

**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-0002633
Centre county:	Wexford
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Brigid Murphy
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Unannounced
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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 June 2016 09:30	07 June 2016 18:00
08 June 2016 08:30	08 June 2016 12:00

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 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 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 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was fifth visit but fourth inspection of this centre. Two single issue inspections had taken place in 2015 and a registration inspection had also taken place in June 2015. The purpose of this inspection was to follow up on the actions identified at that registration inspection and also to ascertain the current status of the centre in regard to registration due to the significant time lapse involved. In January 2016 the provider nominated the director of nursing as the representative of the organisation. This person was formally interviewed following this.

In order to undertake fire management upgrading works all eight residents of this centre were temporarily re-located to another designated centre in February 2016.

As part of the overall strategy to reduce the numbers of residents in each of the organisations centres five of the eight residents returned in April 2016. The staffing compliment was not reduced with the reduction in residents.

How we gathered the evidence

This inspection was announced at short notice and took place over two days. The inspector observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, meeting records, policies, procedures and staff files.

The inspector met with all five residents, most of whom communicated in their own preferred manner with the inspector. The residents allowed the inspector to observe their daily life in the centre. This included meal times, one to one activities and relaxation in the noodle room.

No relatives were involved in the process at this time.

Description of the service

The statement of purpose defines the centre as one which provides care for five residents with severe to profound intellectual disabilities, dual diagnosis and challenging behaviours and autism. Practices were found to be in accordance with this statement.

The centre consists of a large detached house in a remote rural location. The residents are provided with access to day services at a day centre managed by the organization.

Overall judgement of the findings

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met and to address the actions of the previous inspection report. This resulted in positive experiences for residents the details of which are described in the report.

Good practice was identified in areas such as:

- Governance and management (outcome 14) which supported effective care
- Social care and assessment (outcome 5) which facilitated better person centred care
- Health and safety and Risk management (outcome 7) which supported residents safety
- Safeguarding and behaviour supports (outcome 8) which held to protect residents
- Management of complaints and systems for consultation (outcome 1)
- Workforce and skill mix of staff (outcome 17)

Some improvements were required in multidisciplinary reviews of residents care and support and systems for overseeing and review of restrictive practices.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The actions from the previous inspection in relation to complaint management, choice of activities and participation in the community had been addressed. Some improvements were required in the management of resident finances.

A review of a sample of the records pertaining to residents' monies being withdrawn from the personal property accounts for specific purchases or as weekly pocket money, indicated that the systems for recording this money and its usage were detailed, transparent and overseen by the person in charge. All monies given for residents use were dated and the expenditure was recorded and receipted for the finance office. However, residents' monies were all lodged in the providers account. This was not satisfactory. The inspector was informed that work had commenced to enable the individual residents have their own accounts and a procedure for how they would be supported with this was being developed.

Taking the residents' assessed needs into account there was a significant emphasis on relatives and or representatives to speak on behalf of the residents.

To this end the make-up and function of the residents' representative group had recently been revised to include parents and an external person as well as residents from the centres. The records seen indicated that the meetings focused on development of quality systems to improve residents' access to the community , provide different experiences. A pop up restaurant was being planned to provide a safe but social experience for residents and families together. Pet therapy was being considered. There was evidence that families were informed and consulted with in regard to the care

and supports offered via the key workers and person in charge.

The inspectors observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance.

A review of the complaint log indicated that where relatives or staff had raised issues on behalf of residents the person in charge responded promptly to address the issues to the satisfaction of those concerned.

Staff understood the residents non verbal communication and where they indicated by behaviour, actions or expression that they were unhappy with something the inspector observed that staff respected this. For example, a resident indicated that he did not wish to get on the transport to go swimming and an alternative activity was organised. There was sufficient staff to support this. Activities that residents enjoyed were noted and planned for.

The manner in which residents were addressed by staff was seen by inspectors to be respectful, familiar and patient. All residents' personal belongings were carefully itemised.

A rights committee was in the process of being set up, comprised of both internal and external persons with suitable experience and qualifications to participate. The terms of references were being agreed at the time of the inspection.

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):

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

Findings:

The inspector observed details in personal plans outlining resident's communication needs. Staff were observed to be very familiar with the resident's non verbal communication and what it meant. There was a significant emphasis on visual and pictorial communication systems which were seen by inspectors to be used to good effect. Staff also had training in the use of sign language. A number of residents required speech and language intervention for communication and this had been facilitated.

Residents did not currently have access to technology for communication purposes although there was evidence such mediums had been trialled but were found not to be suitable.

The personal plans were synopsised in a suitable pictorial format for the residents.

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:

There was a policy on admissions which outlined the pre-admission assessment and decision making process. No admissions had taken place in recent years. However transition plans had been made both prior to the move to the temporary location and before moving back to the centre. By virtue of their care needs and assessments it was observed that admissions and care practices and staffing levels and skill mix were congruent with the statement of purpose.

There was detailed information on health, medication, social care and communication available in the event of transfer to acute care. As required following the previous inspection the contractual arrangements for the service had been resolved and all fees and additional payments and services were clearly defined within this.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The action from the previous inspection had been partially resolved.

There was evidence of consultation with relatives and ongoing assessments and monitoring of the decisions and effectiveness of plans made. However, the records did not clearly demonstrate that the residents overall care and welfare or the effectiveness of the plans were reviewed at the annual reviews which had commenced in 2015.

While reviews had been held for all residents which were attended by parents or representatives and relevant clinicians the records did not demonstrate that all aspects of residents care and needs were actually discussed and reviewed. This included behaviour supports and restrictive practices.

However, there was evidence that assessments appropriate to the residents' needs had been undertaken including speech and language, physiotherapy, sensory assessments and mental health reviews. The interventions of the clinicians were included in the support plans and staff were knowledgeable on the strategies and seen by the inspector to be implementing them.

There was evidence of a range of assessment tools being used including for nutrition.

The residents support plans were seen to be updated following any changes in the resident's status. These plans detailed residents' preferences, support needs and activities were person-centred, reflective of the residents' needs, wishes and social aspirations. These plans had been completed with the residents and or their representatives.

The plans were comprehensive and based on range of domains including health, nutrition, safety, communication, behaviour, training, family supports and social inclusion. There were also priority goals for achievement and evidence of monitoring of the progress in relation to these.

There was evidence of appropriate multidisciplinary involvement in residents care with good access to services such as physiotherapy, occupational therapy, psychiatric and mental health services.

A significant change to the level of individual as opposed to group based in house activities had been implemented. The reduced number of residents combined with satisfactory staffing levels supported this. Day care services were attended at different times by residents and both in house and external individual activities were also

scheduled.

The social care needs of residents had improved significantly with increased access to external activities including swimming, walks on the beaches, drives or going to musical events. In addition there were a range of one to one activities including sensory therapies and use of play equipment which were ongoing.

It was apparent that the outcomes of the personal plans were in most instances achieved with the residents and that there was a commitment to continued improvement and development for the residents.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The actions from the previous inspection in relation to communal space and general upkeep and decoration had been satisfactorily resolved. Following the upgrading of the fire safety management systems the premises had been redecorated and there was sufficient communal and individual space for residents. The communal accommodation included two sitting rooms, a kitchen and a dining room and a Snoozle room which was used to good effect during the inspection. The inspector observed that residents had space to move about and to have personal and individual space.

The premises is a large two story detached house set in extensive grounds in a rural location. There were adequate and suitably equipped shower and bathroom facilities for residents. All residents bedrooms and communal areas are now located on the ground floor. All residents now have a single bedroom with one having an ensuite. The bedrooms as seen by the inspector were large and were fully furnished to a good standard and provided ample storage for clothing and personal belongings and other personal items.

Laundry facilities were provided and were adequate. Staff told the inspector that laundry was generally completed by staff but residents were encouraged to be involved according to their capacity. All residents were independently mobile so no specialist

equipment was required at this time.

The house was set in very large secure grounds with car parking facilities to the front and the gardens to the rear contained suitable garden seating and tables provided for residents use. There was also a large soft play area provided for residents.

Although main meals are prepared in a central location the kitchen was suitably equipped to prepare and store food. There were suitable systems in place for the management of general and clinical waste. Vehicles had evidence of roadworthiness.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The actions required from the previous inspection were satisfactorily resolved with the implementation of a satisfactory risk management policy, personal evacuation plans for the residents and the holding of fire drills to simulate night time staffing arrangements. The risk register identified both clinical and environment risks and there was evidence that actions were in place to manage risks identified. There was a signed and health and safety statement and regular audits of the premises and systems work practices took place.

Individual risk assessments and management plans were undertaken for residents with risk identified such self harm, choking, or absconding. Actions taken to manage such risks were appropriate including combination keys fobs on the exit doors, removal of any dangerous items such as cords for window blinds safety glass in windows and padding on some item. Given the vulnerability of the residents these actions were deemed appropriate. Staff were also provided with personal alarms in the event of requiring assistance promptly.

There were policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

The policy on infection control was detailed and staff articulated good practice in relation to this. Staff were observed taking appropriate precautions and using protective equipment including gloves and sanitizers as this was necessary.

From a review of the accident and incident log including the clinical incidents records, there was evidence of review which supported the identification of trends, timeframes or predisposing factors and help to prevent reoccurrences. There was also a process for escalation of risks identified. For example, rostering arrangements were altered to support times when incidents were found to occur more frequently.

A considerable amount of work had been undertaken to upgrade the fire safety management systems. This included new fire alarms, emergency lighting and fire doors. The inspector saw evidence of the commissioning of all of the systems involved and there were contracts in place for servicing. A revised fire management plan was in the process of being finalised but fire training and drills had taken place to ensure staff and residents were familiar with the changes on relocating back to the centre. Personal evacuation plans had been compiled for each resident. These were detailed and identified how much support or direction the residents would need. They were available in narrative and easy read formats. Staff were able to articulate the procedures to undertake in the event of fire.

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:

Both actions from the previous inspection had been resolved. These included training for staff in the management of challenging behaviours and the review of some behaviour support plans.

The inspector was satisfied that there were systems for the protection of residents in place with some improvements required in the overview of restrictive practices. A number of restrictive practices were used. These were both preventive and responsive strategies. For example, the kitchen door was locked to prevent self harm although residents could access this with individual staff supervision. The large lobby area could also be contained if required in a crisis or to allow a resident individual space.

The residents had free access to the safe garden area at any time and this was observed by the inspector. One section of the garden which contained a Gazebo was used primarily for one individual and if necessary this could be secured to prevent significant self harm.

Additional supports such as padding on furniture was also used for this purpose. The restrictions were assessed for each individual resident and there was a system for documenting the use of the restrictions, the supervision of residents while this was undertaken and the rationale for its use.

However, the inspector found that these restrictions had not been reviewed to ascertain if they remained necessary and there was no evidence that their use had been overseen by the clinicians involved in the resident's assessments and intervention plans.

A review of the clinical incident and behaviour records indicated that there was evidence of a reduction in both the severity and duration of incidents. The person in charge attributed this primarily to the reduction in resident numbers, staffing levels and the ability to provide separate and individualised care in accordance with the support plans.

The policy on the protection of vulnerable adults was in accordance with the national guidelines. The inspector reviewed the process and outcome of a previous allegation which had been fully investigated. While the allegation was not founded a systems analysis had also taken place which had identified pertinent safeguarding issues such as staffing levels and the number of residents living together in this centre which required review. These had been addressed.

Records available indicated that all staff had updated training in safeguarding vulnerable adults and the person in charge was also trained in the delivery of this. The person in charge was the designated officer and had undergone the training and was found to be familiar with her responsibilities. All staff also had updated training in " Trust In Care " policy.

Staff expressed their confidence in the actions of the person in charge should any abusive incident occur. The residents were found to have staff support and where particular vulnerabilities were identified additional therapeutic care was sourced. There was evidence that the person in charge oversaw their care.

The residents presented with complex psychosocial and behavioural needs with incidents of peer to peer assault and self harm evident. Behaviour support systems included access to psychiatric and more recently, psychological services, clinical behavioural supports and functional analysis assessments.

One of the staff is qualified in advanced behavioural supports. There were a range of preventative and management strategies implemented including adherence to routines, one to one staffing, use of therapeutic interventions and diversionary strategies. The behaviour support plans were very detailed and staff were observed using the strategies. Planning and decision making was evident in terms of suitable and individualised routines and separation of residents where this was found beneficial. There was a protocol for the use of P.R.N (as required) medication and a review of the

medication administration records indicated that this was not used inappropriately to manage behaviours. These were correctly prescribed and regularly reviewed by the psychiatric service.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

The actions from the previous inspection had been resolved with a number of assessment detailing residents need for skill development and enhancement and opportunities, These were pertinent to the residents dependency levels and capacity and preferences.

Staff were supporting residents with fundamental life skills such as self care.

A polytunnel had been purchased and residents helped with planning and watering of the plants. Within the centre they were encouraged to take responsibility for their own personal care as far as possible with some shopping and laundry with support from staff as required. Where full time formal day care/training was not deemed staff undertook other activities with the residents. These included soft play and message. Personal plans provided details as to the level of personal care support and also details as to personal tasks residents could undertake themselves.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The actions from the previous inspection had been resolved with details of seizure activity being monitored and weight monitoring systems evident where these were required. The action in relation to age appropriate foods and choices was also addressed.

Inspectors found evidence that resident's healthcare needs were very well supported. A local general practitioner (GP) service was responsible for the health care of residents and records and interviews indicated that there was frequent and prompt access to this service.

There was evidence from documents, interviews and observation that a range of allied health services were available and accessed in accordance with the resident's needs and changing health status. These included occupational therapy, physiotherapy and neurology. Residents had access to dentistry and ophthalmic services and records of the outcomes of all appointments were maintained.

Healthcare related treatments and interventions were detailed and staff were aware of these. Such interventions were revised annually or more often as required. Inspectors saw evidence of health promotion with regular blood tests, vaccinations, and medication reviews taking place.

Inspectors found that there was a cohesive approach to the monitoring of health care, evidence of timely response by the nursing staff and a detailed health summary report was maintained by staff. The documentation indicated that all aspects of the resident's healthcare and complexity of need was monitored and reviewed.

There were protocols in place for the management of epilepsy or head injury and staff were clear on these protocols. Inspectors were informed that if a resident was admitted to acute services staff would be made available to support them. The provider nominee had made contact with the local acute care service to ensure that resident's behaviour support needs were understood in the event of admission.

There was a policy on end of life care. There was no resident who required this care at the time of this inspection. The policy allows for advanced planning although this has not as yet needed to be implemented in detail which is appropriate given the age and health of the residents. The process of decision making and consultation with the relevant persons was outlined in the personal plans.

The person in charge stated that if it was the resident's wishes to remain in the centre at end of life they would be accommodated. The nursing staff is available and there was a working relationship with the relevant palliative care specialists.

While all main meals were provided daily from a central location residents shopped with staff for additional food preferences and treats. The diverse needs of the residents were addressed in the dietary supports available, for example if meals need to be modified or

specific dietary needs were required. There was documentary evidence of advice from dietitians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs.

The staff were also aware of resident's preferences and they had choices each day. Resident's weights were monitored regularly. The mealtimes were staggered to provide optimal support for the residents.

There was evidence of communication with the catering department outlining any issues which arose, for example if the choices were not sufficient and to ensure there was a variety in the diet. The main kitchen was suitably equipped although access to this was limited for some residents due to reasonable safety precautions. Assistive cutlery and crockery was observed to promote residents independence.

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 policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory although none were being used at the time of this inspection. There were appropriate documented procedures for the handling, disposal of and return of medication. Transcribing practices used were in accordance with professional guidelines.

The inspector saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. All medication was safely stored and there were systems for checking in and receipt of medication. Regular audits of medication administration and usage were undertaken by the person in charge. Additional food supplements were used only if prescribed by the GP. There was a protocol in place for the use of emergency medication. No medication errors were noted.

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 statement of purpose had been forwarded to the Authority as part of the application for registration. This required some minor amendments and these were duly made and the revised version forwarded to the Authority. It was found to be centre-specific and compliant with the requirements of the regulations and detailed the care needs and service to be provided. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with severe to profound intellectual and physical disabilities and dual diagnosis. The inspector was satisfied that the different needs of the residents were identified and supported appropriately.

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:

The inspector was satisfied that suitable and effective governance systems had been implemented as required by the previous inspection. The person in charge was suitably qualified and experienced with ongoing training and professional development in areas such as leadership and management and was currently undertaking additional training in health care management. She was also the trainer for safeguarding of vulnerable adults. She was the person in charge of two designated centres. In order to ensure this

arrangement was satisfactory there were nursing grades of CNM 1 and 2 grades who worked opposite duties which ensured there was a management presence in the centre all week. There was no evidence on this inspection that the arrangement for the management of two centres had any negative impact. The person in charge was very familiar with the residents' needs.

The provider nominee was also responsible for five other designated centres under the umbrella of this organisation in her role as director of nursing. She had suitable experience for the role and was clear on her responsibilities and was seen to be very involved in the governance and development of the services. Throughout the process both the person in charge and the nominee demonstrated an adequate knowledge of the 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.

Reporting systems were evident with detailed records of governance meetings and actions plans in place to address issues maintained. Clinical incident monitoring systems were also evident.

There were systems for monitoring and review of the service evident. These included audits of medication, personal planning, risk assessments, resident finances and access to activities. A number of unannounced safeguarding visits also took place at various different times of the day and night. These focused on safety and wellbeing of residents at these times. Reports of the findings were maintained.

An external agency provided the annual report for 2105 but as seen by the inspectors this was limited in scope.

However, thematic unannounced inspections by the provider have been taking place since January 2016. These focused on various outcomes such as consultation, complaints and quality of life issues behaviour supports. It was planned that six of these will have taken place by September 2016.

A detailed survey of parents/representatives of the residents had taken place with questioners which were followed up by conversations to clarify any issues. There was evidence that the findings were reviewed by the provider and the person in charge and concerns were addressed such as meals, clothing, residents' furniture, activities, peer group or staffing issues. These factors will inform a more detailed annual report for 2016. The actions taken by the provider including the decrease in the number of residents living in the centre, staffing levels, fire safety upgrading works and clarity of management functions and roles demonstrated a commitment by the provider to meeting the regulations and standards.

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 inspector was informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made suitable arrangements for periods of absence of the person in charge and was aware of the responsibility to report any such extended absence to the Authority.

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 actions required by the previous inspection were satisfactorily addressed. This included the numbers of staff available to ensure residents' care could be delivered and resident activation was not impacted upon by deficits in staff. The ratios available for eight residents were maintained following the reduction in numbers. There were between three and four nurses available each day from 07:30 hrs with between one and two multitask care assistant staff until 20:30hrs at night.

Critical times for additional supports were identified such as very early in the morning and this was addressed by the provider. A small number of agency staff were being used but the rosters showed that the personnel were consistent which supported continuity of care for the residents.

There were formal supervision systems in place. The records seen demonstrated that this focused on outcomes for residents and staff accountable for their work. At the time of this inspection this process was undertaken circa four monthly. The inspector was informed that it was envisaged this would be undertaken at 6/8 weekly intervals with responsibility been shared by the CNM 1 and 11.

The skill mix of staff was also suitable with general, intellectual disability and psychiatric nursing available which was appropriate to the needs of the residents. A number of staff had been with the service for some time. There was a detailed induction programme outlined and a recently recruited staff told the inspector how this had been implemented.

There was a centre-specific policy on recruitment and selection of staff. From a review of a sample of personal records available, the inspector found that all documentation including current registration status was available for staff as required.

Examination of the training matrix demonstrated that all mandatory training was up-to-date for the staff including fire training, manual handling, and the protection of vulnerable adults, MAPA (a system for the management of behaviour and physical intervention) and medication management training.

Staff were observed to be engaged with and supportive of the residents at all times during the process. They were also very familiar with the resident needs and behaviours and how to support them. Residents were observed to be comfortable and at ease with the staff.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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-0002633
Date of Inspection:	07 June 2016
Date of response:	25 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 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:

Residents monies were lodged directly into the providers account and not in an account under the resident's own name.

1. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an

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

account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

While adhering to current HSE policy on the management of Patients Private Property Accounts we are liaising with the local Credit Union to draw up a proposal to review with the HSE with regards to possible opening of accounts and subsequent transfer of residents monies to same.

Proposed Timescale: 31/12/2016

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:

The personal plan reviews were not informed by the multidisciplinary assessments and did not reflect all aspects of the residents life including behaviour support needs.

2. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

A more comprehensive format for the Annual MD reviews has been devised and will be implemented in the during this year's reviews scheduled for the last quarter of 2016.

Proposed Timescale: 31/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive procedures were not reviewed or clinically overseen to ensure they remained necessary and were the least restrictive procedures.

3. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Restrictive Intervention Review Committee has been established and meetings commenced. Review of all restrictive practices in use / requested etc. are planned.

Proposed Timescale: 25/07/2016