

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ivy House
<b>Centre ID:</b>	OSV-0003371
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Fiona Monahan
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	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:
06 September 2016 10:30	06 September 2016 19:00
07 September 2016 09:30	07 September 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 inspection**

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by the Health Services Executive (HSE) Meath/Louth (the provider). The centre had a monitoring inspection in July 2015, where seven outcomes were assessed. Of those outcomes, healthcare was found to be substantially compliant, governance and management had a major non-compliance and the remaining five outcomes were found to have moderate non-compliances.

This registration inspection found that the centre had addressed the majority of non-compliances identified in the last inspection and demonstrated significant levels of compliance across sixteen of the eighteen outcomes assessed. Two outcomes were found to be substantially compliant.

#### How we gathered evidence

The inspector spoke with six of the residents that lived in the centre at regular intervals over the two day inspection process. All residents were very positive about the service and referred to it as their home.

Two family members were also spoken with at length and both reported that they felt the service was excellent, their family members were very well cared for, they were safe in the centre, staff were very supportive and approachable and they were welcome to visit the centre at any time. Family members particularly emphasised that the residents had a great social life in the centre and viewed it as their home.

A staff nurse and two care assistants were also spoken with over the course of the inspection. The inspector observed that residents appeared very much at ease with all staff members and interacted with them in a relaxed and friendly manner. It was also observed that residents appeared very much at home in the centre and staff were seen to consult and converse with all residents in a respectful and dignified manner.

The inspector also spoke with the person in charge at length throughout the two days of the inspection. Policies and documents were also viewed as part of the process including a sample of social care plans, complaints policy, contracts of care and minutes of residents meetings. .

#### Description of the service

The centre comprised of a very large well maintained detached house which had the capacity to support seven residents both male and female. It was located in County Meath and just outside a town, which provided access to a range of amenities such as shops, restaurants, churches, barbers, hairdressers, swimming pool and hotel.

The town also provided a regular public bus service and there was adequate transport provided by the centre for trips further afield if and when requested by residents.

#### Overall Judgment of our Findings:

This inspection found significant levels of compliance across 16 of the 18 outcomes assessed. Resident's rights, dignity and consultation was found to be compliant, as was healthcare needs, communication needs, general welfare and development, family and personal relationships, premises and use of resources.

Some non-compliances were found regarding admissions and contracts for the provision of services and social care needs. The outcomes assessed are further discussed in the main body of the report and in the action plan at the end.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were respected and promoted and residents' choice was supported and encouraged in the running of the centre.

Policies and procedures were in place to promote and ensure residents were consulted with, and participated in, decisions about their care and about the running of the centre. For example, residents held regular meetings to discuss and plan menus for the week and organise social outings. Important issues such as the role of advocacy and adherence to fire drills were also discussed at these meetings.

The inspector viewed a sample of the minutes of the meetings which informed that residents had made decisions to go to the local golf range, go on shopping trips and go to the cinema. Over the course of the two day inspection residents' were seen to be engaging in their chosen social activities with the support of staff.

Feedback directly from residents informed the inspector that they made independent choices for themselves regarding daily activities and their individual likes and preferences were supported and respected. For example, one resident informed the inspector that they decide for themselves as to whether to attend day services or not.

Feedback from family members also confirmed that individual residents' likes and preferences were facilitated and supported. Of the two family members the inspector spoke with, both were extremely complimentary of the service and all staff members. Comments made by family members included, the residents love living here, they see it as their home, the staff are very kind to them, they have a great social life and their

individual preferences are respected and supported.

Feedback via letters and questionnaires was also viewed by the inspector and generally they were all found to be very positive. One questionnaire had comments that required further investigation however, the person in charge had already begun to address the questions raised in that questionnaire.

Residents and their representatives/family members were also supported and encouraged to be involved and participate in all aspects of their person centred plans. From a sample of plans viewed, the inspector saw that family members were invited and supported to attend meetings with residents on a regular basis. The family members spoken with by the inspector also said that they loved going to the circle of support meetings and discussing the goals that are important to the residents.

Access to advocacy services and information about resident rights formed a routine part of the support services made available to each resident. The centre had a policy on advocacy called 'Your service - Your say'.

The policy was to ensure that all residents had a right to appoint an advocate if requested and that advocacy services could be made available if required. An independent advocate had visited the centre and spoke with all residents about the concept of advocacy and rights. The advocate had also directly provided support and advice for two of the residents in the past.

The inspector observed that information on how to contact an advocate was on public display in the centre and information on advocacy was also readily available in a format to suit the residents' communication requirements.

There were guidelines in place and on every residents file on how to promote best practice when supporting intimate care. The guidelines stated that every staff member had a duty of care to ensure that each resident would be treated with dignity and respect and have personal privacy for their intimate care needs in a safe environment.

The inspector observed that arrangements were in place to promote and respect resident's privacy and each staff member treated residents with warmth, dignity and respect at all times over the course of the inspection process.

Of a small sample of intimate care plans reviewed, they were found to be informative of how best to support the residents while maintaining their dignity and respect. Family members also emphasised that they felt their relatives were always treated with dignity and respect in the centre.

A complaints policy was in place in the centre which had been reviewed in 2015. The policy informed that that the service was committed to having a policy in relation to the making, handling and investigating of complaints and that all residents and family members should be aware of this.

Feedback from both staff and family members informed the inspector that that they were aware of the complaints procedures in the centre and who to speak with if they

had a complaint.

A dedicated complaints log was kept in the centre and the inspector observed that complaints (which were few) were being logged and managed accordingly in line with policy and procedures.

For example, one resident had complained that there was too much noise at night time in the centre. This has been recorded and investigated and brought to a satisfactory conclusion.

The complaints procedures were also publically displayed in the house and an easy to read version was also available to every resident living in the centre.

There were guidelines in place to protect each resident's personal possessions, property and finances and each resident had an inventory of their personal items on their file (as in line with the centres admission policy). Each resident had been supported to complete a capacity assessment regarding managing their own finances.

Once these assessments were completed where required residents' were supported to manage their finances by staff. Residents' monies were kept safe by robust accounting procedures, which were checked on a daily basis by two staff members and by person in charge, who regularly audited residents' finances.

All purchases were required to have a receipt and every time a resident spent money their balance was checked by two staff members to ensure that all monies could be accurately accounted for.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

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

A protocol on communicating with residents was in place and reviewed in September 2014. The aim of the policy was to facilitate a centre that supports residents with their individual communication preferences so as they can participate in any decision making process that affects them.

The inspector observed that this policy was put into everyday practice by the staff working in the centre. For example, where required information was made available to residents in a format suited to their individual assessed communication needs. Each resident also had an easy to read folder containing all information relevant to them for ease of access and retrieval.

Residents' communication needs were also identified in their communication assessments. From a sample viewed, the inspectors found that the assessments captured the individual communication requirements of each resident. They were also very informative of how best to communicate with each resident.

The inspector also observed that there were ample communal TV's, individual TV's, DVD players, and music systems in the centre.

At all times over the course of the two day inspection process the inspector observed staff communicating effectively and respectfully with the residents. From speaking with staff they were also able to verbalise and speak knowledgeably about each residents communication assessment and needs.

**Judgment:**  
Compliant

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

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

**Theme:**  
Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

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

The centre had a visitor's policy in place. The aim of the policy was to ensure that residents would be facilitated to develop and maintain personal relationships in accordance with their wishes and that family and friends were made welcome to visit the centre.

Feedback from family members was extremely complimentary of the service and they informed the inspector that they always felt very welcome to visit the centre at any time. On the day of inspection two family members spoke directly to the inspector and said that they could pop in to the centre at any time and all staff were very welcoming and supportive of family visits.

From a small sample of nursing notes viewed, the inspector observed that family members were being encouraged and supported to keep in regular contact each resident. Family members were routinely invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident as well.

The centre also supported residents to celebrate special occasions such as their birthdays. One resident had recently celebrated a landmark birthday and the inspector observed that they were supported to have a party, invite their family and friends and had music at it. There were photographs of this special occasion on the sitting room wall and in the resident's bedroom.

Residents were also supported to frequent the nearby town where they used the local shops, golf range, restaurants, pubs and hotel.

**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:**

The inspector was satisfied that there were robust systems in place regarding admission to the centre. There were also policies and procedures in place to guide the admissions transfer and discharge processes. However, some contracts of care required greater clarity in determining how residents were to be charged for the services to be provided.

There was a policy on admissions, transfer and discharge to the centre which had been agreed and signed off in June 2016. The policy informed that the centre was committed to ensuring that the highest standards for admissions, discharges and transfers were applied and maintained at all times across the service.

Written signed agreements were also in place outlining the support, care and welfare of the residents, details of the services to be provided and where appropriate, the fees to be charged.

However, the fees to be charged were determined by individual financial assessments undertaken for each resident living in the centre. While the inspector was assured that residents' finances were safe and could be appropriately accounted for, greater transparency was required with regard to the financial assessment process and how it determined the fees to be charged for each individual living in the centre.

**Judgment:**  
Substantially Compliant

### **Outcome 05: Social Care Needs**

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

**Theme:**  
Effective Services

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

No actions were required from the previous inspection.

### **Findings:**

The health and social care needs of each resident were being supported and facilitated in the centre. There was also regular input from a team of multi disciplinary professionals as and when required. However, some of the long term goals as identified by some residents were not being actioned adequately.

Overall the wellbeing and welfare provided to the residents was to a good standard and from a sample of files viewed the inspector was assured that person centred plans were being managed and facilitated in order to sustain and enhance the quality of life of each resident living in the centre.

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

The inspector viewed a sample of PCP's and found that the stated policy above was put into practice by the staff working in the centre. For example, as part of their PCP one

resident identified a goal of joining a local club. By the time of this inspection the resident had already had their first visit to the club and would be supported to go as and when required.

The inspector observed that residents were being supported to achieve their goals with the assistance of the staff team, input from family members and allied health care professionals. It was also observed that the residents were involved in every stage of the planning process to achieve this goal.

Again for example, one resident wanted to celebrate a landmark birthday as part of the person centred planning process. The resident, with support from staff and family members was supported to organise this event at every stage of its development. The resident in question was very proud to show the inspector pictures of the event.

Other residents as part of their PCP's were supported to go to music nights and go on outings to Dublin, all of which had been achieved.

However, it was observed by the inspector that some long term goals were put on hold and were not adequately actioned to ensure their realisation. For example, one resident had a goal of going abroad which they had identified last January 2016. There were no plans of action in place to support the implementation of this goal.

There was also a policy in place to ensure that residents and those that supported them could access a meaningful day through the process of activation and/or training.

The policy was reviewed in 2016. From viewing a sample of files the inspector found that residents where requested, attended a range of day activation centres and clubs of their choosing. For example residents attended day activation centres where they took part in activities of their choice.

The inspector also observed that where a resident chose not to attend a day service this choice was respected by staff. If a resident chose to stay at home they were offered a range of activities to chose from. For example, residents could use the local amenities and shops, support staff with preparation of meals or support staff with some office duties where and when appropriate.

**Judgment:**  
Substantially Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**  
Effective Services

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

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

**Findings:**

The issues identified in the previous inspection had been adequately addressed and overall the inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner.

The centre consisted of a very large two story seven bedroom house just outside the busy town in County Meath. Two vehicles were provided so as residents could access local shops, restaurants, pubs, barbers, hairdressers, churches and cafes if and when requested.

There was a spacious hallway on entering the centre and communal facilities included a very large open plan sitting room, dining room and sun room. There was a well equipped spacious kitchen area, a large utility room, an office and an additional communal room upstairs that could be used to see visitors in private.

All residents had their own individual bedrooms which were large and decorated to their individual likes and preferences. Some residents were delighted to show the inspector their rooms. The inspector observed that the residents had decorated their own rooms, having chosen their own bedroom furniture and paint for the walls.

Residents also had pictures of friends and family members on display as well as posters of their favourite pop stars and football teams.

All bedrooms in the upstairs part of the house had an ensuite facility and two of the bedrooms on the ground floor had an ensuite facilities. A communal bathroom was also available upstairs where the residents could avail of a bath if they so wished. There was a large main bathroom facility provided on the ground floor.

Residents appeared very much at home of their home and some very keen and proud to show the inspector around. It was also observed that personal items such as photographs of residents on special occasions such as birthdays were on display throughout the centre.

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

There were maintained front and back gardens in the centre. The front garden provided for ample parking space while the back garden was more spacious with a large lawn for residents to avail of. There was also a barbeque facility to the side of the house, a heated facility for residents that smoked and garden furniture for residents to avail of whenever they so wished.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

The issues highlighted in the previous inspection had been adequately addressed and on this inspection the inspector was satisfied that the health and safety of residents, visitors and staff was actively promoted in the centre.

There was a Corporate Health and Safety Statement for the organisation which was available in the centre was updated in 2014. It stated that all health and safety matters were applicable to all employees and was to ensure that all safety management programmes were fully integrated throughout the service.

The centre itself had a localised Safety Statement and the aim of the statement was to promote standards of safety in the centre with regard to the health and welfare of all residents and staff.

The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre. It also made reference to the fact the centre should engage in environmental and biological risk assessments where and when appropriate.

The inspector observed that a comprehensive suite of both environmental and biological assessments had been undertaken. Individual risks assessments had also been carried out on the centre. There was also a risk and incident management policy available in the centre which had been updated in 2016. The aim of the policy was to recognise that the service was committed to providing a safe service and emphasised the importance of implementing a robust risk management system to support this.

The policy was also to support staff to be aware of the policies and procedures in managing risk and in the event of an adverse incident, the appropriate reporting procedures.

The risk management policy was comprehensive and met the requirements of the Regulations. The inspector was satisfied that where a risk was being identified it was being adequately addressed and actions put in place to mitigate it.

For example, there was an elevated ramp in the corridor of the house. A number of actions were taken to ensure the residents safety on the corridor and to reduce the risk of falls. There was a non slip mat on the gradient, grab rails were also available and the floor was only cleaned at night time when residents were in bed and the corridor was not in use.

It was also observed that there was a policy on falls in the centre which had been reviewed in 2016. The aim of the policy was to provide care for the residents in a safe environment, where the risk of falls was minimised. It stated that all residents were to have a risk falls assessment in place to determine their risk of falling and must be assessed on an on-going basis.

All residents had a falls risk assessment in place and the inspector observed that recommendations coming from those assessments to mitigate the risk of falling or to reduce the risk of injury from a fall were in place.

For example, it had been identified that there was an area of the front garden with an uneven surface. On each residents falls risk assessment it stated that staff must be vigilant when accessing this part of the garden and ensure to provide adequate support to residents as well.

The person in charge also informed the inspector that all learning from any adverse incidents occurring in the centre was documented and discussed at regular team meetings with her staff team.

The inspector found that the fire register was up to date having last been checked and signed off by an external fire consultancy company in January 2016. Fire equipment such as fire blankets, fire extinguishers and emergency lighting had also been checked in 2016. The centre also had fire doors in place.

Documentation read by the inspector informed that staff did daily checks on the alarm panel and checked that escape routes were clear. Weekly checks were carried out on emergency lighting and monthly checks were carried out on fire extinguishers to ensure that they have not been tampered with and their service history was up to date.

Fire drills were carried out monthly and from viewing the relevant documentation the inspector observed that some minor issues were identified with some of the recent drills. For example, one resident refused to leave the premises.

However, the inspector observed that their personal evacuation emergency plan had been updated to reflect this issue as well a comprehensive risk assessment. The inspector also observed that all staff had undergone fire training and many of the residents had also attended this training.

There was a missing person's policy in place which had been reviewed in April 2016. The aim of the policy was to identify a resident who may be at risk of going missing and to support staff in what course of action to take should a resident go missing. The person in charge informed the inspector that no resident has ever gone missing from the centre.

There were multiple policies and standard operating procedures in place for the management of infection control, all reviewed and updated between 2011 and 2016. The aim of the policies were to provide recommendations for the prevention and control of infection in a community based setting. There were also guidelines available in the centre on how to promote good hand hygiene and what to do in the event of an outbreak of an infectious disease.

The inspector observed that the centre was clean and there was adequate warm water and hand sanitizing gels and soaps available. Many staff also had undergone training in hand hygiene.

**Judgment:**  
Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**  
Safe Services

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

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

**Findings:**

Overall the inspector found that there were adequate systems in place to protect residents from all forms of abuse in the centre and the issues identified in the previous inspection had been addressed adequately.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear and explicit guidance to staff on how to manage any incident of concern arising in the centre. The policy, which was updated in 2015 provided staff with the knowledge on how to recognise abuse and their responsibility in reporting it. An easy to read version of the policy was also available for residents.

Standard operating procedures relating to safeguarding (which were revised in March 2016) were also available to staff working in the centre. They were to provide front line staff with the guidance on how to recognise abuse, how to prevent it and what course of action to follow if they had any safeguarding concerns.

The inspector spoke with three staff members over the course of this inspection and all were able to verbalise how to manage, record and report a safeguarding issue making reference to the designated person, policy and procedures in place in the centre. From a sample of files viewed, all staff also had up-to-date training in safeguarding of vulnerable adults.

There was also a designated person to deal with any allegations of abuse and details of who this person was and how to contact them were on display in the centre and held on each residents file. Feedback from residents and family members informed the inspector that residents felt safe and secure in their home.

There was a policy in place for the provision of intimate personal care which was revised in April 2016. The aim of the policy was to establish protective measures for the residents and staff members and to provide staff with clear guidelines regarding the provision of personal care.

It was observed that comprehensive personal and intimate care plans were in place for each resident and provided guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident.

There was also a policy in place for the use of restrictive practices in the centre which was revised in 2015. The policy outlined the exceptional and limited circumstances in which restrictive practices could be used as part of a residents care plan. However the aim of the centre was to promote a restraint free environment and only use a restriction as a last resort.

The inspector observed that where a restrictive practice was in place it was used only for safety issues and was very closely monitored and reviewed. For example, some residents required a lap strap when travelling in the bus for safety reasons.

Another resident who had recently spent a long time in hospital had bed rails in place. This was at the request of the resident and their family members were fully informed of this practice. It was also observed that the use of the bed rails was brought before the restrictive practice committee of the organisation.

As with the centres own standing operating procedures a database was kept of the dates and times any restriction was used in the centre. The inspector viewed the records relating to the use of the bed rails and found that all the dates and times of their use were recorded and kept on file in the centre.

p.r.n. medicines were in use for some residents as a mood stabilizer. However, the inspector observed that they had not been administered in some time and there were very strict protocols in place for their administration. It was also observed that all p.r.n. medicines were reviewed by the general practitioners (GP) every six months and more regular by the consulting psychiatrist as and when required.

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

the safe prevention and management of behaviours that challenge.

Where required residents had a comprehensive positive behavioural support plan in place. These plans were informative of how best to support a resident if they were to present with challenging behaviour. The plans focussed on calm proactive, low arousal strategies to support residents and also used distraction as a technique to de-escalate a situation.

From speaking to a number of staff and the person in charge the inspector was satisfied that they were able to vocalise some of the issues that might trigger behaviours of concern and how to put the positive behavioural support plans into action if and when required.

The inspector observed that there were psychiatry and regular psychology support available to the centre as and when required. A number of the residents had recently been reviewed by a psychologist in July 2016 and positive behavioural support plans were updated accordingly.

The centre had built up a good relationship with a psychologist and the person in charge informed the inspector that this psychologist knew the residents very well and made visits to the centre.

From a sample of files viewed, staff had training in positive behavioural supports and safeguarding of residents.

**Judgment:**  
Compliant

#### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

No actions were required from the previous inspection.

#### **Findings:**

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

There was a standard operating procedure available in the centre on the reporting of notifiable events to HIQA which had been reviewed in 2014. The purpose of the procedures was to provide a clear framework, including timeframes for the management team to follow in the event of a notifiable event occurring in the centre.

The person in charge clearly demonstrated her knowledge of her legal responsibilities to notify the Chief Inspector as and when required during the course of this inspection.

**Judgment:**  
Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**  
Health and Development

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

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

**Findings:**

The inspector found that the issues identified in the last inspection had been addressed and there were opportunities for new experiences and social participation for residents that formed a key part of their health and social care plans. Residents also engaged in a variety of social activities facilitated by both day and residential services.

There was a policy in place for support residents' access to external day activation programmes which was developed in June 2016. The policy was to provide guidance to all staff on how to support residents' access and experience meaningful day activities. For example, some residents attended day activation centres where they could chose from a range of social and learning activities to engage in.

Other residents chose to stay at home and not always go to a day service. The inspector observed that in this instance the residents were supported to engage in activities of their choosing such supporting some of the administrative functions of the house, helping in the kitchen or engaging in therapies such as foot massage.

Family members also reported that the residents got to on social outings such as to concerts, had availed of short breaks in hotels and used the local facilities such as pubs, restaurants, shops and cafes.

**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 inspector found that arrangements were in place to ensure that residents healthcare needs were regularly reviewed with appropriate input from allied health care professionals where and when required. It was also observed that the actions arising from the previous inspection had been adequately addressed.

The person in charge informed the inspector that arrangements were in place in relation to residents having access to the local GP and a range of other allied health care services as and when required. It was also observed that some of the residents living in the centre presented with a wide and complex range of medical issues which were being met and supported on a daily basis.

From a sample of files viewed the inspector observed that healthcare plans were informative of how each resident were supported to experience best possible health regarding personal hygiene, dental care, mobility, eye care, foot care and positive mental health.

The inspector found that monitoring documents were available and maintained in the centre. From a sample viewed, these files informed the inspector that regular GP check-ups were facilitated and clinical observations and treatments were provided for.

Consultations with the dentist, optician, dietician, speech and language therapist, physiotherapist, chiropodist, occupational therapist and GP were provided for as and when required. Hospital appointments and follow ups were also facilitated as and when required.

The inspector observed that at times some residents declined to go to the dentist. However, the person in charge had arranged for the dentist to visit the residents in the centre and all residents were in agreement with this arrangement.

Positive mental health was also provided for and where required residents had frequent access to psychology and psychiatry supports.

Health care plans were informative of how best to manage special conditions such as epilepsy. Residents that had epilepsy were being supported with a specialised epilepsy care plan that was regularly reviewed and updated as required. Other conditions such as diabetes were also being provided for.

The inspector found that arrangements were in place to ensure residents' nutritional needs were met to a very good standard. Weights were recorded and monitored on a regular basis. Menu planning and healthy choices formed part of discussion between residents and staff in weekly meetings. There was also a wide variety of options to choose from at meal times.

Mealtimes were observed to be very relaxed, person centred and taken at the residents pace. Staff were also observed interacting and chatting with residents while preparing the dinner in the kitchen.

**Judgment:**  
Compliant

### **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector found that the medicines management policies were satisfactory and that practices described by the person in charge were suitable and safe.

The medicines management policy in place in the centre had been reviewed and updated in December 2015. The aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked drug press secured in the staff office was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any drug errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and management on-call.

The doctor on-call would also be contacted for advice. This would then be recorded and in order to support learning from the error the person in charge would discuss the issue it with the staff member in question and later at a staff team meeting.

However, the inspector observed that there had been no recent drug errors on record in the centre.

The person in charge and/or staff nurse regularly audited all medicines kept in the centre and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times.

Only qualified nursing staff were permitted to administer the everyday medicines and p.r.n. medicines in the centre.

All p.r.n. medicines had strict protocols in place for their use and were reviewed regularly by the GP and/or psychiatrist. From speaking with staff members the inspector was assured that they were very familiar with and could vocalise the strict protocols for the use and administration of p.r.n. medicines.

**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:**  
By the end of the inspection process the inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review. During the inspection process the inspector observed that some parts of the statement of purpose required updating however, this had been completed prior to the inspection being completed.

The statement of purpose was also available to residents in a format that was accessible to them.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered. It was also observed that the issues identified in the previous inspection had been addressed.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. From speaking with the person in charge in length over the course of the inspection it was evident that she had an in-depth knowledge of the individual needs and support requirements of each resident.

She was supported in her role by a Director of Nursing (DON) and an Assistant Director of Nursing (ADON). The inspector met with the DON and ADON on day two of the inspection and observed that both were also very familiar with the centre and residents living there.

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspector found that appropriate management systems were in place for the absence of the person in charge. There was always a qualified nurse on duty in the centre and they would assume the role of shift leader in the absence of the person in charge. There was an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

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

For example, the annual review highlighted non compliances with regard the residents guide needing updating and some policies required review. The inspector observed that these areas of non-compliance had been completed by the time of this inspection.

The annual audit also highlighted the need for greater attention needed to be paid to the cleaning schedule in the centre. Again the inspector observed that this was in situ by the time of this inspection.

The person in charge also carried out random internal audits in the centre. Again these audits were in-depth and also identified areas of non compliance. For example a recent internal audit informed some fire extinguishers required servicing and some residents were overdue their dental appointments. The inspector observed that both issues had been addressed promptly.

A sample of staff supervision records informed the inspector that the person in charge provided good supervision, support and leadership to her staff team. The person in charge worked on a full time basis and was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was committed to her own professional development and engaged in all required staff training in the centre. She was a registered nurse and also had a specialist qualification in the area of mental health.

Throughout the course of the inspection the inspector observed that all the residents knew the person in charge very well and were very comfortable with approaching and speaking with her at any time.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

The person in charge of the centre had never been absent for any notifiable period of time to date

It was observed that suitable arrangements were in place for the management of the centre in his absence. There was also on call system in place 24/7 for all staff working in the centre.

**Judgment:**  
Compliant

### **Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

**Findings:**

The inspector observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs, activity, dependency and occupancy levels.

For example, where a resident (or group of residents) wanted to go to a late night concert or have an overnight in a hotel, staffing arrangements could be adjusted to facilitate this.

The inspector also observed that there were adequate equipment and appliances in the centre, such as a rolator to support residents with their mobility needs.

The centre also had the use of two vehicles for social outings. The vehicles were maintained and insured appropriately.

**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 inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents and the issues identified in the previous inspection had been addressed adequately.

The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support. Some staff also had additional training in food hygiene, nutrition and bereavement counselling.

There was a team of registered nurses working in the centre and a team of health care assistants. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. All health care assistants had completed the required mandatory training and some held third level qualifications in health and/or social care.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the care and support required by the residents. Family members also spoke very highly of the entire staff team and feedback from questionnaires was also very complimentary.

The person in charge met with his staff team on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspector. It was found that the supervision process was of a good quality and supported staff in improving practice across the centre and identified future training initiatives that staff could avail of.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

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

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

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5 of the Regulations.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspector found that records that related to residents and staff were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Raymond Lynch  
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 report<sup>1</sup>

<b>Centre name:</b>	Ivy House
<b>Centre ID:</b>	OSV-0003371
<b>Date of Inspection:</b>	06 September 2016
<b>Date of response:</b>	12 September 2016

### Requirements

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

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

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

While the contracts of care informed what services were to be provided to each resident, some of the financial assessments which determined the fees to be charged required review.

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

**1. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The registered provider accepts the findings of the inspection and plans to liaise with the accounts department to review assessment of contributions paid by residents in the centre in line with person centred care, legal guidelines and financial regulations.

**Proposed Timescale:** 01/07/2017

**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:**

Some goals in some residents' personal plans were not reviewed adequately and did not take into account changes in circumstances and new developments.

**2. 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:**

The registered provider accepts the findings of the inspection and the PIC plans to meet all residents with their families, carers (as per residents choice) to review all goals and ensure systems are developed to demonstrate consistent support and follow up as appropriate to facilitate residents to actualise their goals or change them as they may choose.

**Proposed Timescale:** 12/01/2017