

**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-0005333
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Thelma O'Neill
Support inspector(s):	Florence Farrelly
Type of inspection	Announced
Number of residents on the date of inspection:	9
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:
15 February 2016 10:30	15 February 2016 19:00
16 February 2016 08:30	16 February 2016 14:30

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

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

Summary of findings from this inspection

This was the second inspection of this centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess compliance for registration with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

On this inspection, inspectors met with residents, staff members and the person in charge. Inspectors observed staff interacting with residents in a warm and friendly manner and found that residents had good active lives. Residents spoken to were

happy with the service provided and general feedback from four of the residents' family members was very positive.

Documentation such as residents' personal plans, medical records, policies and procedures, staff files and audits were reviewed as part of the inspection. There was evidence that residents' healthcare needs and individual and organizational risks were appropriately assessed and issues identified were followed up and reviewed.

There were two houses identified in this designated centre and the inspectors visited both houses during the inspection. Inspectors found that a lot of renovation works had been completed to address the actions from the last inspection. However, some renovation works remained outstanding and the provider had sought funding to address these issues with the funding provider.

The designated centre was managed by the Health Service Executive (HSE) Community Services, Sligo. The centre provides seven day residential accommodation for nine residents.

The first house was two storey with a large secure garden which accommodated four residents. The second premises was a bungalow also with a large garden, which accommodated five residents. All residents living in this centre were aged between 33 - 40 years of age and were diagnosed with a moderate/severe intellectual disability.

Both houses were nurse-led and were supported by a full team of multi-disciplinary members. There was adequate staff support for residents to achieve their daily activities. For example; one resident received support from two staff while out in the community.

All residents had their own bedrooms which provided them with privacy and dignity in their homes. Residents were provided with the opportunity to access the kitchen and with support to cook their meals. They were also assisted with their personal daily care needs as required. The houses had two sitting rooms each of which provided choice and the freedom for residents to meet visitors in private. Both houses had individual transport available to use as they needed.

There was evidence of good outcomes for residents; the inspectors found that the governance, operational management and administration of the centre had improved since the last inspection in September 2015. This was evidenced in relation to improvements in managing restrictive practices, premises issues, risk management, and staffing. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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):

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

Findings:

There were four actions issued following the last inspection. These related to the management of complaints, financial management, and restrictive practices. Two were fully complete and one action was partially complete. The outstanding issue related to the lack of residents having free access to their own money.

Inspectors reviewed the management of residents' money. There were some improvements in the management of resident's money since the last inspection. Guidelines on the care of residents' property and finances had improved. Records of the resident's financial transactions showed that the residents' finances were correctly maintained. In addition; residents' transactions were now regularly reviewed by the Person in Charge and a random sample of transactions was audited independently by the finance team. However, access to residents' money was still restricted to two days a week. The procedure in place was that the person in charge would withdraw the money requested by the resident/staff member from the residents' accounts. These accounts were held in the patient private property account office in the main campus building, a few miles away from the centre. This system denied residents free access to their personal money. The person in charge told inspectors that she had put forward a proposal that each resident would have access to their own accounts through a post office account or bank account held in the local community. This had not yet been sanctioned by senior management at the time of the inspection.

Inspectors found evidence that residents were consulted about choosing their daily activities in the centre. Inspectors viewed records of weekly residents meetings. For example, residents were asked (during the resident meeting dated 7 February 2016) what activities they wanted to do for the next week. Some residents suggested they would like to attend the cinema and there was evidence that residents had attended the cinema that week as requested. Records of resident's likes and dislikes recorded in their personal folders and a record had been maintained of residents' achieving their personal goals such as attending musicals and local football matches.

The management of complaints had improved from the date of the last inspection and the organisational policy and procedures were being implemented in each house in the event of a complaint being received. The centre promoted the Health Service Executive (HSE) National Complaints Policy "Yours Service Your Say" which was available in an easy ready pictorial system for residents and family to access. Residents also had access to an independent advocate.

There were a number of restrictive practices in place in this centre due to some residents displaying behaviours that challenge. All residents that had their rights restricted had behaviour management plans in place and reviewed since the last inspection. These restrictions were identified as being required for the safety of the residents' living in the centre and were regularly reviewed by the consultant psychologist and psychiatrist supporting the service. However, inspectors found that some restrictions were not identified in the restrictive practice register. For example; the door to the conservatory was locked when one resident and staff member was inside. While this practice excluded other residents from accessing the room, it had not been identified as a restrictive practice.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Effective communication systems were in place that ensured their individual needs were met.

The organisation had a communication policy. The policy set out to address the total communication needs of residents. For example; if residents required specific communication support, the policy advised what supports should be provided to the resident. Inspectors found this policy had been appropriately implemented in this centre.

All residents had an individualised communication profile in their personal plan. Some residents had communication assessments completed by the speech and language therapist. The therapist had identified tools to assist residents to communicate with staff and also advised staff on how to develop communication tools to improve communication between themselves and the residents. For example; pictures or objects of reference were used to support residents' to understand planned tasks or activities. These aids were used to assist residents to identify the structure to their day.

There was also a visual timetable schedule for residents'. This schedule displayed the social activities planned for the day, daily house chores that some residents like to participate in, and a picture rota of the staff on duty.

Residents had access to televisions and stereos in their bedrooms and also in communal areas.

Many of the residents the inspector met were capable of communicating verbally; however, some resident's speech was difficult to understand and staff members were very helpful in translating residents' comments for the inspector.

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:

There was evidence of positive relationships between the residents, their family members, friends and neighbours.

Residents in this centre had developed links with their local community. They shopped locally and interacted with other members of the community. There was also evidence to show the residents were supported with transport to visit family members at home.

There were two sitting rooms in both houses and these allowed residents to have some private space to meet friends and family members.

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):

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

Findings:

There were policies and procedures in place to guide the admissions/discharge process. The admissions process was appropriately managed and contracts of care were in place. There was good evidence of consultation with residents and their families and they were encouraged to visit the centre prior to admission and view the centre and discuss residents individualised needs.

At the last inspection, residents did not have contracts of care in place, this has since been addressed and each resident now had a contract of care in place outlining the services provided and the weekly costs of the services to the individual resident.

The contracts of care and the resident's guide (which detailed the services to be provided in the centre) were available in an easy to read format.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

On the last inspection, inspectors had found that there was poor documentary evidence of reviews or systems in place to assess the effectiveness of the residents' personal plans. In addition, the person responsible for achieving the outcomes was not identified in some instances. On this inspection these issues had been addressed.

All residents living in the centre had personal plans in place. These plans included information relating to residents' health care needs, communication needs and social goals. There was good evidence that the social goals set were achieved, however, there was no documentary evidence that the resident or their family members were involved in choosing the social goals. Therefore, it was difficult to identify if the goals set were residents' choices. In addition; it was unclear if the resident or their advocates were present at the personal planning meeting. This could impact on the residents' quality of life, as they may be participating in activities that they do not like or wish to participate in.

On the last inspection, inspectors had also found that there was little documentary evidence of meetings between the residential and day services staff to identify the individuals responsible for achieving social goals for the residents. This had been addressed and there was evidence that the staff in day and residential services had met regularly to discuss residents' needs. This ensured that all people involved in the resident's lives were kept up to-date on all of the person's health and social care activities.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

On the last inspection, there were eight issues identified that required improvement and these were all addressed or in the process of being addressed by the person in charge.

The two houses in this centre accommodated up to nine residents. Four residents were accommodated in a two storey house and five residents lived in a bungalow.

Each house had sufficient communal space and all residents had their own bedroom which ensured privacy and dignity. Most residents displayed their personal possessions such as pictures of family members, toiletries and ornaments, however, in one residents bedroom there was no pictures or personal possessions displayed; inspectors were told this was the residents personal choice.

One house was an older style bungalow that had a number of structural issues that still required action, since the last inspection. Such actions included updates to the physical environment to more appropriately meet the needs of residents with sensory impairment and to enable residents to more readily access and mobilise around the house.

Judgment:

Non Compliant - Moderate

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:

There were six actions following the last inspection. These related to inadequate risk management, inadequate infection control training, and fire safety risks. Three actions were complete and three were partially complete.

There was a risk management policy in place. On the last inspection, inspectors found that there were not adequate systems in place to manage residents' individual risks and adverse events that had occurred in the centre. These issues had been addressed since the last inspection. Systems were now in place to manage adverse events. Training had been provided on risk management and there was an ongoing training schedule in place. Residents' individual risk assessments were all found to be completed and appropriately risk rated.

A review of the accident/incidents in the centre had taken place and any trends occurring were identified by the nurses or the person in charge of the centre and action was taken to prevent similar incidents re-occurring.

Inspectors also found that clinical risks were identified for individual residents', such as the risks associated with epilepsy. Individual prescriptions and a protocol for the administration of emergency medication were now in place. This was important information to guide staff as to the correct dosage of medication to administer and what to do if a resident had an epileptic seizure, particularly if out in the community without other staff support. This was an action from the last inspection that was now adequately addressed.

Staff were trained in fire evacuation procedures, fire exits were observed to be unobstructed and there were records of day and night time checks of each fire exit. Fire drills had recently been conducted in both houses in this centre that showed residents were evacuated within two minutes of the fire alarm sounding. A revised document had also been implemented into both houses for staff to record all of the details required when completing a fire drill. This was an action from the last inspection that was now addressed.

All residents had a PEEP (personal emergency evacuation plan) and these had been reviewed in January 2016. This was an action from the last inspection that was now addressed.

A fire safety report commissioned by the provider and completed by an external fire consultant in January 2015 that identified areas of high and medium fire risks in the centre had not been fully addressed and remains outstanding.

A policy was available on the prevention and control of infection. On the last inspection inspectors had identified that staff had not completed infection control training; this had not still been addressed.

Each house had an individual risk register and there was one central register for the centre which identified the main risks. Data protection issues identified on the last inspection, in relation to staff using personal emails for work purposes had now been rectified.

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):

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

Findings:

The inspector found there were systems in place to protect residents from the risk of abuse. A 'Trust in Care' investigation recently concluded and the allegations were not upheld. Staff spoken to were knowledgeable with regard to what constituted abuse and stated they would report any suspicion or allegation of abuse immediately to their manager or senior person on call. Staff had received training in safeguarding vulnerable adults.

On the last inspection, inspectors had found that there were significant amounts of peer to peer aggression in the centre; particularly when residents were travelling on the bus together. As part of the action plan response following the last inspection, new protocols were introduced and incidents of peer on peer assault on the bus has reduced from ten incidents in November 2015 to two in December 2015. No incident had been recorded in January 2016.

Some residents living in this centre displayed behaviours that challenge. A consultant psychologist, psychiatrist and two behavioural support therapists supported residents that displayed these behaviours. Some residents' had behaviour support strategies in place, including the use of behaviour support plans. The plans identified the inappropriate behaviours that some residents displayed and provided proactive and reactive strategies that should be used to support the residents in preventing these undesirable behaviours. However, inspectors found that some of the behavioural support plans viewed, they did not identify preventative measures or the environmental restrictions in place to manage the individual residents' behaviour. This was impacting negatively on the staff members' ability to support residents' with behaviours that challenged, for example; unfamiliar staff were not made aware of the proactive measures in place to prevent one of resident from self injuring.

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):

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

Findings:

A record of all incidents occurring in the centre was maintained and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents documented in the centre and found that incidents requiring notification had been submitted to the Authority as per the regulations. The person in charge and person participating in management demonstrated knowledge of their regulatory responsibility in regard to notifiable events.

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):

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

Findings:

The statement of purpose stated that the focus of these houses was to promote community living. Each individual was encouraged to partake in the day to day running of the centre. This was facilitated for example, through menu planning, shopping, recycling activities and horticultural activities. Social activities include trips to town, cinema, visiting a dog shelter, meals out, walks, day trips etc. The inspectors found that individual residents' wishes were taken into consideration when planning same.

Many of the residents attended separate day services based on the campus for four to five days a week and one resident received a one-to-one service from their home.

An action from the last inspection found that while residents had transitioned to live in the community from the campus settings, some residents continued to receive their social activities programme from both the campus and the community. Transitional plans were not fully developed to integrate residents to participate in day activities in their local community. An action from the last inspection identified that this action would be complete by 31 March 2016. This was currently being actioned at the time of this inspection.

Judgment:
Substantially 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:

Residents were supported to access health care services relevant to their needs. Staff described a good working relationship with local General Practitioners and an out-of-hours service was also available. Residents had access to allied health professionals such as speech and language therapists, opticians, dentists, behaviour support specialists, psychologists and psychiatrists as needed.

Residents had up to date hospital passports in their personal files. These outlined specific details in relation to residents' health care needs and the supports they would require on an emergency or unplanned admission to hospital. Residents' weights were regularly recorded and reviewed monthly to ensure any significant weight loss or gain was noted. Those that needed support to lose weight were supported by staff to understand healthy and unhealthy food options and were encouraged and supported to make healthy choices.

Residents participated in choosing their evening mealtime menu options and had the opportunity to eat their meals in pleasant surroundings. The dining and kitchen facilities met the needs of residents. There was ample space to engage in the preparation of meals and snacks. There was a good supply of food in the centre. For example; fridges and presses had a good supply of frozen and fresh produce. There was a good choice of condiments for the preparation of fresh meals. Dining facilities were spacious and relaxing.

Residents' nutritional risks were assessed using a nutritional risk assessment tool. Staff members were aware of the appropriate foods to provide to residents, including their preferred foods. Inspectors observed residents enjoyed healthy freshly prepared meals in 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):

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

Findings:

There was one action from the last inspection. This related to a lack of protocols in place for the administration of emergency medication in the centre. This had now been completed.

Inspectors found adequate guidelines had been put in place for staff to follow for the administration of emergency medication for the treatment of epilepsy. These protocols were available to guide staff as to the correct dosage of medication to administer and what to do if a seizure occurred when out in the community.

Each resident's medication was supplied in a blister pack. These were stored in a locked medication cabinet. Inspectors reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice with a signature of the prescribing doctor for all medication administered and a date and signature for any medication discontinued.

On the last inspection, inspectors noted from the centre's policy, that only nursing staff could administer medication to residents; this was found to restrict residents' daily routines. This issue had now been resolved and care staff had been trained in the safe administration of medications.

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:

There was a written statement of purpose that described the service provided in the centre.

The services and facilities outlined in the Statement of Purpose, and the manner in which care was provided, reflected the diverse needs of residents using this service. However, inspectors noted that the name and address of the houses were not clearly detailed; also the room sizes or the plans of the houses were not included in the SOP.

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:

There were changes in the governance and management of the centre since the last inspection. The person in charge now reported directly to the Director of Services and this resulted in a more direct management reporting system.

The acting person in charge was in post while the full time post holder was on long term leave until June 2016. She was a suitably qualified person with relevant experience commensurate to her role. The person participating in management of the centre was equally a suitably qualified person with experience and knowledge commensurate to her role. However, they were on long term leave and the Director of services for the main campus was acting as a person participating in the management of the centre for four weeks in the interim.

The person in charge worked in a full-time post. This was divided between three designated centres.

Unannounced and announced visits from the provider and persons nominated by the provider had occurred in the centre with documented evidence of the outcomes of the visits and issues of compliance and non-compliance found and acted on if necessary.

There were regular staff meetings in this centre and all staff spoken to told the inspector they felt supported by the person in charge and enjoyed working in this centre

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):

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

Findings:

The person in charge was on long term leave and HIQA had been notified of the absence of the person in charge and the manager that was managing the centre in her absence.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

No actions were required from the previous inspection.

Findings:

There were adequate resources in place to ensure that the residents received an appropriate and consistent service on a day to day basis to meet their needs. However, the inspector was told by management that the actions relating to structural issues in the premises and fire management issues remained unresolved due to funding issues.

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:

There were four actions from the last inspection. These related to an inadequate consistency in staffing, staff roster not reflecting the staff on duty, lack of staff training, and inadequate supervision and support of staff working in the centre. Three of these actions were complete and the four action (staff training) was still outstanding.

At the last inspection, the inspectors found that staff did not have training in safe moving and handling, the management of behaviours that challenge, risk management or hand hygiene. This staff training had not yet been completed. For example; in one house only 33% of staff had safe moving and handling training and only 60% of staff had training in managing behaviours that challenge.

Inspectors reviewed the staffing levels allocated to meet the residents assessed needs, and found that there was adequate and consistent staffing in the centre. The staff rota reflected the actual staff on duty, during the day and at night.

There were regular staff meetings held with the person in charge and actions required were addressed.

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:

Written operational policies were in place to inform practice and on review the inspector found that all policies set out in Schedule 5 were in use.

The statement of purpose and resident's guide were available in the centre and the most recent inspection report was available to residents, their family and visitors. The centre was insured and this was up to date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable. A directory of residents was up to date and met the requirements of Schedule 3.

Overall the inspector found that records maintained in the centre met with full compliance with 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:

Thelma O'Neill
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-0005333
Date of Inspection:	15 February 2016
Date of response:	07 June 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Some residents' communal living space was restricted without proper documentation or discussion with other residents living in the house.

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

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The restrictive Practice Team over sees all referrals in relation to restrictions on residents in their homes to ensure that each residents privacy and dignity is respected in relation to his personal and living space, all opportunities to reduce restrictions are carried out, recorded and discussed quarterly with the Psychology team. All restrictions are reported quarterly to HIQA.

Proposed Timescale: 11/06/2016

Theme: Individualised Supports and Care

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

Access to residents' money was restricted Residents' personal money were held in the patient private property account office in the main campus building, a few miles away from the community houses. This system denied residents free access to their personal money.

2. Action Required:

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

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

Residents can now access their money five days a week in the service. This has improved availability of resident's access and gives them control of their personal property and possessions with support from staff.

Active investigations into residents accessing post office accounts in their own community and other financial buildings are ongoing.

Advocates/Parents have been involved in the discussion around access to accounts.

Proposed Timescale: 30/09/2016

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:

There was no documentary evidence that the resident or their family members were involved in identifying the social goals set.

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:

Documentary evidence is now available to ensure that personal plan reviews are carried out in accordance with the resident's wishes, age and disability, and conducted in a manner that ensures the maximum participation of each resident, family, day services Staff and CGH staff, in the identifying social goals.

Family members/Advocates sign the records at these meetings as evidence of their participation and attendance.

A questionnaire is sent to all families before reviews given them an opportunity to reflect on the service.

Proposed Timescale: 31/07/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One house had outstanding structural renovations work that was not completed.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Physical environment in the CGH have been updated, both internally and externally to meet the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Proposed Timescale: 04/08/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Staff had not completed infection control training. This was an action from the last inspection that had not been addressed. In addition; staff cooked meals for resident and they had not received any training in preparing or storing food safely in the centre.

5. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Staff have completed their hand hygiene course with other Hand hygiene courses available to staff, June 7th 2016, Training around preparing , cooking and serving of food is been arranged with a suitable trainer by the Organisation for all staff.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

A fire safety report commissioned by the provider and completed by an external fire consultant in January 2015 that identified areas of high and medium fire risks in the centre had still not been fully addressed and remains outstanding.

6. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A planned visit from an external consultant in relation to fire risks/Cert was carried out in March 2016, Please find enclosed latest fire safety report on the residence completed by FCC Fire Consultants. Risk items are categorised as B risk items (Medium Risk) for completion within 12 months. This residence is currently included in a tender for the fire upgrade works the nature of same is as stipulated in the attached document. Currently this property will be included in a tender which should be going out to tender in approximately 2-3 weeks.

Estates Department have also carried out another assessment of this CGH in relation to fire May 27th 2016. A new fire cert has been requested following the restructuring of the rooms as agreed with the Provider and HIQA in relation to fire safety and registration. Please note that this building was subject to a Fire Safety Certificate to the Local Fire Authority. During the processing of the application the Fire Authority sought clarification that no resident was being accommodated upstairs in the premises via a sleeping accommodation. This was further confirmed by correspondence from the Fire authority in relation to the residence as it is constructed in late March 16.

Proposed Timescale: 10/08/2016

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:

Behavioural support plans did not include the recommended preventative measures or restrictions in place to manage some residents' behaviour.

7. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The behavioural support plans have been reviewed with the Clinical Psychologist attached to this CGH and behavioural therapists, this involved reviewing and supporting each resident with strategies that are proactive. The plan also identifies restrictions in place to manage behaviour with the guidance of the restrictive practice committee.

These are Reviewed monthly and discussed at Team meetings, ensuring all staff are made aware of proactive measures in place.

The Behavioural Therapist attends meetings when required to ensure staff have an opportunity to discuss plans and answer queries they have, both behavioural therapist are accessible to the Team when needed.

The Clinical Psychologist for one Resident corresponds with the team leader and behavioural therapist and family in relation to Residents management Plan and update on behaviours that Challenge are discussed. This psychologist is planning a visit for August 2016.

Proposed Timescale: 16/08/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents' transitional plans were not fully developed to integrate residents to participate in day activities in their local community.

8. Action Required:

Under Regulation 13 (4) (b) you are required to: Ensure that where residents are in transition between services, continuity of education, training and employment is maintained.

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

Active engagement with estates is taking place to ensure that A Day services premises will be identified, and that where residents are in transition between services, continuity of education, training and employment is maintained. Transitional Officers will support

the centre, residents and staff around Social Role Valorisation and resident's participation in their communities.

Proposed Timescale: 31/12/2016

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:

The name and address of the houses were not clearly detailed; also the room sizes or the plans of the houses were not included in the SOP.

9. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

Statement of purpose has been updated and amended in relation to room sizes and addresses.

Proposed Timescale: 16/08/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The designated centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

10. 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 current roster and staffing reflects the support needs of each resident ensuring the safe delivery care.

Structural changes required to meet safe and suitable premises continue to take place to ensure the designated centre is resourced to ensure the effective delivery of care in accordance with the statement of purpose. Plan in place for the remainder of changes to be completed April 30th 2017.

Proposed Timescale: 30/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff had not completed all of the mandatory staff training as required by the regulations.

11. 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:

All of the mandatory staff training that is required by the staff has been completed in this designated centre. Scheduled of all Mandatory training is given, discussed and facilitated by the organisation for all staff to attend. Training continues within the centre.

Proposed Timescale: 31/08/2016