

**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-0003319
Centre county:	Kilkenny
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Carol Moore
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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:
03 May 2016 10:00	03 May 2016 18:00
04 May 2016 08:30	04 May 2016 15:30

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

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

Summary of findings from this inspection

Background to the Inspection

This inspection was undertaken following the provider's application for registration as a designated centre. All documentation required for the purpose of registration was available. This was the second inspection of this centre with a monitoring inspection having taken place in April 2014. As part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection and found that most of the actions had been resolved.

This inspection was announced and took place over two days. All 18 of the outcomes required to demonstrate compliance with the legislation and regulations were inspected against.

How we gathered the evidence

Inspectors met and spoke with all residents, three relatives and also reviewed completed questionnaires from relatives and residents.

The commentary from relatives was very positive. They stated that they felt staff and the manager had created a homely and safe environment. They felt their relatives had opportunities for meaningful lives and self development and were very happy with how the staff communicated with them and consulted them. Residents told inspectors of their activities and achievements and the plans being made with them. They said they felt safe although at times the behaviours of others impacted on them but that staff always intervened.

Inspectors spoke with the person in charge and the staff and the nominee of the provider. Inspectors observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies, procedures and staff files.

Description of the service

The centre is designed to provide care for adult residents of intellectual disability and significant challenging behaviours. It is a secure service which provides care for four male residents in a four bedroom house with adequate communal and private accommodation for the residents. There are secure and accessible gardens. It is located in a rural area on the outskirts of the small village. It is within easy access to the village and the local town.

Overall judgement of the findings

The findings are impacted upon by the lack of consistent clinical psychological intervention and guidance for staff in the years preceding the inspection. This had been rectified in the preceding months and there was evidence of interventions commencing based on the assessment of the clinician. This inspection found that the provider was in compliance with the regulations in significant areas:

- there was a satisfactory ratio of staff with suitable qualifications who demonstrated a strong commitment to the residents (outcome 17)
- there were effective and suitable governance arrangements in place (outcome 14 and 15)
- residents had very good access to meaningful and self directed activities and training and development opportunities (outcome 5 & outcome 10)
- there was evidence of good practice found in healthcare and access to general allied health services (outcome 11).

Improvements were required in the following areas:

- risks were identified in health and safety due to lack of ongoing risk management procedures (outcome 7)
- safeguarding systems and restrictive practices were not sufficiently overseen to ensure residents were protected (outcome 8)

- annual reviews were not comprehensive multidisciplinary reviews of the effectiveness of the plans (outcome 5).

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):

No actions were required from the previous inspection.

Findings:

It was apparent to and observed by inspectors that the management and staff were committed to promoting resident's dignity, personal development and choice in how they lived their lives despite the necessary security and supervision arrangements.

However, some improvements were necessary to further support this process.

Inspectors reviewed the complaint policy which contained all of the requirements of the regulations with the exception of the person nominated under Regulation 34 to ensure that all complaints were properly responded to. A review of the complaint log indicated day-to-day issues were managed well by staff. However, there was evidence that some issues had not been reviewed or resolved. The policy was available in pictorial and easy read format.

Residents' personal belongings, some of which were considerable, had not been itemised. None of the residents had access to independent advocates where this may have been deemed necessary by virtue of their circumstances. Inspectors were informed that a rights committee was currently in the process of being set up by the provider. This was expected to enhance the oversight of the decisions being made and the care practices implemented in a secure environment.

Residents to whom inspectors spoke stated that they felt safe and spoke very positively about the care and consideration they received. Inspectors observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. There was

evidence that the reasons for the restrictive practices were discussed with the residents and in some respects negotiated.

There were a number of options for residents to voice their views which included regular individual "link worker" meetings where they expressed their wishes and made plans. They and their representatives were involved in the personal planning process and they confirmed this to the inspectors.

Residents were supported and encouraged to develop personal interests such as attending at day service and activities of their choice including horse riding and swimming and art courses. Staff knew the individual preferences of residents for example, the food they preferred, their preferred choice of clothing and hobbies and treatment options.

The manner in which residents were addressed by staff was seen by inspectors to be respectful, amicable and familiar. One of the residents had sleeping accommodation slightly separate but connected to the main house and had basic equipment for making snacks in this to promote independence. They could decide to lock their rooms when they were not in the centre.

The centre and the resident's rooms were seen to be very personalised with photos and mementoes, books, toys, music systems, televisions, and other equipment chosen by the residents themselves. Resident's religious and spiritual needs were facilitated. Residents did their own laundry with the support of staff.

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:

The inspector's observed details in personal plans outlining resident's communication needs and there were very comprehensive communication passports available in the event of a resident requiring care in another service. Staff were observed to be very familiar with the resident's non verbal communication and what it meant by virtue of long standing relationships. Where the residents could verbalise, staff were patient and supportive. There was a significant emphasis on visual and pictorial communication systems which were seen by inspectors to be used to good effect with some residents.

An assessment by a speech and language therapist was underway for one resident and a communication system was been devised as a result of this. Staff had training in the use of sign language.

Residents were seen to have access to iPads, computers, mobile phones and other technology to support communication.

The personal plans were synopsised in a suitable pictorial format for the residents. Despite the rural location residents had considerable access to the local community. For example, they did their shopping and banking locally and were familiar with the local post office, attended at various facilities including leisure clubs and religious services. Families stated how pleased they were to meet them constantly out and about in the locality.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors saw evidence from records reviewed and from speaking with residents and information received from family members that familial and significant relationships were respected, maintained and supported. There was evidence of regular communication with families who were involved in all decisions and planning with the residents. Relatives confirmed this.

There were no restrictions on visiting times and this was observed during the inspection. There was ample room in the centre for visits to take in private. Holidays and visits home were regular and there was evidence that staff ensured residents were able to attend and be present at all special family occasions. Relatives said that staff were especially helpful with these arrangements.

There was evidence on record and relatives confirmed that families were informed of any incidents or health issues which emerged. Residents could if they wished have friends to visit in the centre.

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:

Both actions from the previous inspection had been addressed. There was a policy on admissions which outlined a pre-admission assessment decision making process and transition process. No admissions had taken place in the recent past. By virtue of their care needs and assessments it was observed that admissions and care practices 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, additional payments and services were clearly defined within this. These were signed by and on behalf of the residents.

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 but not fully resolved. There was evidence of improvement with needs assessment taking place and annual reviews for the residents' had commenced. There was evidence of the involvement of the residents and relatives in the planning process and they attended their personal plan reviews. The personal plans were outlined in a suitable pictorial format for the residents.

However, the records did not demonstrate that the residents' overall care and welfare or the effectiveness of the plans was reviewed at the meetings. While some plans were reflective of changing needs and assessment this was not consistent. The care plans were signed off as being reviewed but in some cases no changes were made to reflect the pertinent issues emerging. The person in charge informed inspectors that they were awaiting the assessment outcomes on all residents in order to fully re-evaluate the residents' treatment and residential options.

Inspectors observed that some but not all of these findings were significantly influenced by the care and personal planning systems being used to document, monitor and reflect assessments and care needs. This finding is also influenced by the fact that psychological support for ongoing assessment and treatment planning had only being made available to staff in the months preceding the inspection.

There were separate planning documents being used. One referred to as a care plan and another as a personal outcomes plan. The care plans primarily related to behaviour issues and the personal planning documents were related to activities. While the residents did not have complex medical care needs, some issues such as ongoing foot care or specific dietary needs did not have a care plan implemented. However, from a review of daily records, staff meeting records and speaking with residents inspectors were able to ascertain that the required care was being delivered. Relatives also confirmed this.

Inspectors were satisfied that the social care needs of the residents were assessed and very well supported. They were driven by the residents' own preferences. The residents had busy and meaningful lives which were not negatively influenced by the high support supervision requirements. One resident showed inspectors the medals won for participating in Special Olympics; others had painting and crafts in art exhibitions, sang in choirs and took part in drama and plays locally. Others attended workshops and participated in farm work, weaving or pottery. They went swimming and attended a range of local events, had meals out and went on holidays.

Inspectors observed that constructive activities in house were organised and staff did baking, art and music with the residents. 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 action from the previous inspection had been completed and additional communal space had been created. The centre was suitable for its purpose and in layout allowed for the necessary supervision.

The premises had been obtained by the Health Service Executive (HSE) in July 2004 and has been renovated to accommodate the residents. It is located in a rural setting. The centre was set on six acres and consisted of a carpentry workshop, a garden area with flowers and shrubs, a large horticultural area that included a large polythene tunnel and raised vegetable beds.

The ground floor of the premises consisted of an office, dining room/sitting room, kitchen, utility room and quiet sitting room. The resident's bedroom accommodation is all on the ground floor. There were four bedrooms which all had suitably assisted en-suite facilities.

The first floor consisted of the manager's office, toilet and shower, two further toilets and a staff training room which was also used for in-house activities. The premises was easily accessible, adequately maintained, bright, well ventilated, heated and furnished comfortably and well decorated. There was adequate dining space separate to the residents' private accommodation and separate communal areas; which allowed for a separation of functions.

There was an accessible secure garden. There were bird boxes, a washing line and residents helped with the gardening. There was colourful garden seating and tables provided. A number of the bedrooms had doors leading directly to the garden.

There were car parking spaces available. No assistive or specialised equipment was required for the residents and the vehicles had evidence of road worthiness.

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 fire training undertaken for staff; external servicing of fire fighting equipment and amendments to the risk management policy. It was apparent that the staff and person in charge tried to take a balanced approach to risk and rights in the interest of the residents. However, there were some improvements required in the systems for identification of, and ongoing management of risks.

The risk register, which would identify actual and potential risks and control measures was limited in scope. It did not take account of the pertinent risks such as the nature of the secure environment, potential for medication errors or specific risks for individual residents. For example, one resident who cannot hear and would require additional support in an emergency. The register was not updated as incidents or risks were identified and therefore there was no process of ongoing oversight of the risks.

There were some very detailed risk management plans for individual residents but there were gaps in aspects of the planning pertinent to this resident group. For example, the use of public swimming pools, female staff accompanying residents where the ability to provide supervision might be compromised, or residents attending other services where there were vulnerable adults. Staff were able to tell inspectors of the actual arrangements they put in place in these circumstances. However, the lack of guidance in the risk management plans did not ensure sufficient safeguards would be consistently adhered to.

Alarms were used on all bedroom doors as an alerting mechanism. However, staff informed inspectors that the residents could disable these themselves. This negated their value as the safety feature they were intended to provide.

The personal evacuation plans for the residents were generic and did not in some cases take account of a resident's particular vulnerability in regard to being able to respond to the fire alarm. Fire drills had been held at regular intervals including a deep sleep drill. The length of time the evacuation took was noted on the records. However there was no evidence that where time frames were excessive, in one instance 10 minutes, that this had been reviewed to ascertain the cause and alleviate the delay.

There was evidence that where incidents of behaviours that challenge occurred the person in charge reviewed the incidents and took remedial actions. These included alterations to staff arrangements. However, not all incidents were reviewed sufficiently and there was a generic action plan attached to each incident report.

Improvements were found to be required in the implementation of systems for learning and review with limited evidence that all data collated from accident or incidents was assessed and trends identified. The provider stated that a revised system for analysis of such data was being introduced in the region.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly. Staff had training in fire safety and all equipment was seen to be serviced annually and quarterly as required.

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 as needed.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The policy on the protection of vulnerable adults was the national revised policy. The person in charge was the designated person assigned to initially manage any allegation of abuse. Training in the revised policy had been provided. A number of staff were due for additional training in this procedure by the person in charge.

Staff expressed their confidence in the actions of the person in charge should any abusive incident occur and relatives spoken with also stated this. There was evidence that the person in charge oversaw the residents care and staff were respectful of the residents. Residents who could communicate with inspectors stated that they felt safe,

could and would let staff know if anything was wrong.

In accordance with the statement of purpose there were inherent safeguarding structures in place, both environmental and supervisory. There were risk management plans in place for resident's behaviours.

However, there were inconsistent practices evident in relation to some behaviours which impacted on safeguarding for residents. While the number of incidents' of peer to peer incidents was not high inspectors noted a number of clearly defined behaviours which were potentially of a very serious nature. From a review of the safeguarding plans implemented inspectors were not satisfied that the responses demonstrated sufficient clarity of the nature of the incidents and adherence to the recommendations of the specialist assessments. Inspectors were unable to ascertain precisely how many of the more serious incidents had taken place and whether these had in fact been reported to the safeguarding team.

This finding is also demonstrated by the contradictory actions regarding the control measures available. For example, specific residents were sharing a number of external activities and during these times the controls were obviously reduced. The safeguarding plans did not provide the level of detail and clarity for such activities although staff did articulate the actual arrangements. Such arrangements were contradictory to the assessment findings.

Systems had recently been put in place to provide specialized assessments for residents. The purpose of the specialized assessments was to reassess and support future planning for the residents. Where this had demonstrated a reduced level of risk very detailed plans had commenced to support the resident into a less structured environment. A resident told the inspector of these plans and was pleased that this was occurring.

However, the recommendations of the assessment were not being implemented in all cases. They included a range of measures including gender specific staff and a relocation of a resident for safeguarding reasons. The person in charge stated that it had been decided to wait until all assessments had been completed to make future decision for the resident's. While this is satisfactory in the interim and safeguarding measures have been implemented the delays in accessing such assessment, guidance and specific training for staff in this service over a significant period of time may have increased the risks for residents.

Retrospective information in relation to safeguarding indicators external to the centre was also noted in records. The provider was requested to ascertain if this had been reported and investigated as this information was not available in the centre. The actions in relation to this were confirmed by the provider and were satisfactory.

Improvements were required in the systems for the support of behaviour that challenges and the use of restrictive practices. This finding is also influenced by the lack of assessment and intervention by psychology services for at least four years. Since 2015 a behaviour support specialist had commenced and in January 2016 a review of the residents by a fulltime psychology service had commenced. While the previous plans had been primarily reactive strategies the intention was to revise and implement positive

supports based on revised assessments. Training for staff had also commenced. There was evidence that the residents were being supported to manage and understand their own behaviours and a resident explained this to the inspectors.

A policy on the use of restrictive practices was available but was not in accordance with current national policy. There was a range of restrictive practices in place. These included the secure exit doors, CCTV on the exits and the corridors, sensors on the bedroom doors, single separation in an area of the centre and residents not having access to the main kitchen.

While individually the rationale for the use of the practices were clear, there was no evidence of adequate review, consideration of the safety of the systems themselves, trials of alternatives, effectiveness or multidisciplinary involvement in their use. The register of restrictive practices did not detail all of the systems in use and residents' individual records did not contain references to a number of them. Overall there was no clarity as to the procedure for decisions around implementation or overview of the restrictive procedures. While inspectors found that systems were necessary, an adequate policy, system for decision making, overseeing and review of all such practices requires to be implemented.

There was evidence that families had been consulted in relation to the use of restrictive practices. Staff had received training in an approved method of managing behaviour which includes physical interventions, when this was deemed absolutely necessary and as a last resort. However, the support plans did not detail the type or level of physical intervention which was to be used in specific circumstances.

From a review of incident reports, medication administration charts and nursing records it was evident that sedative medication was not being used on a regular basis to manage behaviours. No residents were prescribed such medication at the time of the inspection.

All residents had their own bank account and with staff support managed their finances. A review of a sample of the records pertaining to the management of residents' monies as fee payments and for other purposes indicated that the systems for recording this money and its usage were detailed and transparent. All monies given for residents use were dated and the expenditure was recorded and receipted for the finance office. Records were available for review at any time.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority demonstrated that the person in charge was not compliant with the obligation to forward the required notifications to the Authority. A number of notifications were not forwarded. These included incidents of potential abuse and restrictive practices.

Judgment:

Non Compliant - Major

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:

Inspectors were satisfied that residents were supported and encouraged to develop meaningful day-to-day activities, skills and long term aspirations pertinent to their needs and preferences. There were framed certificates detailing completion of courses in arts and crafts by the residents. A number attend local workshops such as weaving, pottery, gardening and were doing computer training. Staff were working with the residents on money management and saving.

Within the centre they were encouraged to take responsibility for their own personal care as far as possible with support from staff as required. Staff undertook cookery and other activities with the residents. There was a significant level of social participation for residents, for example going to shopping centres or for meals out or to local events. There was transport available to ensure this occurred.

It was evident from the resident's records and speaking with family members that considerable progress had been made in the years since admission to the centre to improve the residents' quality of life and ability to self care in a supportive environment.

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:

Inspectors found evidence that resident's healthcare needs were well supported. Currently two general practitioners (GP) service provided care for the residents. Records and interviews indicated that there was frequent and prompt access to this service. However, the staff record the outcome of the appointment and there were no records made by the GPs in the residents' files. This impacts on the providers ability to maintain the treatment and care records as required by the regulations. The staff records however were very detailed and there was evidence that all outcomes or referrals following any medical review was carried out. This matter is actioned therefore under Outcome 18 records and documentation.

Some of the residents had a good understanding of their own health care needs and one resident told inspectors of the healthy eating and weight loss plans they had embarked on to good effect.

There was evidence from documents, interviews and observation that a range of health services were available and accessed in accordance with the residents' needs. These included occupational therapy, psychiatric services and neurology. Chiropody, dentistry and ophthalmic reviews were also attended regularly by the residents.

Healthcare reviews were undertaken as required. Healthcare related treatments and interventions were detailed and staff were aware of these. Inspectors saw evidence of health promotion with regular blood tests, vaccinations and medication reviews.. Nutrition and weights were monitored and specific vulnerabilities were noted and acted on such as specific dietary needs.

There were protocols in place for the management of epilepsy. Inspectors were informed that if a resident was admitted to acute services staff had been made available to remain with them to ensure their needs were understood. 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 was not appropriate due to the age and health of the residents.

Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was good

and that staff helped them to watch their weight.

On the days of inspection, inspectors observed residents, with the support of staff setting the table, preparing food and baking. There was adequate provision for the storage of food and residents participated with support from staff in completing the grocery shopping each week.

Assistive crockery was observed to promote residents' independence where this was necessary.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

The action from the previous inspection had been satisfactorily resolved. The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for all medicines 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 medicine. Medication was dispensed in systems which assisted the non nursing staff to do so safely. There was a system for identification of the medicine and information on its purpose, its usage and side effects.

Inspectors saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. All medicine was safely stored and there were systems for checking in and receipt of medication. Audits of administration and usage were undertaken by the person in charge and the pharmacist. No emergency medicine was required at the time of the inspection. Two medicine errors were noted, while one had the potential for a very serious outcome the actions taken to prevent a re-occurrence were appropriate and staff were observed using the revised system. Medicines management training had been provided to the staff.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to be centre-specific and compliant with the requirements of the regulations, with a minor amendment required which was addressed by the person in charge. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with intellectual disability and specific behaviour support needs.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that there were suitable and effective governance systems in place. The person in charge had been appointed to the post in 2015 as part of restructuring in the services. The person has been in the service for many years and was previously the team leader. She had suitable qualifications and considerable experience in the service. She was fulltime in post, very involved in all aspects of the management of the centre and very familiar with the residents. Staff, residents and families were aware of the governance structure. They were very complimentary of how the person in charge carried out her role.

The person was supported currently by the assisting director of nursing in the services. There were formal reporting structures and mechanisms in place.

The provider nominee was responsible for two other designated centres under the umbrella of this organisation. She had suitable experience for the role and was clear on her responsibilities. 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.

The nominee of the provider had as required, undertaken two six monthly unannounced visits to the centre. These were detailed audits of practice, processes and outcomes. Actions were identified including the need for medication audits systems, complaint management, health care assessments and plans were made to address any deficits.. There was evidence that the deficits outlined in outcome 7 were in the process of being addressed with the revised risk incident review system and the availability of consistent psychological support for the residents and the staff team.

The views of the residents and relatives had been ascertained via questioners. However, the annual report had not as yet been compiled in a format which would include important data on accident and incidents, the findings of the questioners, complaints and other qualitative information but this was in progress.

Judgment:
Substantially 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:

Inspectors were 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 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):

No actions were required from the previous inspection.

Findings:

There was evidence that sufficient resources for staffing, health care, equipment maintenance and upkeep of the premises and vehicles used were available and utilised for the residents benefit and to ensure the delivery of the care required by the residents.

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 had been addressed. Of a sample of the personal, files examined inspectors found that all of the documentation required had been procured. Agency staff were used occasionally and the person in charge had also ensured all of the information was available for these personal.

Most of the staff had been employed for some years and demonstrated a considerable knowledge of the residents' needs. Inspectors reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements. The staff were allotted to individual residents on the roster to ensure safety and continuity of care was adhered

to.

From a review of the current and planned rosters inspectors were satisfied that there was sufficient staff to meet the needs of the residents which was for one to one support at all times bar night time. Almost all staff had formal qualifications and a number were undertaking continuing training pertinent to the residents needs. The residents were assessed as not requiring fulltime nursing care.

There was a detailed induction programme outlined and the social care leaders had commenced a formal supervision process with staff. The monthly team meeting records seen by inspectors demonstrated they were comprehensive meetings with the emphasis on residents' plans, needs and safety arrangements. The morning handover as observed by inspectors was also focused and ensured the resident's day was planned.

Mandatory training was up date for staff.

Taking the findings of the inspection into account inspectors formed the view that that training in risk management and care planning would be of benefit to the team and this was discussed with the person in charge and the provider at the feedback meeting. The psychology service recently recruited had been undertaking in-house training of relevance to particular residents and staff had training in sexual health for residents.

The staff were observed to be fully engaged with, very knowledgeable, and supportive of the residents at all times during the process. Residents and relatives stated and demonstrated to inspectors that they were comfortable and at ease with the staff.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

Findings:

The inspectors found that the records required by regulation in relation to residents, including personal plans were not easily retrievable and managed in a way so as to ensure completeness. Some plans for specific conditions were not available.

Records of ongoing medical assessment treatment and care provided by the medical practises were not available. This impacted on the ability of the provider to provide for consistency of care. Records pertaining to restrictive practices were not adequately maintained.

All of the required policies were in place but some including the policy on the management of behaviour and the use of restrictive practices were not satisfactory to guide staff in the safe implementation of practices.

Documents such as the residents guide and directory of residents were available. The inspectors saw that insurance was available. Reports of other statutory bodies were also available.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Noelene Dowling
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-0003319
Date of Inspection:	03 May 2016
Date of response:	21 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:

External advocates had not been sourced for residents where their circumstances indicated this would be appropriate.

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

1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

All residents will visit their local Citizens information office to gather information on entitlements and rights. They will also obtain information on the benefits of an independent advocate. Key workers will discuss with each person individually their wishes to access an independent advocate and support them to link with National Advocacy Service.

Proposed Timescale: 30/06/2016

Theme: Individualised Supports and Care

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

Residents' personal belongings, some of which were considerable, had not been recorded.

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Personal belongings inventory template has been populated by Key workers.

Proposed Timescale: 29/06/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plan reviews were not multidisciplinary in nature.

3. 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:

All Personal Plan Reviews are scheduled to be reviewed by end of August 2016. All multi-disciplinary members involved with the person will be invited to attend with the person and their family to ensure a comprehensive review of all needs.

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

Personal plan reviews did not demonstrate whether the plans had been suitable and effective.

4. Action Required:

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

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

As a result of maximum multi-disciplinary input to personal plan reviews all plans will be evaluated for effectiveness and suitability in a timely manner. Currently, the structure of the care planning system is under review and will be reorganised into a more streamlined system that is user friendly and comprehensive.

Proposed Timescale: 31/08/2016

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:

Systems to manage risk on an on-going basis were not robust;

There was insufficient review and analysis of accidents and incidents .

The systems did not account for all risks including, but not exclusive to the following:

- additional supports necessary for some residents in emergencies
- specific supervision arrangements necessary in external situations
- the effectiveness of some of the supervision measures used.

5. Action Required:

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

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

1. Currently, the local Risk Management Policy is under review. This will detail a process for accurately identifying and assessing possible risks to the person and the service area. This will inform an updated risk review and analysis process to inform personal and service planning. 31/08/2016

2. In the interim and going forward, Individual risk management plans specifically in relation to residents' external activities have been reviewed and updated and all practices and knowledge of staff have been written into these as control measures to

ensure guidance for all support staff. Incidents reviewed by the Clinical Nurse Specialist and Psychologist monthly. These reviews inform the need to review and update any other plans for example: Safeguarding plans, Behaviour management plans. Risk assessments are discussed and reviewed at monthly staff meetings. New risks are identified as new activities or changes in peoples support needs arise. Ongoing

3. Alarms are been checked morning and evening to ensure they are in correct working order and the rationale for these are scheduled to be discussed at multi- D meeting on the 30th June 2016.

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

Personal evacuation did not account for the specific vulnerabilities of individual residents and practice was not revised when drills were found not be effective.

6. Action Required:

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

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

1. All individuals Personal Emergency Evacuation Plans (PEEPS) have been reviewed and updated taking into account the specific requirements of each person in an emergency. Completed

2. Last 'day' fire drill carried out on the 27/06/16 and took 3 minutes to evacuate all people safely.' Day' fire drills will be carried out weekly and documented to ensure PEEPs are sufficient. Weekly

3. Monthly deep sleep fire drills will also be carried out to test adequacy of PEEPS. First one scheduled for 30th June 2016 and will be unannounced thereafter. Monthly

Proposed Timescale: 29/06/2016

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 implemented and adequately reviewed in accordance with national policy.

7. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

1. Currently all restrictive interventions are prescribed and reviewed 6 monthly or sooner if necessary by the Clinical Nurse Specialist; this includes documenting in the prescription record and completing the restrictive intervention protocol. The protocol is then discussed with the family at the PCP meeting and if they have any concerns or queries these are addressed at this meeting. The protocol is also signed by the person's GP. Ongoing
2. The Policy on Restrictive procedures 2015 is currently being reviewed in line with national policy. Once completed and approved, all restrictive practices will be reviewed in the context of the updated policy on restrictive procedures. 31/07/2016
3. A Human Rights Committee has recently been established and held their first meeting on the 15th June 2016. Included in their terms of reference is to uphold due process for restrictive practices. Referrals of all restrictive practices within the designated will be made to this committee. Ongoing

Proposed Timescale: 31/07/2016

Theme: Safe Services

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

Safeguarding systems were not robust. The systems in place to protect residents from peer to peer incidents were not adequate. Safeguarding recommendations, further to specialist review, were not consistently implemented.

8. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Forensic assessments have now been completed for all residents in the designated centre. A meeting was held on the 19th May 2016 to discuss future service planning. To date, other possible suitable accommodation has been viewed. The estate agent has indicated further possible suitable housing becoming available in the next two weeks. Management are currently awaiting confirmation of a meeting date to meet with the Forensic Psychology Services to discuss details of suitable living arrangements for current residents. This process will take one year approximately giving full consideration to the recommendations from the forensic assessments and transition planning.
30/06/2017

2. An interim safeguarding plan has been put in place. This will remain in place for the duration of the planning process to ensure full protection of residents from peer-to –

peer incidents. All resident's scheduled activities have been reviewed to ensure minimal time overlapping together at home and staff rosters have also been reviewed to ensure maximum support levels at identified peak times This safeguarding plan will remain in place and adhered to strictly until such time as all recommendations from specialist review are implemented. Completed

Proposed Timescale: 30/06/2016

Theme: Safe Services

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

There was insufficient evidence that incidents of concern had been adequately investigated and assessed in a timely manner.

9. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

Evidence of any investigations and assessments carried out external to the centre retrospectively will be sought and maintained by the Person in Charge.

Proposed Timescale: As it arises

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Reports of potentially abusive incidents were not forwarded to the Chief Inspector as required.

10. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

1. Refresher awareness of notifiable incidents to be discussed at next staff meeting scheduled. 14/06/2016

2. All reportable incidents will be notified to the chief inspector within the designated time frame. As they arise.

Proposed Timescale: 14/06/2016

Theme: Safe Services

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

All incidents of restrictive procedures were not forwarded to the Chief Inspector as required.

11. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

1. All reportable restrictive procedures will be notified to the chief inspector within the designated time frame. Ongoing
2. Refresher awareness of restrictive procedures to be discussed at next staff meeting scheduled. 14/06/2016
3. Retrospective reporting of recently indentified restrictive procedure to be notified in next quarterly returns. 31/07/2016

Proposed Timescale: 31/07/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The data collated for the annual review had not been analysed to provide a detailed report on the quality and safety of care.

12. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The next annual review is scheduled for November 2016. This will take account of analysis of all data collated.

Proposed Timescale: 10/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies on behaviours and the use of restrictive practices were not updated to reflect changes in guidelines and practice.

13. 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:

Policies on behaviours and the use of restrictive practices will be reviewed and updated to reflect changes in guidelines and practice.

Proposed Timescale: 31/07/2016

Theme: Use of Information

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

Some records including care plans, on-going medical assessment and restrictive practices were not complete.

14. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All documentation pertaining to residents to be screened for completeness. The structure of the care planning system is under review and will be reorganised into a more streamlined system that is user friendly and comprehensive.

Proposed Timescale: 31/08/2016