

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003694
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Fiona Monahan
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
13 July 2016 10:00	13 July 2016 19:00
14 July 2016 10:30	14 July 2016 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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 Service Executive (HSE) Meath/Louth region (the provider). This centre was previously inspected in 2014 under a different name and has since reconfigured. Thus, this inspection in July 2016 has been classed as the centre's first inspection as a reconfigured and newly named entity.

This inspection found that the centre demonstrated significant levels of compliance across 17 outcomes with one outcome being substantially compliant.

How we gathered evidence

The inspector had tea with two residents and spoke to all seven residents over the course of the two day inspection. Two nursing staff were also spoken with as were two health care assistants. The person in charge was interviewed and spoken with at length by the inspector as part of the process.

Residents appeared very much at ease with all staff members and staff were observed regularly chatting with and having tea with residents. Feedback from residents about the service was very positive and all reported that they liked living in the centre. More importantly residents and their family members viewed the centre as their home.

The inspector also spoke with one family member of a resident in length. The family member in question was extremely happy with the quality and safety of service provided saying it was excellent and that she trusted staff to support her relative in a professional and caring way.

Policies and documents were also viewed as part of the process including a sample of health and social care plans, complaints log, contracts of care, risk assessments and safety documentation. Six feedback questionnaires from residents and five from family members were also received on the day of inspection. All were found to very complimentary of management, staff and service provided.

Description of the service

The centre comprised of a single large detached house based in County Meath and in close proximity to a large town. The house was very well maintained with a large garden to the rear and smaller garden to the front.

Transport was readily available for residents to provide access to a range of amenities such as shops, restaurants, churches, barbers, hairdressers, beauticians, and a large shopping centre. The town also had a regular bus service which provided for easy access to Dublin city and other surrounding large towns.

Overall judgment of our findings

This inspection found significant levels of compliance across seventeen outcomes. Of the 18 outcomes assessed, all core outcomes were found to be compliant including, social care needs, healthcare needs, governance and management and workforce.

A minor non-compliance was found in outcome 16: use of resources. Each outcome assessed was further discussed in the main body of this 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):

This was the centre's first inspection by the Authority.

Findings:

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

Policies and procedures were in place to promote or ensure residents were consulted with, and participated in, decisions about their care and about the organisation of the centre. For example, residents were supported to hold weekly meetings to discuss any issues in the house, plan weekly menus, decide on what social activities to participate in and to update residents on any news relevant to the centre.

Residents also had the opportunity to voice their opinions on the service at the house meetings which had brought about change in some aspects service delivery. For example, some residents voiced that they would like more options made available to them at mealtimes. Management and staff took this on board and the inspector saw that an individualised and varied menu was made available to residents on their terms.

Feedback from residents also informed the inspector that residents made choices for themselves regarding daily activities and what to participate in.

Residents and their representatives were also supported and encouraged to be involved and participate in all aspects of their healthcare support plans. From a sample of plans viewed, the inspector saw that family members attended meetings with residents on a regular basis.

Access to advocacy services and information about resident rights formed 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 and that advocacy services could be made available if and where requested. An independent advocate had visited the centre to speak with residents and the advocates identity and contact details were in each residents care plans and also on public display in the centre.

Arrangements were in place to promote and respect resident's privacy and dignity and the inspector observed staff members treat residents with warmth, dignity and respect at all times over the course of the inspection process. Of a 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.

Staff were also able to verbalise to the inspector how best to support each resident in an individual, dignified and respectful manner.

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 listen to any complaints or comments from any person about any aspect of the service, care or treatment provided. A dedicated complaints log was kept in the centre and the inspector observed that complaints were being logged and managed accordingly.

For example, some residents had recently complained that the gardens needed attention and grass needed cutting. Shortly after the complaint was made the grass had been cut and gardens were tidied.

A family member had also complained about an issue regarding the sign in book. The inspector saw that the person in charge had responded to this complaint and to the satisfaction of the family member.

The complaints procedures were also publically displayed in the lobby of the house and an easy to read version was also available for residents where required.

A policy was also in place to protect each residents' personal possessions, property and finances and each resident had an inventory of their personal items on their file. The inspector saw that personal finances were managed in conjunction with the resident and robust systems were in place to ensure that all individual 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):

This was the centre's first inspection by the Authority.

Findings:

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

A policy on communicating with residents was developed in 2013 and available in the centre. The aim of the policy was to ensure effective communication with residents at all times. It was also to facilitate a house that supports residents with their communication and to communicate in a way that respects their individual preferences and views so as they could participate in any decision that concerns them. The policy applied to all staff working in the centre.

Residents' communication needs were identified in their communication assessments and each resident had a communication passport in their care plans.

The passports were called 'all about me' and the inspector found that they were effective and very informative on how best to communicate with each resident. It was also observed over the two days of inspection that staff members routinely put into practice the communication policy and passports.

For example, one resident used basic signs to communicate. Their passport clearly indicated that it was best to talk in a soft tone to this resident and use simple straight forward language. The inspector observed all staff adhering to these guidelines over the course of the inspection.

The inspector also found that residents could access the telephone, radio, television and newspapers at any time. They were also supported to use the internet if and when required.

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):

This was the centre's first inspection by the Authority.

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.

The centre had a visitor's policy which was reviewed in 2014. The aim of the policy was to develop and maintain personal relationships in accordance with residents' wishes and that family members and friends were welcomed by staff.

The inspector observed that the person in charge and staff team had systems in place to ensure that regular contact with family members was maintained. Feedback from family members also informed the inspector that they could drop into the centre at any time to see the residents and they were always kept informed about their general health and wellbeing.

From a sample of residents files viewed, the inspector observed that family members were in regular contact with residents. Family members were also invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the residents.

The centre was close to a large rural town and the inspector observed that adequate transport was provided to ensure residents could access and frequent local amenities such as shops, cinema, barbers, beautician, pubs, restaurants, shopping centres and churches.

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):

This was the centre's first inspection by the Authority.

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 process.

There was a policy on admissions, transfer and discharge available in the centre which had been agreed and signed off in 2016. The policy set out to ensure that the service was committed to the highest standards for the admission, transfer and discharge being applied across the service.

Written agreements were also in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged. The inspector read the document which detailed charges to be applied for services provided.

It was also noted that each resident had an agreed contract for services provided which they had signed for themselves with a representative where required. The contracts were kept in the residents personal files.

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):

This was the centre's first inspection by the Authority.

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.

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 going to the see the grounds of their favourite football team, Liverpool.

The inspector observed that the resident was supported to achieve this goal with the assistance of the staff team and input from family members and allied health care professionals. It was also observed that the resident was involved in every stage of the planning process to achieve this goal. They were supported to get a passport, book flights, book a hotel and buy sterling for the trip.

Other residents as part of their PCP's were supported to go to pop concerts, to visit their local radio station, go to the theatre and go on holidays of their choosing.

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 such as physical exercise, life skills training, cooking, outings, bowling and cinema.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

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 large single story house just outside the busy town of Navan in County Meath. Adequate transport was provided so as residents could access local shops, restaurants, pubs, barbers, hairdressers, churches and cafes if and when requested.

All residents had their own individual bedrooms which were decorated to their individual likes and preferences. Residents also had their own personal items such as photographs and ornaments on display in their rooms. All bedrooms had an ensuite facility.

There was a spacious porch on entering the centre and communal facilities included two open plan sitting areas, a well equipped kitchen with a spacious dining area, a large separate sitting room, a large utility room, an office and two communal bathrooms/shower rooms.

Residents appeared very proud of their home and spoke very positively of it stating they loved living there. The inspector 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, bright, warm and spacious. It was very well maintained and clean throughout. There was also ample storage room available in the centre.

There were very well 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was actively promoted in the centre.

There was a 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 which was reviewed in 2015. 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 risk assessments where and when appropriate.

The inspector observed that a comprehensive suite of both environmental and individual risks assessments had 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, for residents with epilepsy, a high/low bed had been purchased for them. A crash mat was also used to reduce the risk of an injury in case of a fall. One to one assistance was also provided as and when required to ensure the residents safety.

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, there was no clutter in

any of the corridors, furnishings were possible had soft edgings and a hoist was available if and when required. It was also observed that all staff had training in manual handling.

The person in charge also informed the inspector that all learning from any adverse incidents occurring in the centre was discussed at regular team meetings with his staff team. For example, one resident recently had a minor fall and on investigating the issue it was discovered that the type of shoe they were wearing was not appropriate for them.

This incident was recorded and reported to the person in charge and a new type of footwear was sourced for the resident (with input from an allied health care professional). The issue was also discussed at the next staff meeting where the person in charge had the opportunity to inform all staff of what type of shoe the resident should use and the importance of same.

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 and fire extinguishers had also been checked in 2016. The fire doors were also checked in July 2016.

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, fire doors and electrical items.

Fire drills were carried out quarterly and from viewing the relevant documentation the inspector observed that some minor issues were identified with the last drill carried out in the centre. For example, one resident went to the wrong fire door during a fire drill. While each resident had an individual personal emergency evacuation plan in place some were not updated to reflect the issue identified in previous drills.

However, by day two of this inspection the person in charge had remedied this situation and all personal emergency evacuations plans had been updated accordingly. It was also observed that all staff had up to date training in fire safety.

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 overall aim of the policies was 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 very 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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector found that there were adequate systems in place to protect residents from all forms of abuse in the centre.

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 four 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 policy and procedures in place in the centre. From a sample of files viewed, all staff had up-to-date training in the 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 personal and intimate care plans were in place for each resident and provided comprehensive 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, one resident required a lap strap when travelling in the bus as they would otherwise not stay seated when the bus was in motion.

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 lap strap and found that all the dates and times of its 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 it was rare they were required 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) and/or psychiatrist every three months.

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 how to put the positive behavioural supports 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. 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 at this stage.

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):

This was the centre's first inspection by the Authority.

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 his knowledge of his 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that opportunities for new experiences and social participation for residents 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.

During the course of this inspection it was found that residents were supported to engage in a range of both leaning and social activities of their choosing.

For example, some residents attended day activation centres where they could chose from a range of activities such as life learning skills, cooking, circle time (time to chat with staff and peers) and exercise programmes. Other residents like to engage in sensory stimulating therapies and programmes.

A staff member recently deployed to the centre was involved in exploring opportunities for residents to engage in meaningful activities in their local community. To date this staff member has supported one resident (who chose not to attend a day service) to attend a local active ageing club. The resident in question informed the inspector that they loved going to the club each week. A sample of activities available to the resident were exercise programmes, dance, bingo and socialising.

This staff member has also secured a programme of learning for any resident wishing to avail of it commencing in September 2016. The programme involved supporting residents to access a nearby school where they would get to meet transition year students. The students had agreed to work with the residents in a shared learning environment where the students would support the residents to read bridged books (easy to read) of their choosing.

Through the PCP process residents also got to go on holidays, go to concerts and the theatre and frequent all the local facilities and amenities available to them such as restaurants, pubs and shops.

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):

This was the centre's first inspection by the Authority.

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.

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 observed that the residents living in the centre presented with a wide and complex range of medical issues.

However, they had the support of a dedicated staff nurse who took responsibility in ensuring all medical appointments were arranged, facilitated and followed up on.

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. Annual vaccinations and hospital appointments were also facilitated where and when required.

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

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 monthly 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. Staff also had their meals with the residents and they sat and chatted with residents during this time.

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):

This was the centre's first inspection by the Authority.

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 an error had occurred in April 2016. This was recorded and reported to the person in charge accordingly. To support learning from this error the person in charge discussed it with the staff member in question and later at a staff team meeting.

He reminded staff to adhere to all policies and procedures when administering medicines. The inspector saw the documentation supporting this discussion and learning.

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 nursing staff were permitted to administer the everyday medicines and p.r.n. medicines in the centre. Some healthcare assistants could administer rescue medication for residents with epilepsy however, they were appropriately trained to do so.

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):

This was the centre's first inspection by the Authority.

Findings:

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.

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):

This was the centre's first inspection by the Authority.

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.

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 he had an in-depth knowledge of the individual needs and support requirements of each resident.

He was supported in his 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 residents living in the centre.

The person in charge was aware of his statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to his 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. Two qualified full time nurses were always on duty in the centre and one of them 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 to staff supervision and the residents guide. Both these areas had been adequately addressed 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 that some risk assessments required updating and the centre needed to have guidelines in place for the prevention of falls. These were actioned and both areas had been addressed satisfactorily by the time of this inspection

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

He was committed to his own professional development and engaged in all required staff training in the centre. He was a registered nurse with a specialist qualification in the management of challenging behaviour. He has also undertaken a course based on the duties and responsibilities of the role of person in charge.

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 him.

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):

This was the centre's first inspection by the Authority.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector observed that at certain times of the day there were insufficient resources available to meet some of residents' assessed needs.

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, a number of residents required a one to one support in the evening time in the centre. It was observed that these supports were always made available to residents.

However, feedback from family members, staff members and the annual review of the safety and quality of care informed the inspector some minor issues could occur when these one to ones were being facilitated.

For example, there was little room for a spontaneous social outing in the evening time as staff were providing one to one support to a number of residents. This meant that at times some of the residents who didn't require one to one support could not avail of an outing unless it had been requested some time back and planned for.

From discussing this with the person in charge it became clear that this issue was to do with the way in which staff were deployed in the centre and he informed the inspector that he would review this situation as a priority.

The person in charge confirmed that the centre had the resource of a vehicle on a full-time basis to support residents transportation needs/wishes. The inspector observed that all documentation regarding the vehicle, such as servicing road tax and NCT were up to date.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

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. An issue was identified with how staff resources were deployed in the centre but this was discussed under outcome 16: use of resources.

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 advocacy.

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.

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.

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):

This was the centre's first inspection by the Authority.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003694
Date of Inspection:	13 July 2016
Date of response:	11 August 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 16: Use of Resources

Theme: Use of Resources

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

The centre was not resourced effectively to ensure that flexibility could be built into arranging some social outings for residents in the evening times.

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

1. Action Required:

Under Regulation 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:

The H.S.E. accepts the findings of the inspector. The PIC has met with the Director of Nursing and Assistant Director of Nursing and discussed options to develop an action plan to address the resource issue identified. The Director of Nursing with the Provider Nominee and HSE employee relations division has engaged in a WRC process with joint staff groups to explore staff roster changes which may meet service needs more effectively in a defined and long-term methodology. This process will support the development of a revised afternoon/evening staff roster in the centre as and when it may be required to meet service user need.

Proposed Timescale: 31/03/2017