

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Creg Services
Centre ID:	OSV-0003530
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Galway
Provider Nominee:	Anne Geraghty
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

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:
12 September 2016 10:00	12 September 2016 19:10
13 September 2016 09:00	13 September 2016 16:05

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 was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As part of the inspection, the inspector reviewed actions the provider had undertaken since the previous inspection conducted on 8 April 2015. The designated centre is part of the Brothers of Charity Services, and provided residential services to adults with an intellectual disability.

How we gathered our evidence:

During the inspection the inspector spent time with seven residents at the centre. Residents were unable to tell the inspector about the quality of service they received, but the inspector observed residents to appear comfortable with the support received from staff and happy at the centre. Families submitted questionnaires on the centre to the Health Information and Quality Authority (HIQA) and these were reviewed by the inspector as part of the inspection. The inspector met five staff members, observed practices at the centre and reviewed documents such as care plans, medical records, policies and procedures, and staff files.

Interviews were carried out with the person in charge and persons participating in the management of the centre during the inspection.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre comprised of two residential houses, both of which were single storey bungalow or dormer style properties in a rural setting. The houses were well maintained and reflected the needs of the residents, with all residents having their own bedrooms which were decorated to a good standard and personalised with pictures and ornaments. House 1 comprised of five bedrooms including two with en-suite facilities, and House 2 comprised of four bedrooms in the main part of the house; one had en-suite facilities, and also a one bed self-contained apartment. Both houses had communal bathrooms incorporating both a bath and walk in shower, along with a communal sitting room and kitchen come dining rooms. House 2 included an external building used for day programme activities.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre, and the provider had arrangements to promote the rights and safety of residents. The inspector found that residents received support in line with their needs and the houses were suitable in relation to private and communal space and bathroom facilities. The inspector found risk management arrangements and processes to assess the effectiveness of residents' personal plans required review to reflect the needs of residents. Furthermore, staffing arrangements did not fully reflect residents' needs. The person in charge and provider representatives demonstrated knowledge and competence during the inspection and the inspector found them to be fit persons to participate in the management of the centre.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. For the most part the provider had put appropriate systems in place to ensure the regulations were being met. The inspectors found compliance in eight out of the 18 outcomes inspected, with a positive focus on the promotion of residents' rights and safety, access to healthcare and staff knowledge. Moderate non-compliance was found in six outcomes, with substantially compliance being identified in four outcomes. These findings are further detailed under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that the centre promoted residents' rights, although information on the complaints policy and advocacy services was not prominently displayed.

The centre's complaints policy was available in accessible formats reflective of residents' communication needs. Both staff and the person in charge told the inspector that families had been made aware of the complaints policy, and this was reflected in the family questionnaires reviewed. Although the inspector found that information on the complaints policy was not prominently displayed in the centre.

The complaints policy identified nominated persons involved in the investigation and management of complaints, and this was reflective of staff knowledge. The inspector also examined evidence of complaints being investigated, with the complainant's satisfaction recorded.

Information on advocacy services was available at the centre, although this was not prominently displayed throughout the centre.

Residents were supported to access a range of activities reflective of their interests and identified in personal plans and daily care notes, which included for example day services, swimming, local shops and places of interest.

The centre had a visitors' policy, which was reflective of residents and their families experiences and the centre had facilities to enable residents meet their family or friends in private.

Residents were supported with personal possessions and finances in line with the centre's policy, with inventories being maintained on personal belongings, and financial support being given in line with resident's assessed needs as reflected in personal plans.

Residents had access to laundry facilities, along with suitable storage for personal belongings in their bedrooms

Following the previous inspection, reviews had been conducted on residents' night-time support arrangements to ensure they reflected both identified risk and promoted the right to privacy. The inspector observed staff supporting residents in a dignified and respectful manner throughout the inspection.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

Findings:
The centre had a policy on residents' communication. Residents' communication was supported in line with personal plans.

Personal plans identified the communication needs of residents. Staff knowledge and support practices were reflective of resident personal plans and 'communication passports'.

Residents had access to radio, television and the internet at the centre

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:

Residents were supported to maintain personal relationships and engage in the local community.

Residents were supported to maintain family and personal relationships, reflected in daily care notes, family questionnaires and staff knowledge. The centre provided facilities across the two houses for residents to meet visitors in private, with no restrictions in place.

Families were involved in the review of resident's personal plans, reflected in meeting minutes and staff knowledge.

Residents accessed a range of activities in the local community such as local walks, shopping, day trips to places of interest. Activities were reflective of personal plans and staff knowledge.

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 centre's admission and discharge policy was in line with the experiences of residents and their families, with contracts of care being issued on admission to the centre.

The centre's admissions and discharge policy was reflected in the centre's statement of purpose, staff knowledge and experiences described in family questionnaires reviewed.

Each resident had a written contract of care, which included total fees and any additional charges to be met by the resident such as personal items and community activities costs. The inspector observed that contracts had all been signed by both the provider and the resident or their representative.

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):

No actions were required from the previous inspection.

Findings:

Overall residents were supported to achieve their personal goals, although the inspector found inconsistencies in record keeping, goal planning and the frequency of personal plan reviews.

The inspector reviewed residents' personal plans and found them to be reflective of residents' needs. Personal plans included multi-disciplinary input such as occupational therapy, psychologists and speech and language therapists. Residents' support needs such as independent living skills, communication and activities were outlined in personal plans. Personal plans were available in an accessible format.

Residents' goals were reflective of their needs with progress recorded in daily care notes and charts, although the inspector found records were inconsistent on activities undertaken by residents. For example, resident activity charts did not reflect residents' weekly programmes, staff knowledge and daily care notes reviewed. Furthermore, goal progress records only noted the frequency of an activity occurring and did not include detail on whether the goal was achieved or not. The inspector also found examples of goals being identified with no timeframe or nominated staff to support the resident with its achievement.

For the most part personal plans were reviewed on an annual basis, although the inspector found examples where reviews had not occurred. Furthermore, although staff and family questionnaires confirmed family involvement in reviews, attendance was not consistently recorded on documentation.

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):

No actions were required from the previous inspection.

Findings:

The centre was well maintained and provided adequate communal and private space reflective of residents' needs.

The centre comprised of two bungalow or dormer style houses. The houses were well maintained and decorated to a good standard, with bedrooms being personalised by residents to reflect their choices and interests.

House 1 comprised of five bedrooms, with two bedrooms having their own en-suite facilities. The house also provided a communal bathroom with both a bath and walk in shower. In addition the house had two communal sitting rooms and kitchen come dining area. Furthermore, the house provided adequate storage facilities for residents in their bedrooms, and residents had access to a large garden with covered seated area and additional storage facilities.

House 2 comprised of a main area which included four bedrooms including one with en-suite facilities. Residents had access to a communal bathroom with both a bath and walk in shower. The house comprised further of two communal sitting rooms and a kitchen come dining area. In addition to the four bedrooms, House 2 also comprised of a one bed apartment which included a bedroom, bathroom and living area with kitchenette facilities.

Residents in House 2 had access to a large communal garden which included a building used for in-house day programmes such as arts and crafts. Both houses included a staff office.

Suitable arrangements were in place at the centre for the safe disposal of general and clinical waste and residents had access to laundry facilities in each house.

The centre is located in a rural setting with access to amenities such as shops and restaurants facilitated through both houses having their own transportation.

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):

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

Findings:

While there were risk management and fire safety arrangements, in place, at the centre improvements were required to reflect residents' needs and identified risks.

The centre's safety statement and risk register were specific to the service and reflected staff knowledge. Risk assessments were reviewed regularly, although the inspector found actions to reduce the risk of injury from cooking appliances in House 1 had not been updated.

The inspector observed that the centre's accident and incident records included learning from incidents which was then reflected in personal plans, behaviour support plans and risk assessments reviewed.

Following the previous inspection, infection control measures had been reviewed and were in line with residents' needs and risk assessments examined.

Fire equipment was regularly checked by staff and serviced by an external contractor and included a fire alarm, magnetic fire doors, call points, fire exit signage, break glasses and fire extinguishers in both houses. Staff knowledge and records reviewed confirmed that regular simulated fire drills were carried out including drills conducted with minimum staffing levels across the centre. Staff had received fire safety training in line with the centre's policy.

The centre's evacuation plan was displayed prominently throughout the centre showing fire exit routes and assembly points. Although the inspector found that the evacuation plan in House 1 following the previous inspection still referred to the use of the house's vehicle as an assembly point, and did not fully reflect staff knowledge and residents' needs in relation to an identified risk of absconding.

The inspector reviewed the residents' person emergency evacuation plans (PEEPs). PEEPs were reflective of residents' needs, although an identified risk of absconding had not been included.

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 centre had policies on the prevention, detection and investigation of abuse and the management of behaviour.

The inspector observed residents being supported in a respectful and dignified manner by staff throughout the inspection. Residents appeared comfortable with staff and appeared happy with the support they received, which was reflective of family questionnaires reviewed as part of the inspection.

The centre had a policy and procedure in place on the prevention, detection and investigation of abuse, which was reflective of staff knowledge. Staff had received safeguarding training and told the inspector what constituted abuse and the actions they would take, which was reflective of the centre's policy.

Policies at the centre included the management of behaviours that challenged and the use of restrictive practices. The inspector reviewed risk assessments and personal plans and found these to reflect residents' needs and the centre's policy.

Following the previous inspection findings, behaviour support plans and restrictive practices were reviewed regularly by a behaviour specialist. The inspector however found instances where current practices had not been reviewed to identify alternative measures to both ensure residents' safety and freedom to exercise choice.

The inspector observed that where training had been recommended for staff in line with residents' behaviour support needs; this had been provided from training records examined.

Judgment:

Non Compliant - Moderate

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:

The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

The inspector observed a record of all notifications submitted to HIQA was kept at the centre which included all notification submitted under Schedule 4 of the regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre supported residents to access both day activity programmes and social activities reflective of their needs.

The centre had a policy on the accessing of education, training and development, which was reflective of staff knowledge. Residents were supported to access social and developmental activities at the centre, day services and the wider community, which were reflective of their needs, and evident in daily care notes, weekly activity schedules and personal plans examined.

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 centre ensured that residents were comprehensively supported to manage their health.

The inspector reviewed residents' healthcare records and found that residents had access to a range of allied healthcare professionals including general practitioners (GP), psychiatrists, chiropodists and dentists.

Following the previous inspection's findings, the inspector found that residents' health needs were now regularly reviewed, and in the case of dietary needs, dietician and speech and language assessments had been completed for identified residents.

Personal plans did not fully reflect residents' dietary needs as recorded in speech and language and health assessments, although staff knowledge and practices were reflective of residents needs.

Food records were maintained for residents with dietary requirements at the centre, although staff informed the inspector that all other meals provided were varied, nutritional and reflected resident's preference. Records were not available to the inspector to determine whether food provided at the centre was nutritional.

Residents were involved in preparing meals dependent on their abilities and this was reflected in discussions with staff and individual personal plans.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The medication arrangements were reflective of the centre's policy.

The inspector reviewed medication management records which were reflective of the centre's policy. For example, records included information on residents' medication such as administration route, times and dosage prescribed. Furthermore, following the previous inspection, copies of prescriptions were now maintained with residents' medication records.

Medication was given by nursing staff and care assistants that had completed 'Safe Administration of Medication' training. The names of all staff administering medication were recorded in a signature bank included in the centre's medication records.

Protocols were reviewed for the administering of residents' emergency epilepsy medication, which clearly showed when medication should be given, maximum dosage, and when to contact the emergency services, and were regularly reviewed by the residents' GP. The inspector observed that staff knowledge was in line with protocols reviewed on emergency epilepsy medication.

The inspector observed that medication was securely stored at the centre, with out of date medication being segregated from current medications. Out-of-date or discontinued medication was returned to a local pharmacy, and staff knowledge and records reviewed was reflective of this practice. Following the previous inspection findings, the inspectors reviewed the centre's medication which now included procedures for the safe disposal of soiled or rejected medication which was reflective of staff knowledge.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The centre's statement of purpose was reflective of the service provided to residents.

The statement of purpose was regularly reviewed to ensure it reflected the service provided, although a copy was not available in a format accessible to residents.

The inspector reviewed the statement of purpose and found this to meet the requirements of Schedule 1 of the regulations.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall governance and management arrangements at the centre ensured residents were kept safe and supported with their identified needs.

The management structure was reflective of the centre's statement of purpose and staff knowledge. Although as with the findings of the previous inspection, the inspector found that the person in charge was supported in the management of the centre by a Team Leader in each house. Following the previous inspection, the chief inspector had not been notified of all persons participating in the management of the centre.

The person in charge is full-time and is responsible for the centre along with a second designated centre in the neighbouring town. The person in charge was known to residents' representatives from family questionnaires reviewed. Staff and documents reviewed showed the person in charge and persons participating in management had a regular presence in the centre and were available as and when required.

Following the previous inspection, the person in charge told the inspector that formal supervision had commenced which was reflective of documentation reviewed and discussions with staff.

Staff told the inspector that they found the person in charge both approachable and responsive to their needs. The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on the residents' needs and regulatory responsibility, and was committed to their continued professional development in line with the needs of the centre.

The inspector interviewed other persons participating in the management of the centre during the inspection and found them to be suitably qualified and knowledgeable on the needs of residents.

The inspector reviewed systems used by the person in charge to ensure the effective governance and management of the centre which included fire safety and accident and incident records. However, systems in operation had identified areas for improvement in risk management and record keeping highlighted during the inspection and referenced in the main body of the inspection report.

The inspector reviewed six monthly unannounced visits which were centre specific and available at the centre. The inspector also reviewed the annual review of care and support at the centre which was completed by the provider's representative and available at the centre.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Person in charge deputising arrangements were reflective of the centre's statement of purpose.

The inspector reviewed the centre's statement of purpose and found that arrangements in the event of the person in charge being absent for 28 days were reflective of interviews with the person in charge, provider representative and other persons participating in the management of the centre.

Staff knowledge of the deputising arrangements was reflective of the information in the statement of purpose.

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 found the centre was reflective of its statement of purpose, although staffing levels did not fully meet the needs of residents.

Overall services and facilities observed by the inspector were in line with the centre's statement of purpose and reflected residents' needs.

Staffing in House 1 was reflective of resident needs during weekdays with an additional day programme staff member being rostered to facilitate activities. The inspector reviewed the roster and found that at weekends staffing reduced to two staff during the day. Daily care notes, activity charts and staff knowledge reflected reduced opportunities for community-based activities at the weekend. Furthermore, risk assessments showed the need for two staff to be available at the centre to meet the specific needs of residents, for example in the event of an emergency.

Staffing levels in House 2 were reflective of residents' needs in personal plans and daily care notes reviewed.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

The inspector found that overall staff received training reflective of the residents' needs however, improvements were required in relation to mandatory training.

The inspector found the centre had both a planned and actual roster which was reflective of staffing during the inspection, although the inspector found that the roster did not clearly identify waking night staff.

The inspector observed residents receiving respectful and timely support from staff throughout the inspection.

Although staff accessed both mandatory and centre specific training, the inspector found that not all staff had attended training in fire safety, manual handling, positive behaviour management and safeguarding of vulnerable adults. Furthermore, following the previous inspection training records reflected that all staff had not attended training on hand hygiene and the prevention of infection.

Staff informed the inspector that they attended team meetings chaired by the person in charge and records reviewed showed discussions on resident needs, staff training and organisational policy.

Staff had access to previous HIQA inspection reports and their knowledge of the regulations was proportionate to their roles and responsibilities.

The inspector reviewed a sample of personnel files, which contained all information as required under Schedule 2 of the regulations.

The inspector reviewed volunteer staff documents which were in line with the centre's policy and reflective of discussions with the person in charge. Documentation reviewed included Garda vetting and a signed contract clearly showing their roles and responsibilities as a volunteer at the centre.

Judgment:

Non Compliant - Moderate

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 records and documentation required under regulations were maintained at the centre.

The centre had up-to-date written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up-to-date.

The inspector found that the majority of records required under regulation were maintained at the centre, although records on food provided at the centre were not available.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Creg Services
Centre ID:	OSV-0003530
Date of Inspection:	12 September 2016
Date of response:	11 October 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:

Information on advocacy services was not prominently displayed at the centre and available to residents.

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.

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

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

As noted by the inspector accessible information regarding access to advocacy was available in the offices of both houses. We will ensure this information is also located in communal areas in the entrance hallways of both houses, where it can be easily seen and accessed by both residents and their families.

Proposed Timescale: 21/10/2016

Theme: Individualised Supports and Care

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

The complaints policy was not prominently displayed at the centre.

2. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

Accessible information regarding the complaints policy was displayed on the wall in the entrance hallway of House 2, however as pointed out by the inspector this information was stored in the office of House 1. We will ensure that the accessible format of the complaints policy is located in the communal hallway area of House 1, where it can be easily viewed by both residents, their families, and anyone who has business within the house that may wish to raise an issue or a complaint.

Proposed Timescale: 21/10/2016

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:

Resident review meeting documents did not consistently record the attendance of residents or their families.

3. Action Required:

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

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

We will ensure that all attendees are recorded in the minutes of meetings in a consistent manner which will include their relationship to the resident and the role of any staff member.

Proposed Timescale: 21/10/2016

Theme: Effective Services

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

Records did not provide sufficient detail to assess residents personal plans' effectiveness

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:

We are reviewing the recording system currently in use to record individual resident's activities each day, with a view to introducing an am/pm/evening section allowing staff to give a brief description of the activities that the individual took part in each day.

This will help to give better clarity regarding both the frequency of activities and will well also help to assess if the personal goal of the individual is being achieved.

Proposed Timescale: 21/10/2016

Theme: Effective Services

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

Residents' personal plans had not all been reviewed annually by the centre.

5. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

When reviewed by the inspector, there were 2 out of 9 plans that had not been reviewed within the 12 month timeframe. Both of these cases were due to the fact that the families of the individuals concerned were anxious that they would be involved in the annual review meeting, and while they had been invited to the meetings they had both cancelled on a couple of occasions for very genuine reasons. Going forward from this inspection we will continue to try to facilitate families as much as is possible, however should they not be in a position to attend the annual review we will seek their input before the meeting is scheduled, we will proceed with the review meeting, and will feed back to the families following the meeting.

Proposed Timescale: 21/10/2016

Theme: Effective Services

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

The inspector found that personal goals for residents did not all identified nominated persons to support the resident and agreed timeframes for the goals' achievement.

6. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

We will ensure that all goals have individuals identified to support the resident in their pursuit of their goals along with identified timelines. The importance of this will be highlighted to keyworkers at Team Meetings.

Proposed Timescale: 21/10/2016

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:

Risk assessments were not up-to-date in relation to risks in House 1. Furthermore a risk of resident absconding had not been assessed.

7. 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:

All risk assessments in House 1 will be reviewed as a matter of priority, also an additional risk assessment will be completed regarding the possible risk of absconding for one resident which will outline the support strategies to manage this risk.

Proposed Timescale: 21/10/2016

Theme: Effective Services

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

The evacuation plan in House 1 did not fully reflect staff knowledge and residents needs in the event of an emergency.

8. 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:

The evacuation plan in House 1 has been amended to reflect that all individuals assemble at the designated point in the first instance before moving to the garage area or minibus of the house for safety and comfort until assistance arrives.

Proposed Timescale: 01/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The inspector found that alternative measures had not been investigated in relation to the use of some identified restrictive practices.

9. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Following the inspection we are in the process of investigating the installation of a specific type of lock to the front door for the resident who resides in the apartment in House 2.

It is hoped that the installation of this specific lock, along with the installation of an area of fencing will prove beneficial to the resident concerned and will give him greater control over when he wishes to access the back garden area and reduce the level of restriction that is in place.

Proposed Timescale: 18/11/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Personal plans did not provide sufficient detail on residents dietary support needs.

10. Action Required:

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

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

Although, as referenced by the Inspector, staff knowledge and practices are reflective of residents' needs, we will discuss the importance of ensuring that specific recommendations from members of the multi-disciplinary team are included in individual personal/care plans, at the next team meetings scheduled for the 19th of October in House 1 and on the 26th of October in House 2, to ensure follow through.

Proposed Timescale: 26/10/2016

Theme: Health and Development

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

Food records were not available at the centre to assess whether residents were provided with wholesome and nutritional meals at the centre.

11. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

Records of foods provided for residents have now been commenced in respect of all individuals within the designated centre.

Proposed Timescale: 13/09/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

A copy of the centre's statement of purpose was not available in a format accessible to residents.

12. Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

We will discuss the production of a copy of the statement of purpose in a format accessible for residents at the next team meetings scheduled for the 19th of October in House 1 and on the 26th of October in House 2, with a view to having an accessible document circulated to individual service users by the 2nd of December.

Proposed Timescale: 02/12/2016

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:

As identified in the previous inspection, the centre has not informed the Chief Inspector of all persons participating in the management of the centre.

13. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The required documentation for the remaining Person Participating in Management will be submitted to the Chief Inspector.

Proposed Timescale: 11/11/2016

Theme: Leadership, Governance and Management

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

Management systems in operation at the centre had not identified actions highlighted during the inspection such as resident risk assessments, effective assessment of personal plans and fire evacuation procedures.

14. Action Required:

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

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

All risk assessments in House 1 will be reviewed as a matter of priority, with an additional risk assessment being completed regarding the possible risk of absconding by one resident.

The evacuation plan in House 1 has been amended to reflect that all individuals assemble at the designated point in the first instance before moving to the minibus if available or garage area of the house if not, for safety and comfort until assistance arrives.

Proposed Timescale: 21/10/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

Opportunities for residents to access activities reflective of their personal plans and interests were reduced at the weekends due to staffing levels.

15. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

House 1 has a core staffing ratio of 5:2 with 1 day service staff on duty for 30 hours per week over 5 days. This staffing ratio has not been reduced despite their being 1 vacancy in the house currently.

House 1 also benefits from a budgeted 20 additional key hours which can be used in a flexible manner of 10 hours during the evenings over the course of the week, and 10 hours over the course of the weekend.

Due to recent extreme recruitment difficulties we have maintained the core staffing ratio over the weekend; however we have struggled to provide the key hour cover particularly at weekends.

We have been actively recruiting and would be confident that we will be in a position to restore the key hour cover to its maximum allocation by mid-November in order to support more weekend activities.

Proposed Timescale: 18/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The centre's roster did not clearly indicate waking night staff on duty.

16. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The centre's night staff were indicated on the duty roster each night by the word "ON" being entered in the appropriate box on the rota on the line adjacent to the staff members name.

We have now changed this to reflect the actual start and finishing time of each shift in a 24 hour format on the rosters in both houses.

Proposed Timescale: 02/10/2016

Theme: Responsive Workforce

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

Staff had not all received fire safety training.

Staff had not all received manual handling training.

Staff had not all received safeguarding of vulnerable adults training.

Staff had not all received training on hand hygiene and the prevention of infection.

17. Action Required:

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

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

The members of staff highlighted as not having received the training outlined above have been recently recruited and had been scheduled for these training courses at the time of the inspection in line with available training dates. These training courses will be completed by the relevant staff by the 18th of November.

Proposed Timescale: 18/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Food records required under Schedule 4 of the regulations were not maintained or available for review at the centre.

18. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

Records of foods provided for service users have been commenced in respect of all individuals within the designated centre.

Proposed Timescale: 13/09/2016