

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Na Driseoga
Centre ID:	OSV-0002573
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:	6
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
24 August 2016 10:30	24 August 2016 19:30
25 August 2016 10:00	25 August 2016 14:00

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 Service Executive (HSE) Meath/Louth region (the provider). This centre was previously inspected in 2014 where a number of non compliances were identified. This inspection found that the majority of those non compliances had been addressed and a significant level of compliance was found across all outcomes assessed.

How we gathered evidence

The inspector had tea with the residents and spoke to all six residents over the course of the two day inspection. One nursing staff was also spoken with as was one of the health care assistants. The person in charge was interviewed and spoken with at length by the inspector as part of the process.

Residents appeared very much at ease with all staff members and staff were observed regularly chatting with and having tea with residents. Staff were also observed to be organising social outings and shopping trips with residents over course of the two day inspection process.

A sample of feedback from residents about the service was very positive and all reported that they very much liked their respite breaks in the centre. Residents were also extremely complimentary of the staff that worked in the centre.

The inspector also spoke with five family members and one representative of the residents. All family members in question, including the representative were extremely complimentary of the quality and safety of service. Some said the service was excellent while others reported that they trusted the staff to care for their family members in a dignified and respectful manner. Some family members said that they and their relatives viewed they centre as a 'home away from home'.

Policies and documents were viewed as part of the process including a sample of health and social care plans, complaints log, contracts of care, risk assessments and safety documentation. The inspector also viewed a sample of written feedback on the service provided (from both residents and family members) and all was found to be very positive and complimentary.

Description of the service

The centre comprised of a single large detached house based in County Meath and in close proximity to Navan town. It was a respite service which provided short breaks for up to 92 individuals each year. The house itself could cater for up to seven residents any given time.

The centre was well maintained with a large garden to the rear which had a spacious patio area with garden furniture for residents to relax in. To the front there was a large courtyard area which provided for car ample parking space.

Transport was readily available for residents to provide access to a range of amenities such as shops, restaurants, churches, barbers, hairdressers, beauticians, and a large shopping centre. The local town also had a regular bus service which provided for easy access to Dublin city and other surrounding large towns if and when required by residents.

Overall judgment of our findings

This inspection found significant levels of compliance across seventeen outcomes. Of the 18 outcomes assessed, all core outcomes were found to be compliant including, social care needs, healthcare needs, governance and management and workforce.

A minor non-compliance was found in outcome one: resident's rights, dignity and consultation. Each outcome assessed was 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):

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

Findings:

A number of issues were identified in the previous inspection in 2014 regarding some of the individualised supports and care in the centre. This inspection found that those issues had been addressed and that arrangements were in place to ensure the rights, privacy and dignity of residents were being promoted and residents' choice was supported and encourage.

However, a minor issue was identified regarding the timeframe in which one complaint was being managed.

Policies and procedures were in place to promote or ensure residents were consulted with, and participated in, decisions about their care whilst on their respite break with the service. For example, on admission to the centre residents were supported to hold weekly meetings to decide on weekly menus, what social activities to participate in and organise one to one outings with a member of staff.

The inspector viewed a sample of these and saw that where a resident made a request on admission, it was facilitated by staff. The inspector observed that the residents had requested an 'Italian' night and on the day of inspection residents were supported to go shopping to buy ingredients for the various Italian meals that were to be prepared.

The inspector also observed that residents, where requested, supported staff in the preparing and cooking of the meals.

Residents also had the opportunity to voice their opinions on the service provided which had brought about change in some aspects service delivery. For example, some residents voiced that they would like more board games to avail of on an evening where they had decided to stay in. The inspector observed that this request was facilitated.

Access to advocacy services and information about resident rights formed part of the support services made available to each resident and 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 and that advocacy services could be made available if and where requested. An independent advocate had made a visit to the centre to speak with some residents on the concept of advocacy. The inspector observed that this independent advocate's identity and contact details were on public display in the centre.

Arrangements were in place to promote and respect resident's privacy and dignity and the inspector observed staff members treat residents with warmth, dignity and respect at all times over the course of the inspection process. Of a sample of intimate care plans viewed, they were found to be informative of how best to support the residents while maintaining their independence, dignity and respect.

Staff were also able to verbalise to the inspector how best to support each resident in an individual, dignified and respectful manner.

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 listen to any complaints or comments from any person about any aspect of the service, care or treatment provided. A comprehensive complaints log was kept in the centre and the inspector observed that most complaints were being logged and managed accordingly.

For example, some residents had recently complained that some of the televisions were not working in their rooms. This was rectified by the time of this inspection.

However, a complaint had been made by a number of residents concerning the lack of broadband in the centre. The first of these complaints was made in May 2016. While the person in charge had escalated this issue to senior management, no resolution for this complaint had been achieved and it remained open in the complaints log.

The complaints procedures were publically displayed in the lobby of the house and an easy to read version was also available for residents.

A policy was also 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. This inventory was drawn up on each resident's admission to the centre. The inspector observed that it was also checked off by a staff member on discharge.

The inspector also saw that personal finances were managed in conjunction with the resident and robust systems were in place to ensure that all individual monies could be accurately accounted for.

For example, each resident had completed a financial capacity assessment with the support of a staff member and the result of this assessment determined the level of support (if any) each resident required managing their finances.

Where a resident did require support their money was kept in a safe in the centre. All purchases made by the resident were documented and a receipt was required for same. Staff also checked resident's personal finances each time a purchase was made to ensure that all monies could be accurately accounted for.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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

A policy on communicating with residents was reviewed in 2014 and available in the centre. The aim of the policy was to ensure effective communication with residents at all times. It was also to facilitate a house that supports residents with their communication and to communicate in a way that respects their individual preferences and views so as they could participate in any decision that concerns them. The policy applied to all staff working in the centre.

Residents' communication needs were identified in their communication assessments and each resident had a communication passport in their care plans. The inspector found that they were effective and very informative on how best to communicate with each resident. It was also observed over the two days of inspection that staff members put into practice the communication policy and were respectful of the communication preferences of each resident.

If a resident required the use of assistive technology to communicate the person in charge would make contact with that resident or a representative prior to their scheduled respite break in the centre in order to ensure that they brought the relevant communication device with them. For example, some non verbal residents used 'talkers' as their way to communicate and the person in charge was diligent in ensuring that the

residents would have these devices with them for their stay in the centre.

The inspector also found that residents could access the telephone, radio, television and newspapers at any time if they so wished.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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

The centre had a visitor's policy which was reviewed in 2014. The aim of the policy was to develop and maintain personal relationships in accordance with residents' wishes and that family members and friends were welcomed by staff.

The inspector observed that the person in charge and staff team had systems in place to ensure that contact with family members could be maintained where and when required.

Residents were welcome to make contact with their family members via phone at any time if they so wished. Feedback from family members also informed the inspector that they could drop into the centre at any time to see their family members and they were always kept informed about their general health and wellbeing.

The centre was close to a large town and the inspector observed that adequate transport was provided to ensure residents could access and frequent local amenities such as shops, cinema, barbers, beautician, pubs, restaurants, shopping centres and churches.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The last inspection found some issues regarding the contracts of care for each resident using the service. This inspection found that the issue had been addressed satisfactorily and that there were robust policies and procedures in place to guide the admissions, transfer and discharge process.

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 (if any) to be charged.

The inspector observed an omission in some of the contracts regarding certain fees to be charged to each resident during their stay in the centre. However, when this was brought to the attention of the person in charge it was immediately rectified.

It was also noted that each resident had an agreed contract for services provided which they had signed for themselves with a representative where required. Contracts were kept in the residents personal files.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

A number of issues were identified with regard to meeting the social care needs of the residents in the last inspection in 2014. However, this inspection found that the health and social care needs of each resident were being supported and facilitated

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 supported in order to sustain and enhance the quality and enjoyment of each respite break experienced by each resident in the centre

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

Because this was a respite centre offering short breaks, residents were supported to choose how they would like to spend their time in the centre. On admission to the centre each resident was asked how they would like to spend their time, where they would like to go and was there anything special they would like to do.

This was then documented and facilitated for the resident over the course of their short break. For example, one resident wished to go to a musical during their stay and the inspector saw that this was facilitated. Other residents requested shopping trips or a night out and again the inspector saw that all these activities were facilitated.

Family members also reported that their relatives had a great social life when they were in the centre and that they were always out and about and there was plenty to do.

Many residents had access to a range of day services where they engaged in meaningful activities of their choosing. However, because this was a respite service many viewed their short stay as a holiday and chose not to attend their day service when in the centre. The inspector observed that this choice was respected at all times by staff working in the centre.

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):

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

Findings:

Some issues were identified with the premises in the last inspection however, they had been addressed to the satisfaction of the inspector by the time of this inspection. Overall the inspector found that the location, design and layout 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 large single story house just outside the busy town of Navan in County Meath. Adequate transport was provided so as residents could access local shops, restaurants, pubs, barbers, hairdressers, churches and cafes if and when requested. Residents were observed using the local amenities during the course of the inspection.

All residents had their own individual bedrooms which were supported to personalise them during their stay in the centre. For example, some residents brought personal items such as photographs, stereos and compact discs (CD's) with them for the duration of their break.

Most residents shared an en suite facility (two bedrooms connecting to one bathroom) and the last inspection found that the doors leading to these facilities were difficult to open and close. The inspector observed that some work had been done to address this issue and that the doors were easier to use since that work had been completed.

It was also observed that thumb locks had been applied to each door so as to protect the privacy and dignity of each resident when using the bathroom facilities. The person in charge informed the inspector that other renovations would be explored at a future date regarding access to the en-suite facilities however, at the moment there were no issues with them and residents were happy with the services provided.

There was a spacious lounge area on entering the centre and communal facilities included one large open plan sitting room, a well equipped very large kitchen with a spacious dining area, a smaller separate sitting room/visitors room, six bathrooms/shower rooms and a large office. There was also an outside utility room and a large outside storage area.

Even though residents did not live in the centre they appeared very proud of it and some said they saw it as a home away from home. The inspector also observed that personal items such as photographs of residents were on display in the centre.

The fixtures and fittings were modern and the centre was well ventilated, bright, warm and spacious. It was very well maintained and clean throughout. There was also ample storage room available in the centre.

There was a very well maintained back garden and a very spacious courtyard/parking area to the front. There was also a barbeque facility in the back, a facility for residents that smoked and 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:

Some issues regarding training were identified in the previous inspection which had been addressed by the time of this inspection. Overall the inspector was satisfied that the health and safety of residents, visitors and staff was actively promoted in the centre.

There was a 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 which was reviewed in 2016. 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 and it identified the roles and responsibilities of all staff working in the centre regarding health and safety matters.

The inspector observed that both environmental and individual risks assessments had been carried out in 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 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, each resident had a falls risk assessment in place and the inspector observed that where required handrails were in place to support the mobility needs of residents that required this support.

The person in charge also informed the inspector that any adverse incidents occurring in the centre were actioned and the learning from such incidents was recorded and discussed at team meetings. For example, it was observed recently that flooding had occurred while one resident was having a shower. This incident was recorded and actioned which resulted in shower doors being sourced to prevent the issue re-occurring.

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

Documentation read by the inspector informed that staff did daily checks on escape routes and weekly checks were carried out on emergency lighting and electrical items.

Fire drills were carried out monthly and from viewing the relevant documentation the inspector observed that some minor issues were identified with the last drill carried out in the centre. For example, one resident struggled to get out of their bedroom during the evacuation. However, it was also noted that their personal evacuation emergency plan had been updated to reflect this issue.

There were policies and standard operating procedures in place for the management of infection control, all reviewed and updated between 2011 and 2016. The inspector observed that the centre was very clean and there was adequate warm water and hand sanitizing gels and soaps 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:

The last inspection found that some staff members were not familiar with the safeguarding policy and did not receive formal training in the safeguarding of vulnerable adults. This inspection found that these issues had been addressed and overall the inspector found that there were adequate systems in place to protect residents from all forms of abuse in the centre.

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 policies and procedures in place to support them. From a sample of files viewed, all staff also had up-to-date training in the 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. Feedback from residents and all family members interviewed informed the inspector that residents felt safe and secure while on respite in the service.

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 personal and intimate care plans were in place for each resident and provided comprehensive 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 practices were in place which were only used as safety measures and were very closely monitored and reviewed. For example, one resident with significant epilepsy required the use of a bedrail at night as a safety measure to prevent falls. This intervention was in agreement with the resident and their guardians and had been assessed with appropriate multi disciplinary input.

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 bedrail and found that all dates and times of its use were recorded and kept on file in the centre. (It was monitored on a half hourly basis by nursing staff). p.r.n. medicines were not in use for any residents in the centre (except for pain relief and rescue medication).

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

Where required residents had positive behavioural supports in place. These supports were informative of how best to support a resident if they were to present with challenging behaviour. The focus was on calm proactive, low arousal strategies to support residents and to de-escalate a situation.

From speaking to a number of staff and the person in charge the inspector was satisfied that they were able to vocalise how best to support a resident if they presented with behaviours of concern and 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):

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

Findings:

Issues related to the way in which the Health Information and Quality Authority (HIQA) were being informed about some notifications were identified in the last inspection.

However, they had since been addressed and arrangements were now 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 his knowledge of his legal responsibilities to notify the Chief Inspector as and when required during the course of this inspection.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that opportunities to support residents' independence and social participation formed a key part of their respite break in the centre. 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. However and as stated earlier in this report, some residents viewed their respite break as a holiday and chose not to attend their day activation services.

During the course of this inspection it was found that residents were supported to engage in a range of both independent life learning skills and social activities of their choosing.

For example, residents were supported to help with the cooking of meals and making lunches in the centre if they so wished. They were also supported to manage their own finances where appropriate and supported to use the local amenities and facilities as and when required.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that arrangements were in place to ensure that residents' healthcare needs were being met and staff were found to be knowledgeable of the healthcare requirements of each resident availing of respite in the centre.

The person in charge informed the inspector that arrangements were in place to ensure that the residents' healthcare needs were supported and addressed in the centre. It was also observed that many of the residents presented with a wide and complex range of medical issues.

However, they were supported by a team of dedicated nursing and care staff who took responsibility in ensuring all healthcare needs were met in a timely and robust manner.

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, mobility, eye care, foot care and positive mental health.

A record of consultations with speech and language therapy, occupational therapy, general practitioner (GP) dietician and hospital appointments were kept on each residents file and any recommendations arising from such appointments were implemented. A record of all vaccinations that each resident had was also kept in the centre.

Health care plans were also 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. It was also found that staff spoken with were able to verbalise these care plans to the inspector.

The inspector found that arrangements were in place to ensure residents' nutritional needs were met to a very good standard. Weights were recorded and monitored while residents were on their respite break. 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.

The inspector had tea with the residents and found that mealtimes were relaxed, person centred and taken at the residents pace. Staff were also observed interacting and chatting with residents while preparing the tea in the kitchen. Staff also had their meals with the residents and they sat and chatted with residents during and after meal times.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the medicines management policies were satisfactory and that practices described by the person in charge 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 staff office 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. A staff nurse would record all medicines coming into the centre and keep a record off all medicines being returned.

There was also a system in place to record any drug errors. The inspector observed a recent error had occurred with the administration of one resident's medication. This was recorded and reported to the person in charge accordingly.

To support learning from this error the person in charge discussed it with the relevant staff member who reported that the kardex was unclear and that was how the error had occurred. The person in charge immediately set about updating the resident's kardex and informed all staff of this so as to mitigate the risk of such an error reoccurring.

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 a very high level of compliance was recorded. However, the audit did find a minor issue with one resident's medical information which was actioned and addressed accordingly.

Only nursing staff were permitted to administer medicines and (including p.r.n. medicines) in the centre.

All p.r.n. medicines had strict protocols in place for their use and were reviewed regularly. From speaking with staff members 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. It was noted however, that p.r.n. medicines were only used for pain relief and for residents who had epilepsy.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

Findings:
The 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:

Some issues were identified with the annual review of the quality and safety of care in the centre however, these had been addressed by the time of this inspection and overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. From speaking with the person in charge 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 that availed of respite in the centre.

She was supported in her role by a Director of Nursing (DON) and two Assistant Directors of Nursing (ADON). The inspector met with the two ADON's on day two of the inspection and observed that both were also familiar with the centre and the residents who availed of it.

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 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

The inspector found that there were management systems were in place for the absence of the person in charge. There was always a staff 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 also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

The provider nominee (or someone nominated on her behalf) made announced visits and unannounced visits to the centre. She also ensured that an annual audit of the safety and care provided in the centre was completed. The inspector viewed a sample of this report and found it to be thorough and informative of where the centre was meeting their statutory obligations and what actions were required to address areas of non

compliance.

For example, the annual review highlighted non-compliances with regard the updating of some residents personal emergency evacuation plans. The inspector observed that both issue shad 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 the some aspects of the management of residents finances required review and some residents had not got in place a completed falls risk assessment. Again the inspector observed that both these issues had been addressed accordingly.

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 also worked on a full time basis in the centre 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 a professional third level qualification in management. She has undertaken a course based on the duties and responsibilities of the role of person in charge as well.

Throughout the course of the inspection the inspector observed that the residents knew the person in charge very well and were very comfortable asking her questions and speaking with her.

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:

Issues with regard to the use of resources were actioned in the last inspection however, the inspector observed that they had been addressed by the time of this inspection.

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, if a group of residents requested a particular social outing that required the need of additional staff, this resource was made available to ensure that the social care needs of each resident were facilitated.

It was also observed that there were adequate medical appliances such as hoists and a wheelchair available in the centre which were maintained and serviced on a regular basis.

The person in charge confirmed that the centre had the resource of a vehicle on a full-time basis to support residents transportation needs/wishes. The inspector observed that all documentation regarding the vehicle, such as servicing road tax and NCT were up to date.

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:

An issue with regard to staff records was identified in the last inspection however, this had been addressed to the satisfaction of the inspector. This inspection found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents.

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 nutrition, first aid, cardio pulmonary resuscitation and hand hygiene.

There was a team of registered nurses working in the centre and a team of health care assistants. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body and had engaged in a range of continuous professional development courses. 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 action it was evident that they were competent to deliver the care and support required by the residents. All family members also spoke very highly of the entire staff team.

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.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

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

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

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.

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