath, which provided access to a range of amenities such as shops, shopping centres, restaurants, churches, barbers, hairdressers, swimming pool and hotels. The town also provided a regular public bus service and there was adequate transport provided by the centre for trips further afield if and when requested by residents.

Overall judgment of our findings:

This inspection found very good levels of compliance across 15 of the 18 outcomes assessed. Resident's rights, dignity and consultation were found to be compliant, as was healthcare needs, general welfare and development, family and personal relationships, governance and management and use of resources.

Some non-compliances were found regarding premises, communication needs and social care needs. The 18 outcomes assessed are further discussed in the main body of this 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):

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

Findings:

The inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were respected and promoted and residents' choice was supported and encouraged in the running of 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 adherence to fire drills were also discussed at these meetings.

The inspector viewed a sample of the minutes of the meetings which informed that residents had made decisions about what to eat, and agree on arrangements to celebrate special occasions such as Halloween and Christmas. It was also observed that at the last meeting the residents were consulted on the upcoming visit from the Health Information and Quality Authority (HIQA) and what to expect from that visit.

Feedback directly from residents informed the inspector that they made independent choices for themselves regarding daily activities and their individual likes and preferences were supported and respected. For example, one resident informed the inspector that they decide for themselves what activities to engage in.

Feedback from family members also confirmed that individual residents' likes and preferences were facilitated and supported. Of the two family members the inspector spoke with, both were very complimentary of the service and all staff members.

Comments made by family member were very positive saying that the residents were very happy in the centre, they were very well cared for and staff were very welcoming and supportive.

Feedback via letters and questionnaires was also viewed by the inspector and generally they were all found to be very positive. Residents and their representatives/family members were also supported and encouraged to be involved and participate in all aspects of their person centred plans. From a sample of plans viewed, the inspector saw that family members were invited and supported to attend meetings with residents on a regular basis.

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 April 2016 and spoke with all 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 each staff member treated residents with warmth, 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 very detailed and informative of how best to support the residents while maintaining their dignity and respect. Family members 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.

Family members said they felt they could discuss any issue they may have at any time with the person in charge or any staff member.

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 complained that their showering facility was not working properly on the 2nd October 2016. The inspector observed that this had been rectified and a new pump was installed on the 14th October

2016.

Another resident made a complaint that one of their pictures got broken during a period when they were having their room redecorated. The inspector observed that the picture frame had been replaced and the resident was satisfied with this outcome. 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.

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 (as in line with the centres admission policy).

All residents' were supported to manage their finances by their family members and staff working in the centre. Residents' monies were kept safe by robust accounting procedures and balances 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.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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.

The centre was also trialling a new system of assistive technology (AT) in order to better support the communication needs of some of the residents.

However, the centre did not have adequate access to the internet which was a requirement to exploit the full benefits of this new system of AT.

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 information made available to them which was relevant to their individual needs.

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.

However, the centre was trialling a new AT application in order to better support the communication needs of some of the residents.

The piece of equipment required reliable and adequate access to the internet. While the centre did have online access to the internet, it was restricted and not always reliable. The inspector observed that because of this the full potential of the new piece of equipment was not being exploited.

The inspector also 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.

From speaking with staff they were also able to verbalise and speak knowledgeably about each residents' communication assessment and individual style of communication preference.

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

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 family members was extremely complimentary of the service and they informed the inspector that they always felt very welcome to visit the centre at any time.

On the day of inspection two family members spoke directly to the inspector and said that they could pop in to the centre at any time and all staff were very welcoming and supportive of family visits.

From a small sample of daily notes viewed, the inspector observed that family members were being encouraged and supported to keep in regular contact each resident.

Family members were routinely invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident as well.

Residents were also supported to frequent the nearby town where they used the local shops, restaurants and pubs. The inspector observed photographs on the walls and in person centred plans of residents using their local amenities such as local shops and pubs.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

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.

The inspector observed that one resident was on temporary discharge from the centre as they were in hospital.

The procedures and protocols in place to support the resident transition to hospital ensured that all critical information concerning the resident's care and welfare were provided to the hospital staff on their admission.

For example, the resident had a hospital passport which provided critical information on how best to support them. The resident's intimate care plans were also provided to the hospital staff as was their communication passport.

It was noted that each resident had an agreed contract for services provided and these contracts were kept in the residents personal files. Of a sample of contracts of care viewed, all were signed by the residents and/or their representatives.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
The inspector found that health and social care needs of each resident were being supported and facilitated in the centre and that most of the issues identified in the previous inspection had been addressed. However, it was also observed that some goals

identified by residents were not being actioned in a timely manner.

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.

There was also input from multi-disciplinary professionals and family members were also invited to person centred planning meetings.

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 residents were being supported to achieve both short term and long-term goals of their choosing. For example, some residents were being supported to complete a mini marathon, some were supported to go to concerts, to take boat trips and to attend an art class. Some of the residents showed the inspector pictures they had painted as a result of attending the art classes.

However, some of the bigger goals identified by residents were not being actioned in a timely manner. For example, one resident had requested as part of their person centred plan to take a trip to England to see their favourite football team. This goal was identified in June 2016, yet there was little evidence available to support how this goal was being progressed. It was also noted that it was an important goal for this resident as they were an avid football supporter.

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 day activation unit 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 baking, foot massage, shopping trips, massage therapies and relaxation therapies.

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:

The issues identified in the previous inspection had been adequately addressed and 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 homely manner.

The centre consisted of a very large single story seven bedroom house in Navan, County Meath. Two vehicles were provided so as residents could access local shops, restaurants, pubs, barbers, hairdressers, churches and cafes if and when requested.

There was a spacious lobby area on entering the centre and communal facilities included a very large open plan sitting room, a very large dining room and very well equipped kitchen. There were storage and utility facilities just outside of the main house.

All residents had their own individual bedrooms which were large and decorated to their individual likes and preferences.

Some residents were delighted to show the inspector their rooms. The inspector observed that the residents had decorated their own rooms, having chosen their own bedroom furniture and paint for the walls. Residents also had pictures of friends and family members on display as well as posters of their favourite pop stars and football teams. One bedroom in the house had an en suite. The remaining six bedrooms had the use of three large well equipped bathrooms.

Residents appeared very much at home in the centre and some were very keen and proud to show the inspector around. It was also observed that personal items such as photographs of residents on special occasions such as birthdays or at football matches were on display throughout the centre.

The fixtures and fittings were modern and the centre was well ventilated, warm and spacious. It was well maintained and clean throughout.

In order to address an issue regarding storage and space in the last inspection an overhead tracking hoist system had been installed into some of the bedrooms.

There were well maintained front and back gardens in the centre. The front garden area provided for ample car parking space while the back garden was more spacious with a large lawn for residents to avail of.

There was also ample garden furniture for residents to avail of whenever they so 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):

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

Findings:

The issues highlighted in the previous inspection had been adequately addressed and on this inspection the inspector was satisfied that the health and safety of residents, visitors and staff was actively promoted in the centre.

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.

The inspector observed that a comprehensive suite of both environmental and individual risks assessments had also been carried out on the centre. 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 was satisfied that where a risk was being identified it was being adequately addressed and actions put in place to mitigate it. For example, there were a number of small elevated areas on the floor just outside the kitchen area. The person in charge had risk rated this as an environmental hazard and requested that the maintenance department addressed the issue.

The inspector observed that the floor had been levelled off and all uneven areas had been covered over. There was also signage in place on 2 patio doors to remind staff to take care when entering and/or exiting the house with residents that required the support of wheelchairs.

It was also observed that there was a policy on falls in the centre which had been reviewed in 2016. The aim of the policy was to provide care for the residents in a safe environment, where the risk of falls was minimised. It stated that all residents were to have a risk falls assessment in place to determine their risk of falling and must be assessed on an on-going basis. All residents had a falls risk assessment in place and the inspector observed that recommendations coming from those assessments to mitigate the risk of falling or to reduce the risk of injury from a fall were in place. For example, it had been identified that rooms were to be kept clutter free as some residents had a risk of falling. The inspector observed that rooms were free from obstacles and where required staff would move furniture so as residents could move freely about the house.

The person in charge also informed the inspector that all learning from any adverse incidents occurring in the centre was documented and discussed at regular team meetings with her staff team.

While it was unknown as to how the resident got the bruise their falls risk assessment was updated and their room was checked by staff to ensure that there were no displaced items that the resident may have fallen over. This was brought to the attention of all staff working in the centre.

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 October 2016.

Fire equipment such as fire blankets, fire extinguishers and emergency lighting had also been checked in 2016. The centre also had fire doors and emergency lighting systems in place throughout the centre.

Documentation read by the inspector informed that staff did weekly checks on the alarm panel, fire extinguishers, electric equipment and checked that escape routes were clear. Fire drills were carried out routinely and from viewing the relevant documentation the inspector observed that some minor issues were identified with some of the recent drills. For example, some residents required the use of specialised equipment for their evacuation. However, all personal evacuation emergency plans had been updated to reflect these issues.

It was noticed that there were no overall plan in place for the evacuation of residents. For example, it was unclear as to which resident would be supported to evacuate the house first in the event of a fire breaking out. However, by day two of this inspection the person in charge had consulted with senior management of the service and this issue was addressed prior to the end of the inspection.

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 no resident had ever gone missing from the centre.

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 available. Many staff also had undergone training in hand hygiene.

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):

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 both 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 residents felt 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 explicit 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. However the aim of the centre was to promote a restraint free environment and only use a restriction as a last resort.

The inspector observed that where some restrictive practice was in place but they were only used for safety issues and was very closely monitored and reviewed. For example, some residents required the use of lap straps to ensure their safety and to protect them from falls.

Another resident required the use of bedrails and bumper cushions. The practice had been discussed and agreed with the resident, their family and the positive approaches committee of the organisation. As per policy, the use of the bedrails was closely monitored by staff on a continuous basis.

Where possible the centre was proactive in reducing the use of restrictive. One resident had recently requested that their bedrails be removed at night time. This was explored and a risk assessment undertaken to assess how to progress the request. The inspector observed that the bedrails had since been removed and resident now had in place a low bed in place so as to mitigate the risk of injury should they fall out of bed at night.

As with the centres own standing operating procedures a database was kept of the dates and times any restriction was used in the centre. The inspector viewed the records relating to the use of the bed rails and lap straps and found that all the dates and times of their use were recorded and kept on file in the centre.

It was observed that p.r.n. medicines were only in use for the management of pain and other associated conditions.

There was a policy on the management of behaviour 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 safe supports are provided to each resident in the centre.

However, where a resident required a positive behavioural support plan it was to support and promote their overall mental health and wellbeing

The inspector observed that there were psychiatry and psychology support available to the centre as and when required. Some residents had recently been reviewed by a psychologist who made visits to the centre as and when required.

From a sample of files viewed, staff had training in positive behavioural supports 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):

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

Findings:

The inspector found that the issues identified in the last inspection had been addressed and 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, some residents attended day activation centres where they could chose from a range of social and learning activities to engage in. Other residents chose to attend a day service on a irregular and/or part time basis and this was facilitated by the centre.

The inspector observed that residents had a range of learning, social and recreational activities to choose from. For example, one resident was being supported to attend an art class in their local community while others residents were supported to learn how to cook and/or bake.

Residents also had the opportunity to engage in activities such as relaxation therapies, hand massage, reflexology, social outings, walks and shopping trips.

Family members also reported that the residents got to on social outings such as to pubs, concerts, cafes and shopping centres.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that arrangements were in place to ensure that residents healthcare needs were regularly reviewed with appropriate input from allied health care professionals where and when required.

It was also observed that the actions arising from the previous inspection had been adequately addressed.

The person in charge informed the inspector that arrangements were in place in relation to residents having access to the local GP and a range of other allied health care services as and when required.

It was also observed that some of the residents living in the centre presented with a wide and complex range of individual medical issues which were being addressed and supported on a daily basis.

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 found that monitoring documents were available and maintained in the centre. From a sample viewed, these files informed the inspector that regular GP check-ups were facilitated and clinical observations and treatments were provided for.

Consultations with the dentist, optician, dietician, speech and language therapist, physiotherapist, chiropodist, occupational therapist and GP were provided for as and when required. Hospital appointments and follow ups were also facilitated as and when required.

Positive mental health was also provided for and where required residents had frequent access to psychology support and when required.

Health care plans were informative of how best to manage special conditions such as epilepsy. Residents that had epilepsy were being supported with a specialised epilepsy care plan that was regularly reviewed and updated as required.

Of the staff spoken with the inspector observed that they had an intimate knowledge of all health care plans in place in order to ensure each resident received the best possible care and support.

The inspector found that arrangements were in place to ensure residents' nutritional needs were met. Weights were recorded and monitored on a weekly basis. Menu planning and healthy choices 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. It was observed that residents chose their own meals and individual meal preferences were also catered for.

Some of the residents presented with complex and sensitive issues however, mealtimes were observed to be inclusive, relaxed, person centred and taken at the residents pace.

Staff were also observed interacting and chatting with residents while preparing the dinner in the kitchen.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

The inspector found that the medicines management policies were satisfactory and that practices described by staff nurse on duty 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 secured in the centre was in place 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 and advice would be sought on same.

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.

It was observed that one residents' p.r.n. medicines were not on site on the day of the inspection. However, the staff nurse immediately addressed this issue and the p.r.n. medicines were in stock before the end of the first day of the inspection.

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 staff nurse on duty the inspector was assured that they were very familiar with and could vocalise the strict protocols 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:

Overall 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.

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):

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

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.

It was also observed that the issues identified in the previous inspection had been addressed.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a qualified and registered nurse.

From speaking with the person in charge in 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 met with the Provider Nominee, DON and ADON on day two of the inspection and observed that they were also familiar 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 that there was inadequate signage in some part of the centre and that some risk assessments required review. The inspector observed that these areas issues had been addressed by the time of this inspection.

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

For example a recent internal audit informed that some staff had not signed off on the medicines policy and that some medicines no longer in use were not being returned to the pharmacist in a timely manner. The inspector observed that both issues had been addressed on completion of these audits.

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 also completed a third level qualification in management and had attended courses in leadership, service development and medicine law as it relates to the vulnerable adult.

Throughout the course of the inspection the inspector observed that all the residents knew the person in charge very well and were comfortable with approaching and speaking with her at any time. For example, one resident wanted to speak with the inspector and person in charge privately. The resident said that they were very happy living in the centre and were generally very positive about it.

However, they also said that they would like their bedtime routine to be more flexible and have greater autonomy over the times in which they got ready for bed.

The inspector observed that the resident was confident and comfortable in speaking to the person in charge and she in turn immediately set about addressing their request.

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 his absence. There was also on call system in place 24/7 for all staff working in the centre.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

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 to a late night concert or have an overnight in a hotel, staffing arrangements could be adjusted to facilitate this.

The inspector also observed that there were adequate equipment and appliances in the centre, such as overhead hoists and specialised chairs in order to support residents in a safe and dignified manner.

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.

Some staff also had additional training in food hygiene, hand hygiene, occupational first aid, safe swallowing, food safety and nutrition.

There was a team of registered nurses working in the centre and a team of qualified health 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 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. From observing staff in practice it was evident that they were competent to deliver the care and support required by the residents.

Family members also spoke very highly of the entire staff team and feedback from questionnaires was also very 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):

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

Findings:

The inspector found that systems were in place to maintain complete and accurate records in the centre. and the issue identified in the previous inspection had been addressed.

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 it was noted that there was a significant amount of documentation pertaining to each resident living in the centre, the inspector acknowledged that because of the residents individual, complex and multiple needs, this level of documentation was required.

It was also observed that staff could retrieve the documentation efficiently and effectively.

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



Provider's response to inspection report¹

Centre name:	Coill Darach
Centre ID:	OSV-0002572
Date of Inspection:	19 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 02: Communication

Theme: Individualised Supports and Care

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

While the centre was trialling a new piece of assistive technology (AT) to further support the communication needs of some residents, they did not have adequate access to the internet, which was required in order to exploit the full potential of this new piece of AT equipment.

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 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

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

The Provider accepts the finding of the Inspector. The PIC with the senior management team have contacted the IT department of the H.S.E. and commenced an engagement process regarding broadband/wifi access for residents.

Proposed Timescale: 30/04/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some of the goals as identified by some residents were not being implemented in a timely manner. This meant that some of the social care needs of the residents were not being addressed adequately.

2. Action Required:

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

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

The registered provider accepts the findings of the inspection and the PIC plans to meet all residents with their families, carers (as per residents choice) to review social goals and ensure systems are developed to demonstrate consistent support and follow up as appropriate to facilitate residents to actualise their goals or change them as they may choose within timeframes agreed.

Proposed Timescale: 31/01/2017