

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ocean Wave Services
Centre ID:	OSV-0001495
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 April 2017 08:30 To: 20 April 2017 16:30

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

Outcome 02: Communication
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 inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 26 and 27 August 2015. As part of this inspection, the inspector reviewed the five actions the provider had undertaken since the previous inspection. The inspector found that these actions been addressed in line with the provider's response.

How we gathered our evidence:

As part of the inspection, the inspector met with briefly with one resident. The inspector sat and had tea with four other residents. During this time residents explained how their independence was promoted in the centre. Some residents also stated that they were saving on a weekly basis in a nearby financial institution to go on a cruise. Residents stated that they were really looking forward to this holiday, but as of yet, they had not agreed on a destination. During this period residents were observed joking and interacting with staff in a warm and caring manner. Residents also appeared relaxed in the presence of staff and each other. Four

residents showed their bedrooms to the inspector and one resident gave a tour of the house. Bedrooms were individually decorated with items of personal interest and photographs of family and friends. The inspector also spoke with four staff members, including the person in charge and an area manager. The inspector also observed work practices and reviewed documentation such as personal plans, risk assessments, fire precautions, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a large two story house that accommodated up to five residents who have intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests. The centre offered a respite service to six individuals who availed of the service on a shared basis. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located within a suburban neighbourhood of a city and walking distance of some public transport links.

Overall judgement of our findings:

This inspection found compliance with the regulations under three outcomes, communication, statement of purpose and workforce. The inspector found that improvements were required in relation to outcomes including social care needs, premises, healthcare, medications, and governance and management. The inspector also found that significant improvements were required in relation to outcomes including health and safety and safeguarding.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 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:

On the day of inspection, the inspector found that the communication needs of residents were being met. The centre also had a policy on supporting residents to communicate.

Residents in the centre were supported to communicate. Staff in the centre had received training in a manual sign system and information promoting this type of communication was on display within the centre. Residents who required support had been reviewed by speech and language therapists and recommendations from these reviews such as training and communication books using pictures had been implemented by staff.

Two staff members had been trained as communication champions and actively promoted communication techniques with other staff in the centre. Information was readily available in an accessible format for residents such as the complaints and emergency procedures. Information such as staff on duty and the contents of kitchen cupboards was also in picture format.

Residents had access to television, newspapers and the internet was also available.

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:

On the day of inspection, the inspector found that the social care needs of residents was being maintained to a good standard. Improvements were required in relation to action plans generated to support residents to achieve their chosen goals.

All residents in the designated centre had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans and found that they reflected the assessed needs of the residents and had been reviewed on a regular basis. Each plan contained details of family and friends, social interests, communication needs, intimate care needs, healthcare needs and risk assessments plans. Residents' also held a copy of their personal plan in their individual bedrooms. These plans had been formulated in an accessible format for each resident.

The inspector reviewed a sample of the documented personal goals for residents. These goals had been formulated through circle of support meetings which involved the resident, their family members, key workers, staff from the designated centre. The inspector found that some of the actions plans used to achieve residents' goals lacked clear timelines for the residents to achieve their goal. The inspector also found that an identified staff member to support a resident to achieve their goal no longer worked in the service.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the premises met the assessed needs of residents. However, improvements were required in regards to decoration and maintenance of the building.

The centre was warm and clean on the day of inspection. Each resident had their own bedroom which was decorated to reflect their personal interests. Residents had suitable storage for their personal belongings and there was an adequate number of reception rooms which were comfortably furnished for residents to have visitors. The centre also had an open plan kitchen and dining room which was appropriately equipped.

The centre required improvements in regards to decoration and maintenance. Water damage was visible in both the kitchen and reception room. Some aspects of paintwork also required attention following the removal of overhead signage. Water seals around some sinks were also in a state of disrepair.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. However, improvements were required in relation to fire precautions.

Staff in the centre were conducting regular checks of fire equipment such as emergency lighting and exits, fire extinguishers and smoke detection devices. The fire alarm was serviced on a regular basis and fire doors were in place throughout the building. Some of these fire doors were held open by latches to assist a resident in accessing all areas of the house. The person in charge had a risk management plan in place to address the risk of fire spreading in the centre, which involved staff members ensuring that fire doors are closed at night time. The person in charge also reflected this risk in evacuation plans which required staff to close doors upon exiting the building. The person in charge had requested that the provider install automated doors closers which would promote accessibility within the centre and reduce the risk of fire spreading should one occur. However, the provider had not resolved this issue on the day of inspection.

Each resident had a personal emergency egress plan (PEEP) in place which was

regularly reviewed and detailed the assistance, if any, that a resident may require to exit the building in the event of an emergency. The centre also maintained a centre emergency evacuation plan (CEEP) which highlighted both the day and night time requirements of evacuating the building. Staff were conducting regular fire drills and a record of participants was maintained. All residents including respite users had taken part in a planned fire drill.

The centre maintained a risk register which stated all identified risks in the centre such as fire, security and infection control. Each identified risk had a management plan in place which was risk rated and highlighted controls which were in place to address the named risk. Each resident also had a risk management plan in place for identified risks such as falls and choking.

The centre maintained a log of adverse events including medication errors. The inspector reviewed a sample of these events, all of which were responded to in a prompt manner by the person in charge.

Infection control was promoted in the designated centre. Hand washing was actively promoted and colour coded mops and clothes were available.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents were safeguarded against potential abuse. The centre also had policies and procedures in place to safeguard residents. However, improvements were required in relation to staff training.

Residents in the centre stated that they felt safe and that staff treated them with respect. The centre had no restrictive practices in place and residents did not require the assistance of behavioural support.

One staff member had not received training in the safeguarding of residents. The inspector spoke with this staff member who had a clear understanding of identifying, responding and reporting of abuse. The staff member could also identify the designated person to manage allegations of abuse. The person in charge stated that the staff member was due to undergo this training in the coming month. The person in charge also stated that the staff member would be working under supervision until they had completed the required training.

Judgment:

Non Compliant - Moderate

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:

On the day of inspection, the inspector found that the best possible health of residents was promoted within the designated centre. However, some improvements were required in relation to documentation to support identified medical conditions.

Residents were regularly reviewed by their general practitioner (GP) and specialists such as endocrinologists and psychiatry. Residents were also regularly reviewed by allied health professions such as physiotherapy, occupational therapy and dieticians. All recommendations from health professionals had been implemented by the staff team and detailed information in relation to residents' healthcare appointments was maintained.

Personal plans contained hospital passports to aid the admission of residents who may require acute care. Personal plans also contained detailed medical histories including current medical conditions. However, the inspector found that personal plans did not contain a support plan to assist the delivery of care for identified medical conditions.

Residents had access to regular snacks and drinks and a home cooked meal was prepared on the day of inspection. Residents who required modified diets had been assessed by the speech and language therapist and information was available for staff in regards to recommended interventions.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

On the day of inspection, the centre had policies and procedures in place for the safe administration of medications. The actions from the previous inspection had been addressed with the maximum dosage of as required medications now available on prescription sheets. The provider had also assessed residents to self medicate. However, improvements were required in relation to prescription sheets and management plans which were in place to support residents to self medicate.

Staff had been trained to administer medications and had good knowledge in regards to the safe administration of medications including the actions to be taken following a medication error. Medications were stored in an appropriate locked cupboard and staff were maintaining a record of all received and returned medications. The person in charge was conducting regular medication audits and a monthly stock check was being carried out.

Prescription sheets identified the required medication, dosage, route, time and frequency of administration. Prescription sheets also contained photographic identification for each resident. However, one medication had not been discontinued from a prescription sheet, as stated, following a review by the general practitioner (GP). The inspector noted that staff had not administered this medication following the review by the GP.

Residents had been assessed to self medicate. Two residents were supported to manage their medications on the day of inspection; however, management plans which supported residents to manage their own medications failed to highlight the supervision arrangements which were currently in place.

Judgment:

Substantially 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:

On the day of inspection the designated centre had a statement of purpose in place which contained all the requirements of the regulations. The actions from the previous inspection had been addressed with an accurate whole time equivalent for staffing ratios now in place.

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:

On the day of inspection, the inspector found that the designated centre had suitable governance and management arrangements in place. The person in charge also had protected time to carry out their role. However, improvements were required in relation to the annual review.

The provider had carried out six monthly audits of the quality and care provided in the centre as required by the regulations. Each audit reviewed several outcomes and an action plan was implemented by the person in charge to address any highlighted areas of concern. The provider had also conducted an annual review of the quality and safety of care and support in the designated centre. A quality improvement plan had been generated following this review; however, the provider did not implement an effective action plan to address any deficits which were identified in this review.

The person in charge was conducting regular audits of health and safety, medications

and residents' finances. Staff who were spoken with said that they felt supported by the person in charge and attended regular team meetings for which minutes were available.

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):

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

Findings:

On the day of inspection there was adequate staff numbers to meet the assessed needs of residents. The actions from the previous inspection had been addressed with staff now up-to-date with training needs.

The centre maintained a planned and actual staff rota which was found to be accurate and the day of inspection. Staff members attended regular support and supervision for which records were maintained.

Each full-time resident in the centre had a volunteer in place. Each volunteer had their respective roles and responsibilities set out in writing and attended a schedule of support and supervision which was facilitated by the person in charge.

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:

Ivan Cormican
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 Ability West
Centre ID:	OSV-0001495
Date of Inspection:	20 April 2017
Date of response:	23 May 2017

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 05: Social Care Needs

Theme: Effective Services

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

The provider failed to ensure that action plans generated to support residents to achieve their chosen goals contained clear timelines for completion.
The provider also failed to ensure that action plans had been updated to reflect changes in staffing arrangements.

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 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Action plans are being amended to accurately reflect the changes in circumstances and new developments for each service users chosen goals using the SMART technique.

Proposed Timescale: 30/06/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to ensure that the centre was suitably decorated.

2. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The service users are currently choosing colours which will be forwarded as agreed to the facilities manager. Redecoration will then commence in the coming weeks.

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

The provider failed to ensure that water seals around sinks were kept in a good state of repair.

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The maintenance department are addressing the issues concerning water seals and redecoration of affected areas as highlighted on the day of inspection.

Proposed Timescale: 30/07/2017

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:

The provider failed to ensure that latches for fire doors were not used in the designated centre.

4. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The facilities manager is arranging for the doors that are latched to be changed to a door holding system where the doors close once the fire alarm is activated.

Proposed Timescale: 16/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that all staff had received training in the safeguarding of residents.

5. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The staff member in question has attended safeguarding training on the 16/5/2017

Proposed Timescale: 16/05/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure that support plans were present to assist the delivery of

care for identified medical conditions.

6. Action Required:

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

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

Support plans are being devised by the staff team to assist in the delivery of care for identified medical conditions.

Proposed Timescale: 30/06/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure that management plans which supported residents to self medicate reflected practice in the centre.

7. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

The PIC is reviewing the current self-medication assessments and will make them more comprehensive to reflect service users and staff responsibility.

Proposed Timescale: 30/06/2017

Theme: Health and Development

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

The provider failed to ensure that prescription sheets stated which medicine was discontinued.

8. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The medication that had been discontinued has now been cancelled and signed off on the Kardex by the GP.

Proposed Timescale: 08/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider failed to implement an effective action plan to address deficits which were identified in carrying out the annual review.

9. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The annual review will be updated by the PIC and will include an effective action plan which will address identified deficits.

Proposed Timescale: 30/07/2017