

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---|
| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002630 |
| Centre county: | Sligo |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Teresa Dykes |
| Lead inspector: | Jackie Warren |
| Support inspector(s): | Ivan Cormican |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 5 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

| | |
|-------------------|-------------------|
| From: | To: |
| 09 May 2016 14:45 | 09 May 2016 19:15 |
| 10 May 2016 10:00 | 10 May 2016 14:45 |

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 10. General Welfare and Development |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

Background to the inspection

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The previous inspection was on 13 July 2015 and as part of the current inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence

As part of the inspection, the inspectors met with four of the residents and with staff members. The residents who spoke with the inspectors stated that they were very

happy living in the centre, with the level of support from staff and with the activities that they participated in. The inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files.

The inspectors also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (the Authority) before and during the inspection, which generally indicated a good level of satisfaction with the service. Interviews were carried out with the person in charge and nursing staff.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. Inspectors found that the service was being provided as it was described in that document. The centre comprised of a house which could accommodate up to five residents. There was ample communal space and an accessible garden. The service was available to adult men and women who have intellectual disabilities.

Overall judgment of our findings

Overall, inspectors were satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in some positive experiences for residents, the details of which are described in the report.

Good practice was identified in areas such as:

- positive relationships with family and friends was promoted (outcome 3)
- residents had suitable service contracts (outcome 4)
- positive social care was promoted (outcome 5)
- safe and suitable premises (outcome 6)
- safeguarding and safety (outcome 8)
- notification of incidents (outcome 9)
- general welfare and development (outcome 10)
- health care (outcome 11)
- statement of purpose (outcome 13)
- absence of the person in charge (outcome 15)
- use of resources (outcome 16)
- sufficient staff on duty to deliver care to residents (outcome 17).

The inspectors also found that the lack of effective governance and management systems had resulted in:

- unclear arrangements for the management of complaints (outcome 1)
- residents did not have consistent access to communication by internet (outcome 2)
- risks being identified in health and safety due to poor risk management and fire safety procedures (outcome 7)
- poor medication management systems which could expose residents to risks (outcome 12)
- failure to finalise an annual review of the quality and safety of care in the service (outcome 14)
- some documents were not retained as required by the regulations (outcome 18).

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspectors found that residents were consulted in how the centre was planned and run, although improvement to the complaints process was required.

There were weekly residents' meetings held at which residents could make plans and discuss issues of importance to them. Staff recorded minutes of the meetings, which showed that residents had discussed personal events, activities and goals in addition to discussing their meal choices for the coming week. Residents were also involved in light household activities in accordance with their wishes. Residents' bedrooms had recently been redecorated and residents had chosen the colour schemes.

There was a new system for recording and reviewing complaints although there had been no complaints made in the centre. The complaints procedure, written in a legible format, was displayed, although it did not clearly identify the person nominated to manage and record complaints. There was a complaints policy which was an organisational document and did not provide centre specific guidance in relation to this centre. The policy did not include details of the person nominated to managed and record complaints or of a further nominated person to ensure that all complaints were suitably recorded and resolved as required by the regulations. In addition the appeals process was not clearly outlined.

Residents told the inspectors that they would talk to staff if they had any complaints or worries and they felt confident that they would be addressed.

Residents had access to advocacy services and contact details were clearly displayed.

The inspectors observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms and could lock their bedroom doors if they wished to. Residents had their rooms decorated with photographs, pictures, trophies and personal belongings and had ample wardrobe space.

An intimate personal plan had been developed for each resident to ensure privacy and dignity was being respected during the delivery of intimate care.

Residents' civil and religious rights were supported. All residents were registered to vote and could attend the local polling station if they chose to do so. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. There was a church nearby which residents could visit either independently or accompanied by staff.

The inspectors found that residents' finances were managed in a clear and transparent manner. All money was securely stored and was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases.

Judgment:

Non Compliant - Moderate

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 were good communication systems in place. However, improvement to internet access was required.

Although all residents could clearly articulate their views, there were communication profiles documented in their personal plans which identified information which was important to them.

Hospital passports had been developed for each resident which provided a range of information for hospital staff in the event of the resident being admitted to hospital.

There was information for residents displayed in accessible format on the kitchen notice boards, including information on the complaints procedure, hand hygiene and healthy eating guidance, fire safety and advocacy.

All residents had access to televisions, radio, postal service and reading material. However, internet access was intermittent in the centre and was not available to residents at all times.

Judgment:

Non Compliant - Moderate

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents who lived in the centre were supported to maintain relationships with their families and were encouraged and supported to interact in the local community.

There was an open visiting policy and family and friends could visit at any time. Most residents also visited and regularly stayed with family members at weekends.

Families were invited to attend and participate in residents' annual planning meetings and reviews of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues. Most residents visited a day service each weekday where they had the opportunity to meet and socialise with friends. Two residents had jobs in the local area and a resident told the inspectors that he had many friends outside of the service who he socialised with.

Residents said that they were supported to go on outings, attend sporting and entertainment events and dine out in local restaurants. Residents frequently visited the shops and facilities in the town.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was a policy to guide the admission process although there had been no recent admissions to the centre. The person in charge was aware of the importance of suitable assessment prior to admission.

Contracts for the provision of services had been agreed with all residents.

The inspectors reviewed some contracts and found that they were informative and reflected the service provided.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspectors found that each resident's social wellbeing was maintained by a high standard of care and support.

There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests appropriate to their individual preferences both in

the centre and in the community. All residents had personal plans which contained important information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and long, medium and short term life goals and there was evidence of review and participation by residents in the development of their plans.

There were a range of activities, such as art, gardening, shopping and sporting events taking place in the community and at local resource services and residents' involvement was supported by staff.

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:

The designated centre comprised of a two storey large house set on the outskirts of an urban area. The dwelling was originally built as two houses which had been converted into one. The design and layout of the centre suited the needs of residents. The house was clean, warm, well furnished and comfortable throughout.

All residents occupied single bedrooms which were bright, clean, comfortable and well furnished and were personalised with a selection of residents' belongings. Residents had adequate personal storage space in their bedrooms and could lock their bedroom doors if they chose to. There were adequate numbers of suitable and accessible toilets and showers for residents.

Communal space consisted of a large comfortable sitting room and a dining room, both of which had televisions. Residents explained that if some of them wanted to watch different programmes on television the dining room would be used. There was a separate kitchen which the inspectors found to be well equipped and clean.

Laundry facilities were located in a room on the first floor of the building and comprised of a washing machine and tumble drier. There was also a clothes line outdoors. However, while most residents used the laundry room as they wished, the laundry area was not accessible to all residents as it involved use of the stairs.

There were gardens at the back and front of the building. Both areas had lawns but the gardens were unfurnished. The person in charge told the inspectors of plans to provide garden furniture in the near future for residents to use in fine weather.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

While there were some systems in place to protect the health and safety of residents, visitors and staff, improvement was required to risk management and various aspects of fire safety.

There was a risk management policy, a safety statement and a risk register which detailed the measures in place to identify and control risks in the centre. The risk management policy included control measures for the risks specifically mentioned in the regulations.

The inspector viewed the risk register and found that it contained guidance on the control of some risks including slips, trips and falls. However, the risk register was not reflective of all current risks which had been identified in the centre. For example there was a significant fire safety risk that had not been recorded. Staff had recently identified during routine checks that some fire doors were not closing properly and this risk had not been entered in the risk register and solutions had not been explored in relation to addressing this risk. In addition, it was identified that absence of a wheelchair ramp presented a potential risk, but there was no control measure identified to address this risk. Furthermore, risks in relation to security and residents answering the main door were not recorded.

A risk in relation to residents' ability to contact staff sleeping in the centre also required to be assessed and remedial action identified. One staff member slept in the centre each night. Residents' bedrooms were on two floors. This presented a risk that residents who were not sleeping on the same floor as the staff may not be able to contact staff if they needed them at night. Suitable contact arrangements had been provided for one resident.

Personal risks specific to each resident were identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment, emergency lighting and the fire alarm system. All staff had received formal fire safety training. Staff who spoke with the inspectors were very clear of how evacuations would be managed.

Fire evacuation drills from the centre took place twice each month, once in daytime and another while residents were sleeping. Records of all fire drills were maintained which included the time taken and comments recorded for learning. Records indicated that all fire evacuation drills had been completed in a timely manner. Residents who spoke with the inspectors were very clear about the fire evacuation procedure and confirmed that the alarm would awaken them while they were sleeping.

The procedures to be followed in the event of fire were displayed.

There were recommendations for internal fire safety checks but these were not being carried out in line with organisational systems. The organisation required, for example, that checks of fire doors were undertaken weekly but records indicated that these were being carried out infrequently. There was a record that only one fire door check throughout the building had been carried out in April 2016, and no other records were available. The person in charge confirmed that no other checks had been done.

The provider had engaged a consultant to undertake a detailed review of fire safety in the centre and the inspectors read the results of this review. The report indicated that there were several areas which were not in line with best fire safety practice, some of which required immediate action. The person in charge confirmed that some work had been undertaken to address these issues, but there was no information to confirm how much of the work had been completed and which risks were still outstanding.

There was an emergency evacuation plan in place for the centre. However, the emergency policy did not include guidance for staff in the event of emergencies other than fire such as loss of power, water or heat.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

Measures were in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member had attended training in the prevention of abuse. Staff who spoke with an inspector were clear on recognising and responding to abuse.

The person in charge confirmed that she had received training in relation to adult protection. She was knowledgeable regarding her responsibilities in this area and was clear on how she would respond to any allegation or suspicion of abuse. There was evidence that an episode of financial abuse had been suitably investigated, managed and resolved.

The person in charge was very focussed on promoting and supporting residents in the safe management of their own finances as a form of independence. She had recently introduced measures to maximise residents' access to their own finances in a secure manner and was working to promote and increase this practice for all residents.

All residents told the inspectors that they were very well supported by staff and felt safe and happy living in the centre.

At the time of inspection there were no residents with behaviours that challenge living in the centre and there were no residents using bed rails or any other form of restraint.

The inspectors observed staff interacting with residents in a respectful and friendly manner.

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:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All required incidents and quarterly returns had been notified to the Chief Inspector.

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:

This outcome was not examined at the previous inspection.

Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents were involved in basic household chores, such as food preparation and grocery shopping, as a form of skill building.

There were a range of development opportunities available to residents which mainly took place during the day at the resource centre that most residents attended. For example, residents had participated in computer courses, cookery and life skills training. One resident had been involved in organising an event in the local college and told inspectors about it. Some residents also had full or part time work in the local area which they told the inspectors that they enjoyed.

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 inspectors found that residents' health care needs were met and they had access to appropriate medical and health care services. There was, however, some improvement to implementation of care interventions was required in some instances.

All residents had access to general practitioner (GP) services and had annual medical checks. Residents also had access to a range of health care professionals including chiropodists, speech and language therapists and dieticians; and referrals were made as required.

Each resident had a personal plan which outlined the services and supports to be provided to achieve a good quality of health care. Personal plans were in an accessible format and each resident's plan for health care was reviewed frequently and when there was a change in needs or circumstances. The plans viewed contained detailed information around residents' health care needs, assessments, medical history and health care support required from staff. For example, plans of care had been developed for a range of health and personal care needs such as tissue viability, epilepsy management and personal care.

However, while health care plans were generally completed to a high standard, some improvement was required to ensure that the guidance was up to date and comprehensive. For example, a continence care plan had not been developed for a resident and a tissue viability assessment had not been completed as specified in another care plan.

The inspectors found that residents' nutritional needs were well monitored and staff stated that none of the residents were losing weight. All residents were weighed monthly. This normally took place at the resource centre and the person in charge had an opportunity to oversee these records as she was also manager to this service and worked closely with staff there. Referrals to the dietician were made as required and their recommendations were included in residents' care plans. Suitable care plans were developed and care supported where weight management issues were identified. All residents were supported and encouraged by staff to eat healthy balanced diets and partake in exercise. The inspector saw residents eating healthy, balanced meals at mealtimes which they said they enjoy. At one mealtime a resident didn't wish to have the main meal and an alternative was provided.

There were no residents in the centre with wounds or pressure ulcers, requiring modified diets or assessed as being at risk of malnutrition.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

Findings:

The inspectors found that while some medication management practices were safe, improvement was required to storage and administration of medication.

An inspector reviewed medication management practices and found that improvement was required. For example:

- unused and out of date medication was not segregated but was stored with current medication and other miscellaneous items which were not related to medication management
- there was no system for the safe and traceable disposal of unused and out of date medication
- one resident's medication was not being administered as prescribed.

There was, however, some good practice around medication management. Medication was suitably prescribed and discontinued medications were verified by the GP. Signatures of the staff members administering medication were recorded and there was an up to date signature sheet available. There were colour photographs of each resident available to verify identity if required. There was a process for the management of medication errors and staff who spoke with an inspector were familiar with this.

The medication policy had recently been reviewed and the new policy provided comprehensive guidance to staff. The new policy came into effect at the time of inspection and the person in charge was introducing systems to ensure that all medication management practices were in line with the new policy.

Most staff who administered medication to residents had been trained in the safe administration of medication. However, one staff member had not yet received this training, although this was scheduled to take place in the near future. As an interim measure the person in charge had made arrangements for medication to be administered only by trained staff or nurses and she had made out a schedule to ensure that these would be present to administer medication when required. As an interim measure this would ensure that planned medication was administered in line with the centre's policy, but presented a risk that PRN (as required) medication might not be

administered promptly.

At the time of inspection no residents required medication requiring strict controls or medication that required to be administered crushed. None of the residents had been assessed for capacity to administer their own medication; therefore, residents who may be able to administer their own medication did not have this opportunity.

Judgment:

Non Compliant - Moderate

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 inspectors found that the statement of purpose was informative, described the services provided in the designated centre and met the requirements of the regulations.

The person in charge reviewed the statement of purpose annually.

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:

The provider had established a clear management structure and systems had commenced to review and improve the quality of service. However, improvement to quality auditing systems was required.

The provider had established a clear management structure and systems had commenced to review and improve the quality of service. However, improvement to quality auditing systems was required.

During the last inspection the inspector found that there was a clearly defined management structure and that the centre was suitably managed and this continued to be evident on this inspection.

There was a suitably qualified and experienced person in charge. She was the person in charge of more than one centre but there was no evidence that this impacted on the delivery of service in this centre. She was supported in the management of the centre by two nurses. The person in charge met with other persons in charge in the organisation at six-weekly intervals and the provider nominee often attended these meetings.

An annual report on the quality and safety of care and support had not yet been undertaken by the provider, although the person in charge informed the inspector that this was planned and would take place in the near future. The provider had delegated responsibility to the person in charge to undertake two unannounced audits of the centre each year to review the quality and safety of the service. One of these audits had recently taken place and the inspector reviewed the findings. A template had been devised for these audits and it had been completed by the person in charge. It included levels of compliance with several aspects of care and action plans had been developed for any areas where deficits were identified.

There was a limited amount of quality improvement auditing being undertaken in the centre at the time of inspection, but this had been recognised as an area for improvement by the provider and person in charge. The absence of suitable audits in the centre resulted in areas of non-compliance, such as fire safety checks and medication management, not being promptly identified. The provider had organised the development of an auditing system for this and other centres in the group and formal auditing was due to commence shortly.

Infection control and hand hygiene audits had been undertaken in the centre and these indicated a high level of compliance.

There had been no recent accidents in the centre and incidents of concern were low. There was a system for recording incidents in the centre. The inspector viewed the recording form and found that it did not provide space for recording outcomes from incidents or accidents. There was a system for monthly review of any accidents or incidents occurring in the centre by the person in charge and forwarded to the quality and safety team in the organisation for further review.

Judgment:
Non Compliant - Moderate

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 and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

Suitable arrangements were in place to cover the absence of the person in charge.

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 inspectors found that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was suitably furnished, equipped and maintained. There was a vehicle at the centre to transport residents when they wanted to go out.

The inspectors found that the centre was appropriately staffed and residents stated that there were always sufficient staff available to care for their needs.

During the last inspection the inspector found that there were not enough staff to meet residents' social needs. Since then the occupancy of the centre has been permanently reduced but the level of staffing remains the same.

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 inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspectors viewed and found to be accurate for the days of inspection.

Staff were present to support residents in the centre and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for walks or attending social or sporting events. Staff also slept in the centre at night time. In addition to the daily allocated staff the person in charge rostered extra staff for duty, as required, to address other needs, such as accompanying a resident for an appointment or to attend planned social outings. Separate staff supported the residents while in the resource centre.

A range of staff training had been organised. Training records confirmed, and staff who spoke with the inspectors stated, that they had received training in fire safety, safeguarding, manual handling, management of behaviour that is challenging and infection control. Most staff had also undertaken medication management training.

The inspectors found that staff had generally been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspectors reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references and photographic identification. Gaps in staff employment histories, however, were not explained in the sample of files viewed.

Judgment:

Substantially 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):

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

Findings:

The inspectors found that the records required by the regulations were being maintained. However, some records were not maintained in the designated centre as required by the regulations and improvement to operational policies and accessibility of records was also required. The medication recording system also required some improvement.

During the course of the inspection a range of documents, such as the residents' guide, directory of residents, accident and incident recording system, staff recruitment files and health care documentation were viewed and were found to be generally satisfactory.

An inspector reviewed the medication administration recording system and found that the administration of medication was well recorded. However, there was no place on the administration sheets for staff to record any comments in relation to medication administration.

All policies required by Schedule 5 of the Regulations were available. However, while all policies were not reviewed during the inspection, the inspectors found that several of the policies were not up to date and had not been reviewed and updated at intervals not exceeding three years as required by the regulations. For example, policies such as the risk management, the behaviour support and recruitment policies were out of date and had not been reviewed by the identified review date. While there was an emergency evacuation policy, this policy did not provide guidance to staff for the management of other events, such as loss of power, heat or water. The complaints policy required further development as described in outcome 1.

There were no records of the meals served to residents being retained as required by the regulations. Therefore, there was no means for the management team to evaluate the quality and overall nutritional value of the meals served throughout the day.

Although all the required documents and records requested by the inspectors were made available to the inspectors during the inspection, some of the records were not retained in the centre as required by the regulations. As the person in charge had an office base in another location nearby some documents, such as copies of inspection reports, medical records and nursing notes, were not retained in the centre.

Judgment:
Substantially 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:

Jackie Warren
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-0002630 |
| Date of Inspection: | 09 May 2016 |
| Date of response: | 13 June 2016 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints policy did not include details of the person nominated to investigate complaints in the centre.

1. Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not

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

involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

Service Users and staff are aware of the nominated complaints officer. Her photograph and telephone number are clearly identifiable for all on the notice board. This person will deal with any complaints identified by the Service Users in this centre.

Proposed Timescale: 10/06/2016

Theme: Individualised Supports and Care

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

The complaints policy did not include details of the person nominated to ensure that all complaints are suitably recorded and resolved as required by the regulations.

2. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

A further person [other than person nominated to investigate complaints] has been nominated to ensure that all complaints are suitably recorded and resolved as required by regulations. Complaints Policy will be updated to reflect same.

Proposed Timescale: 10/08/2016

Theme: Individualised Supports and Care

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

Details of the complaints appeals process were not clear.

3. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

There is an appeals process which is known to the Provider and PIC
The complaints appeals process will be clarified and recorded in the Complaints Policy

Proposed Timescale: 10/08/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Internet access was intermittent in the centre and was not available to residents at all times.

4. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

IT has been contacted and in conjunction with the staff working in Rosewood will activate the internet and problem solve any issues there are with it.

Proposed Timescale: 15/06/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The laundry area was not accessible to all residents as it involved use of the stairs.

5. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Those Service Users with mobility issues have been consulted with in regard to their laundry arrangements. They have stated at a weekly meeting that they are happy with the current arrangement.

Proposed Timescale: 07/06/2016

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:

Some risks in the centre have not been identified and assessed.

6. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The risk register has been updated to include the risk for wheelchair use and ramping.

Estates have been asked to assess the entrance for the addition of a ramp.

The fire doors have been repaired and are working efficiently.

Maintenance has been asked to replace the entrance lock to enable the Service Users to open it from the inside but that it will be secure from anyone trying to access it externally without permission.

Those Service Users who are resident on the ground floor of the building have also been equipped with a button alarm to access staff at night if needed.

The emergency evacuation plan will be updated to include the outstanding issues of loss of power flooding and the breakdown of heating.

Proposed Timescale: 10/06/2016

Theme: Effective Services

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

A fire safety report indicated that there were several areas which were not in line with best fire safety practice.

7. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The fire risk assessment is currently under review and on receipt of the new report any outstanding fire risks identified will be addressed.

All risks identified outside of fire doors and any structural works have been addressed.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Internal fire safety checks but these were not being carried out in line with organisational systems.

8. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Staff are carrying out weekly fire door checks and reporting where there is a need for repair. These checks are now being monitored by the nursing staff.

Proposed Timescale: 01/06/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The guidance in some health care plans was not up to date and comprehensive.

9. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Service User in question has the tissue viability assessment completed and it is his care plan.

Proposed Timescale: 01/06/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Unused and out of date medication was not segregated but was stored with current medication.

10. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

All medications which are out of use are returned to the pharmacy as per the new medication policy. These medicines will be stored separately.

Two drawer cabinets are being purchased for the storage of all medication only. These cabinets will be secured to the wall or floor and will be for the sole purpose of medication storage.

Proposed Timescale: 15/06/2016

Theme: Health and Development

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

One resident's medication was not being administered as prescribed.

11. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The kardex for all the service Users are under review by the G.P.

All medication will be administered and signed for appropriately in the medication signing sheets.

All medication will be clearly labelled and placed in the appropriate folder for the Service User for whom it is meant.

Proposed Timescale: 01/06/2016

Theme: Health and Development

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

There was no system for the safe and traceable disposal of unused and out of date medication.

12. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

All medication is now being disposed of using the guide of the new medication management policy. This policy outlines the disposal of medications no longer in use in a clearly traceable manner.

Proposed Timescale: 01/06/2016

Theme: Health and Development

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

None of the residents had been assessed for capacity to administer their own medication; therefore, residents who may be able to administer their own medication did not have this opportunity.

13. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

All Service Users will be assessed using the self medication assessment tool. Any Service Users who have ability will be accommodated in administering their own medication.

Proposed Timescale: 15/06/2016

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:

An annual review of the quality and safety of care and support had not been undertaken by the provider.

14. 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:

An annual quality and safety review will be undertaken and documented using the template provided by HIQA. Systems will be strengthened to ensure audits are regularly completed as evidence for this review.

Proposed Timescale: 16/09/2016

Theme: Leadership, Governance and Management

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

There was limited quality improvement auditing being undertaken in the centre.

15. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A schedule of audits for the centre is in place and will allow for an overall comprehensive assessment. This will highlight where there are gaps or faults in the service being delivered to the Service Users living there.

Proposed Timescale: 15/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Gaps in staff employment history were not explained in some files.

16. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Staff employment history will be reviewed to have any gaps rectified.

Proposed Timescale: 01/06/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some operational policies were not up to date and had not been reviewed and updated at intervals not exceeding three years as required by the regulations.

17. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All local policies are under review with the local PPG.

Any policies which have been approved will replace the out of date policy in the policy folder.

Proposed Timescale: 01/11/2016

Theme: Use of Information

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

There were no records of the meals served to residents being retained as required by the regulations.

18. Action Required:

Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of

Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

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

A menu plan for the week will be discussed with the Service Users at the weekly meeting and recorded in the minutes.

Proposed Timescale: 01/06/2016

Theme: Use of Information

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

Records of all nursing and medical care were not retained in the designated centre as required by the regulations.

19. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

All nursing and medical records will now be stored in the designated centre.

Proposed Timescale: 15/06/2016