

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002614
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Stevan Orme
Support inspector(s):	Jackie Warren
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 June 2016 10:15 To: 21 June 2016 17:15

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was an unannounced follow up inspection carried out to monitor compliance with regulations and standards and to inform a registration decision. The provider had applied to register this centre and a full 18 Outcome inspection took place on 20 and 21 October 2015. As part of this inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence

Inspectors met with nine residents. Two residents were able to tell inspectors that they liked the staff and enjoyed living at the centre. Inspectors observed staff working with all residents including those unable to verbalise their views about the quality of service they received. Inspectors observed staff supporting residents in a respectful and dignified manner, encouraging them to make choices. Residents appeared relaxed and comfortable with staff.

Inspectors met with the centre's person in charge, as well as nursing and care staff.

During the inspection, inspectors observed care practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service was being provided as was described in that document. The centre was on a housing estate with easy access to local shops and amenities. The centre is purpose built and comprises two 5-bedded self contained houses connected by a central foyer area. Each self contained house has its own kitchen / dining room, sitting room and bathroom facilities. The service is available to adult men and women with intellectual and physical disabilities.

Overall judgment of our findings

Inspectors found the centre to have a homely atmosphere and residents appeared comfortable and relaxed. Residents were seen to be supported in an appropriate manner by staff throughout the inspection.

Overall, inspectors found that the centre had undertaken measures to address the actions required from the previous inspection, although further measures were required in regards to contracts of care, social care, risk management, safeguarding, governance and management and workforce. These are detailed in the main body of this report.

The person in charge demonstrated adequate knowledge and competence during the inspection and inspectors were satisfied that they were a fit person to participate in the management of the centre. Inspectors reviewed resident care plans, nursing interventions and staff rosters and were not satisfied that the provider had put systems in place to ensure that the regulations were being met in relation to these areas. Inspectors found that a lack of effective governance and management systems at the centre had resulted in:

- Residents goals were not aspirational or developmental in nature (Outcome 5)
- Health care interventions required updating to ensure needs were fully met (Outcome 11)
- Weekend staffing levels at the centre were not appropriate to the needs of the residents (Outcome 17)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:

Inspectors reviewed residents' contracts of care. Contracts had been amended following the previous inspection and now included the total fees to be charged, as well as additional charges for activities that residents may wish to access such as reflexology and art classes. However, inspectors found that contracts were not signed by either the residents or their representatives in all cases.

Judgment:

Substantially 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:

Personal plans clearly showed residents dietary needs being assessed and regularly reviewed by a dietician and included requirements on the frequency of weight recording and the dietary needs of the resident. However, inspectors found that weight recording requirements were not consistently implemented across the centre. Inspectors found weight-related needs identified at residents' personal care plan reviews, which resulted in an annual goal had not been included in the resident's care plan to guide staff.

Inspectors reviewed resident's personal care plan reviews and goals which following the previous inspection now included the names of individual staff members responsible for implementing goals. However, inspectors found that goals were not developmental or aspirational in nature, but instead centred around daily routine activities such as shopping trips and one off activities such as going on holiday.

Inspectors found that the annual personal care plan reviews did not include the date the review meeting was held on. They also failed to include sufficient detail on the effectiveness of goals undertaken by the resident, with goals only recorded as being achieved or not. Review meeting minutes did not indicate whether the resident or their representative had attended or participated in the meeting. However, discussion with the person in charge confirmed that the centre invites resident's representatives to attend the review meetings; although invitations and responses were not recorded

The centre had introduced an easy read personal care plan goals format for residents. However this did not state how and when the goals would be achieved. For example, a goal to go on holiday was shown by a picture of an airplane but did not include whether the holiday was in Ireland or abroad and when the holiday would occur by.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors reviewed the centre's risk register and found that both organizational and centre-related risks were identified. However during a tour of the centre, inspectors identified risks which had not been included in the register. Inspectors observed a smoking shelter used by residents which contained disused or stored furniture which could be combustible in the event of a fire. The smoking shelter was untidy and not well

maintained with cigarette butts on the floor, although a metal bucket was provided to extinguish cigarettes. Although, the person in charge assured inspectors that measures were in place to control risk, such as residents being accompanied when they smoked and the wearing of smoking aprons; the risks and controls were not included in the centre's register.

Inspectors observed that a garden shed used to store a range of potentially hazardous materials was left unlocked. This allowed residents access and exposure to possible risk. As noted with the smoking shelter, this risk was not included in the centre's risk register.

Inspectors reviewed the centre's emergency plan which clearly indicated how staff would respond in the event of an emergency. It provided instruction on the actions staff were to take in the event of a fire, which staff were able to describe to inspectors.

Inspectors reviewed documentation relating to the maintenance and auditing of fire equipment which showed regular checks were conducted.

Inspectors reviewed fire drill records, and although drills occurred regularly, inspectors were unable to see evidence of drills or simulated drills occurring during the night or early morning, which would assess residents' ability to evacuate effectively at these times. Although fire drill records were completed by the centre, these did not include the outcome of the drill to assess the centre's effectiveness to respond to emergencies.

Inspectors reviewed residents' personal emergency evacuation plans. Although each plan provided information on how to support the person in the event of a fire, it did not include sufficient detail regarding the staffing levels required for recommended manual handling practices to be used in the event of an emergency evacuation.

Judgment:

Non Compliant - Moderate

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:

This outcome was only assessed in relation to the actions outstanding from the previous inspection.

Inspectors reviewed evidence relating to the need for dementia assessments for residents as highlighted in the previous inspection. Inspectors were shown a completed memory assessment undertaken with residents by the provider's Community Nurse Specialist in Dementia. Inspectors were informed by the person in charge that memory assessments had been completed with a further two residents, and the centre was awaiting the report. The person in charge also assured inspectors that all residents would have undertaken the dementia assessment before the end of 2016.

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):

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

Findings:

Inspectors interviewed the person in charge and reviewed documentation on the arrangements in place to undertake audits reviewing the quality of support and care at the centre. Inspectors reviewed written six-monthly unannounced audits conducted by the person in charge which assessed the centre's compliance with both regulation and best practice.

Staff told inspectors that the person in charge was approachable and supportive, and would also undertake shifts at the centre in the evenings and at the weekend, which was reflected in the centre's roster. The person in charge when interviewed confirmed that they would undertake shifts at the service, to both inform them about the quality of care provided, and to support residents to attend planned activities.

Inspectors did not find evidence that an annual quality and safety of care and support review had been conducted on the centre. The person in charge was not aware of a review being undertaken. The person in charge did however provide inspectors with a report from the provider's quality improvement project. This report focussed only on the auditing and archiving of resident information in line with organisational policy, and did not include consultation with residents or their representatives.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

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

Findings:

Inspectors reviewed documentation and spoke with the person in charge and staff in relation to staffing levels at the centre at the weekend as the previous inspection had identified insufficient support hours to meet residents' needs and to enable choice of activities at the weekend. The person in charge told inspectors that additional staffing had been agreed by the provider and efforts had occurred to increase staffing levels to meet the needs of residents on weekday mornings and weekends. Inspectors examined rosters and observed practice on the day of inspection. This showed that additional staffing was rostered in the morning to support residents to get ready to attend their day services.

Interviews with staff and review of the centre's roster and activity records showed that additional staffing was rostered at weekends to support residents to attend activities of their choice. However, the person in charge informed inspectors that they had only been able to appoint staffing to work on Saturdays, resulting in residents having limited opportunities to participate in activities of interest or their local community on Sundays.

Inspectors interviewed the person in charge and reviewed staff training records, and found that although efforts had been made to facilitate training on the management of behaviour that challenges as required from the last inspection, staff had not completed the training.

Judgment:
Non Compliant - Moderate

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:

Stevan Orme
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:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002614
Date of Inspection:	21 June 2016
Date of response:	26 July 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts of care were not agreed in writing with each resident or their representative where the resident was not capable of giving consent.

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 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Nine contracts of care are now signed by the residents or their representatives. The one outstanding contract has been sent to the family again and a copy of the letter is on file.

Proposed Timescale: 31/08/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plans were not available to the resident in an accessible format.

2. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

We are purchasing a programme which will make it easy to put personal plans into pictures and to change those plans.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Personal plans were not amended following annual reviews with any recommended changes.

3. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

All Personal plans are now amended.

Proposed Timescale: 29/07/2016

Theme: Effective Services

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

Annual personal care reviews did not ensure the maximum participation of the resident or where appropriate their representative.

4. Action Required:

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

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

A copy of the letters inviting the families will be kept with the annual review in the future. Residents are always invited and we will document this from next meeting.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

The personal plan's effectiveness was not reviewed annually.

5. Action Required:

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

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

Each personal plan will be reviewed every three months or more often as necessary.

Proposed Timescale: 29/07/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider did not have systems in place to ensure all risks relating to the centre were assessed and managed.

6. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The risk register has being reviewed and audits are being put in place to ensure compliance.

Proposed Timescale: 29/07/2016

Theme: Effective Services

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

The provider's emergency evacuation plan did not give sufficient detail to evacuate residents to safe locations.

7. Action Required:

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

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

All Personal emergency egress plans have being updated giving much more detail.

Proposed Timescale: 29/07/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The centre did not have an annual review of quality and safety of care and support.

8. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The centre will have an annual review of quality and safety of care and support by the proposed timescale.

Proposed Timescale: 31/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels did not facilitate flexibility of choice and meet the needs of individual residents at the weekend.

9. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The hours we have allocated for Sundays are being used to support residents to attend evening music sessions as we feel that they get more benefit from this. All residents have the opportunity to participate in activities of interest on Saturdays.

Proposed Timescale: 31/07/2016

Theme: Responsive Workforce

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

Staff had not received training on the management of behaviour that is challenging.

10. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

As per notification of delay sent in March training will be completed by new proposed timescale.

Proposed Timescale: 31/10/2016