

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Del Val
Centre ID:	OSV-0005048
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 October 2016 09:00 To: 13 October 2016 18:25

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the fifth inspection of the designated centre and followed a receipt of an application by the provider to vary the conditions of registration. The centre consisted of two units. The application to vary the conditions of registration applied to one unit providing support to an adult, to increase the capacity of this unit from one adult to two adults thereby increasing the overall capacity of the centre to four. 10 Outcomes were inspected against during this inspection.

How the inspector gathered evidence.

The inspector spoke to the resident living in the centre at the beginning of the inspection and also observed staff providing assistance. The person participating in management facilitated the inspection and provided information to the inspector on the care and support needs of the resident and the services provided. The inspector also met with a person in charge from another designated centre, which was currently providing services to the resident intended to move to this centre, and a staff member working in this centre. A questionnaire from the resident's representative was also reviewed as well as documentation such as personal plans, audits, staff training records, complaints records, incident records and policies and

procedures.

Description of the service

The centre had produced a statement of purpose which outlined the aim of the service to provide a comfortable home in the community with the focus on socialisation skills, social programmes and accessing the community. The service also aimed to consider the residents needs, wishes and views in order to improve life standards and social inclusion. The inspector found the service provided was reflective of the aims as outlined in the statement of purpose and the resident received a high standard of care and support consistent with their needs. The service was resident led and based around the specific needs of the resident in line with their wishes and aspirations.

Overall judgement of findings

The centre was in compliance with the 10 Outcomes inspected against. Good practice was identified in social care needs, health care needs, medications management, communication with the resident's representatives and managing complaints. The health and safety of the resident, visitors and staff was promoted and the provision of therapeutic supports was applied in accordance with best practice. Suitable arrangements were in place for the management of the centre and for monitoring the services provided. There were sufficient staff to meet the needs of the resident and those of the resident proposed to move in to the centre. Appropriate staff training had been provided to meet the needs of the resident.

Suitable arrangements were in place to meet the needs of the resident proposed to move in to the centre including in appropriate accommodation, an increase in staffing levels and additional staff training.

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:

A concern in relation to the premises had been appropriately followed up on since the last inspection and all required works had been completed. The inspector reviewed a questionnaire received from the resident's representative which outlined they were satisfied with works carried out to improve the premises. The inspector also reviewed a record of complaints since the last inspection and all complaints had been responded to appropriately to the satisfaction of the complainant. One complaint was still in progress and was being dealt with as per the centre's procedure on complaints.

Personal information pertaining to the resident was now securely stored.

There was evidence of frequent consultation with the resident's representatives through family meetings, direct contact and phone calls. The residents' family had been kept up to date on the resident's wellbeing and on any proposed changes to their care and support.

Not all aspects of this outcome were inspected against.

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:

The inspector found the resident's wellbeing and welfare was maintained by a high standard of care and support and the resident had a range of supports in place to enable them to participate in activities they enjoyed and which were meaningful to them. The arrangements in place for a proposed admission to the centre could meet the needs of that resident in line with assessments and their personal plan.

The inspector reviewed two personal plans as part of this inspection, one for the resident currently residing in the centre and one for the resident proposed to move into the centre. Assessments of need were in place and were developed in conjunction with the resident. Relevant multidisciplinary team members had been part of the assessment of need process and there was ongoing review of the assessment of need. There were regular reviews with residents' representatives in relation to changing needs.

Personal plans were developed for the resident and were subject to regular review as needs changed. Plans incorporated areas such as social care, health, emotional, intimate care and participation in the community. The inspector found plans were fully implemented. Aspects of the personal plan had been developed into an accessible format to support the resident in understanding changes and implementing plans.

The inspector spoke to a person in charge, responsible for the centre the proposed resident currently resides in, in relation to support needs and plans and in the proposed transition plan. The inspector found the care and support proposed to be provided in the centre could meet the needs of this resident. The transition plan had been developed in consultation with the resident's representatives and the clinical team and was in line with the residents' needs. The resident had been consulted in relation to a change of accommodation, which was also in line with their wishes.

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):

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

Findings:

The inspector found the layout, design and location of the centre was appropriate to the needs of the residents.

Significant refurbishment had been completed since the last inspection and the centre was clean and well maintained throughout. There was suitable communal and private space for use by residents which were appropriately decorated. There was suitable heating and ventilation throughout the centre and there were no risks identified in relation to the premises on the day of inspection.

The private and living accommodation had been decorated and furnished to the resident's individual preferences. A plan was in place to support the resident proposed to move into the centre, to decorate their private space to their preference.

The kitchen was equipped with suitable equipment for food preparation and storage. There were sufficient bathroom facilities for each resident which were equipped according to their need and preference.

There were suitable laundry facilities for residents' use and the external area was maintained to a satisfactory standard.

Suitable arrangements were in place for the disposal of general and clinical waste.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found the health and safety of the resident, visitors and staff was promoted and protected.

There were policies and procedures relating to risk management and emergency planning. The risk management procedures included the identification of risks throughout the centre including individual risks and site specific risks. Control measures were developed for specified risks and these assessments were reviewed regularly, for example, as part of the follow up actions to incidents. The inspector reviewed records of incidents occurring in the centre and found appropriate immediate actions and been taken. Further follow up actions were implemented, for example, support plan reviews and risk management plans. There were systems in place for responding to emergencies such as flooding, loss of power and loss of water.

Reasonable measures were in place to prevent accidents, such as the use of wet floor signs. Staff had received training in manual handling.

The centre had policies and procedures in place in the event a resident went missing. There were policies and procedures relating to health and safety including an infection control policy, waste management policy and environmental hygiene. Food safety procedures were in place including checking the temperature of cooked food. A monthly health and safety was completed by the person participating in management and where issues had been identified corrective action had been taken. There was an up to date health and safety statement available in the centre.

Suitable arrangements were in place in relation to fire safety. Appropriate fire equipment was provided including emergency lighting, fire alarm, fire extinguishers and a fire blanket. There were fire doors fitted throughout the centre. The two exits which were unobstructed on the day of inspection. A fire evacuation plan was developed for the centre and was prominently displayed in the hallway. A personal emergency evacuation plan was developed outlining the support required to assist the resident in evacuating the centre. Regular fire drills had been completed at different times of the day and the drills were timely and effective. The inspector reviewed records of servicing of fire equipment, all of which had recently been serviced.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found measures were in place to safeguard the resident and appropriate action had been taken following a safeguarding concern. Appropriate support was in place for the residents' emotional and behavioural needs.

There was a policy in place on the prevention, detection and response to abuse. Staff had received training in safeguarding and there was planned refresher training within the coming week for those staff who required to be updated. Staff spoken to were knowledgeable on the types of abuse and the action to take in the event of an allegation, suspicion or disclosure of abuse. There were appropriate measures in place to safeguard the resident and corresponding support plans were reviewed by the inspector. The inspector reviewed a questionnaire received from the resident's representative, who outlined they felt the resident was safe in the centre. Appropriate actions had been taken following a safeguarding concern and the matter had been investigated in line with the centre policy.

There was a policy available on the provision of personal intimate care and the inspector found the arrangements in place to support the resident with personal care ensured their dignity was upheld. A detailed intimate care support plan was available to guide practice.

There was a policy in place on behavioural support and a policy in place on the use of the restrictive practices. Appropriate support and guidelines were in place for behavioural support. The implementation of a restrictive practice was in line with best practice and was regularly reviewed. A corresponding risk assessment had been developed for the use of this restrictive practice. The person participating in management outlined the plan to introduce a phased reduction of this practice. The resident was offered appropriate clinical support on an ongoing basis. Staff had up to date training in managing behaviours that challenge.

The inspector also reviewed support plans for a resident proposed to move into the centre and found the arrangements proposed could support the resident's emotional and behavioural needs. Ongoing clinical support would also continue as per the resident's needs.

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):
No actions were required from the previous inspection.

Findings:
The inspector found the resident's health care needs were met.

The inspector found appropriate support was provided to ensure the health care needs of the resident were met and access to the relevant healthcare professional was facilitated as required. Health care needs had been appropriately assessed and health care plans and records outlined the support provided to meet those needs. The resident attended a general practitioner of their choice in the community.

Support was offered to make healthy living choices through menu planning. The food offered was nutritious and available in sufficient quantities.

Suitable arrangements were in place to meet the healthcare needs of the resident proposed to move into the centre.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

Findings:

The inspector found residents were protected by medication management practices in the centre.

There was a policy in place on the ordering, prescribing, storing and administration of medication and a local policy on the disposal of medication. Medications were securely stored in the centre. Medications records confirmed medication had been administered as prescribed. Prescription records were complete and PRN (as required) medication had the maximum dosage in 24 hours documented. Staff had received training in the safe administration of medication.

Suitable arrangements were in place for the disposal of medication by an external disposal company and medications for disposal were stored separate from regular medications.

Weekly stock audits were completed on receipt of medication. A monthly medication management audit was also completed and included policies and procedures, administration of medication, prescriptions, medication errors and storage. Medication errors had been appropriately reported and recorded, and corrective action had been taken to reduce reoccurrence.

There were no controlled medications in use in the centre.

The centre availed of the services of a community pharmacy.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found a statement of purpose was in place which set out the services and facilities to be provided and the aims of the centre.

The statement of purpose had recently been reviewed and contained all of the information required as per Schedule 1 of the regulations. The inspector found the information in the statement of purpose was reflective of the services and facilities

provided. The statement of purpose was available in an accessible format for the resident's use.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

Findings:

The inspector found the management systems in place ensured the service provided was safe, consistent to meet the residents' needs and was regularly monitored.

There was defined management structure in the unit. The unit was managed on a day to day to basis by the person participating in management who was employed as a social care worker. The person participating in management was responsible for the planning and supervision of care and support, supervision of staff, arranging staff training and managing a defined budget. The person participating in management reported to the person in charge who in turn reported to a service manager (also a person participating in management). An additional person participating in management employed as a service manager had recently been appointed to the centre and provided support to the social care worker on the day to day management of the unit and on managing proposed admissions.

Throughout the inspection the person participating in management (social care worker) was found to be knowledgeable on the needs of the resident and the support in place to meet those needs. The person participating in management had been appointed to the unit since the last inspection in May 2016 and had put the required systems in place in order to comply with the Regulations. Staff spoken to stated they felt supported by the person participating in management and were clear on the reporting structure in the unit.

The person in charge had overall responsibility for the management of the designated centre comprising two units and attended this unit on a weekly basis. The person in charge provided support to the person participating in management and supervision

meetings were scheduled on a monthly basis. Day to day support was available from two service managers. An out-of-hours nurse management system was also available.

Staff meetings took place on a monthly basis facilitated by the person participating in management. Topics pertaining to the care and support of the resident were discussed as well as areas such as health and safety, maintenance and medications management.

An unannounced visit had been completed by the service manager in the preceding month on behalf of the provider nominee. The visit included auditing of areas such as nursing support, restrictive practice, safeguarding, complaints, health and safety and the care and support for the resident. Actions had been developed from the audit with a specified timeframe for completion of actions. There was evidence that some of these actions had been completed by the day of inspection.

The inspector found the provider had put appropriate arrangements in place to meet the needs of the residents proposed to be admitted to the centre, for example, an increase in staffing levels, transition plans in line with clinical recommendations, updated training for staff and environmental accommodations.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found there were sufficient staff with the appropriate skills and qualifications to meet the needs of the resident. Arrangements had been put in place to increase staffing in order to meet the assessed needs of the resident proposed to move into the centre.

The unit was staffed by a social care worker and care staff and additional staffing to meet the needs of the resident proposed to move into the centre had been approved. The inspector reviewed planned and actual roster and found the staffing levels were reflective of the statement of purpose and there were sufficient staffing to meet the needs of the residents.

The inspector observed staff providing support for a short interval in the morning and found assistance was provided in a respectful and kind manner.

The inspector reviewed records of staff training and found all mandatory training had been provided. Dates were confirmed for the coming weeks for those staff requiring refresher training. Additional training had also been provided for example, hand hygiene, risk assessment and the use of physical interventions. The inspector found the training provided was reflective of residents' needs enabling staff to deliver care and support in line with best practice.

Staff spoken to were aware of the policies and procedures relating to the safety of residents and the protection of residents.

There were no volunteers employed in the centre.

Supervision records and Schedule 2 records were not checked as part of this inspection.

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:

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