

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tús Nua Respite Services
<b>Centre ID:</b>	OSV-0001753
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Western Care Association
<b>Provider Nominee:</b>	Bernard O'Regan
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	1
<b>Number of vacancies on the date of inspection:</b>	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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
13 June 2017 12:00	13 June 2017 17:00
14 June 2017 09:00	14 June 2017 14:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was a seven outcome inspection carried out to monitor compliance with the regulations and standards. The previous 18 outcome inspection, undertaken on the 07 and 08 of July 2015. The centre was granted its registration in November 2015.

As part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with one of the service users availing of the service,. Although this service user was unable to tell the inspector about their views of the service, the inspector observed warm interactions between the service user and staff caring for them and that they were in good spirits.

The inspector interviewed the regional service manager, person in charge, social care worker and a care assistant. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

#### Description of the service:

The service provided was described in the providers statement of purpose, dated September 2016. The centre provided residential and day respite care for a total of eight service users with a diagnosis of intellectual disability and or autism with moderate to intensive support needs.

The centre was registered to accommodate up to three service users at any one time. The centre was located in a two storey house on the outskirts of a town in county Mayo.

#### Overall Judgement of our findings:

The inspector found that service users availing of the service were well cared for and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure a quality and safe service. The person in charge had been working in the centre as a manager for more than 18years and demonstrated good knowledge and competence during the inspection. The inspector was satisfied that she remained a fit person to participate in the management of the centre. All seven outcomes inspected on this inspection were found to be compliant.

**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 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):**

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

**Findings:**

Each service user's well being and welfare was maintained by a high standard of evidence-based care and support. The arrangements to meet each service user's assessed needs were set out in a personal plan that reflected his or her needs, interests and capacities.

At the time of the last inspection, inspectors found that service user's needs were not appropriately assessed. On this inspection, there was evidence that service user's health, personal and social care needs had been fully assessed. Service user's parents or representatives were involved in assessments to identify their children's individual needs and choices. In addition, there was a multidisciplinary input into assessments.

Each service user had a personal plan in place which detailed their assessed needs and choices. An individual planning policy and procedure, dated October 2015 was in place provided guidance for staff regarding establishing individual goals for service users. Since the last inspection a new individual planning booklet had been put in place, which was in a user friendly format. Recommendations from members of the multidisciplinary team were reflected in the personal plans.

All plans were reviewed on at least an annual basis with input from the service user's families and multidisciplinary team. There was evidence that progress against personal goals was monitored on each admission and recorded in daily logs. Four monthly progress updates were recorded on a four monthly basis by the service users assigned key worker/ link named staff. These were found to consider the effectiveness of the plan in place.

Service users and their families were supported and consulted with, when moving within the service or to a new service. There was a school leavers procedure, dated January 2017 which provided guidance for staff in providing support for a service user in transition. Detailed transition plans were in place for one service user who it was proposed would transition to a new service. There was evidence that the service user and their family had been consulted with regarding the planned move.

**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):**

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

**Findings:**

The health and safety of service users, visitors and staff were promoted and protected.

There was a risk management policy and procedure, dated January 2017. The inspector reviewed a sample of individual risk assessments for service users which contained a good level of detail and were specific to the service user. These informed personal risk management plans on file. There were appropriate measures in place to control and manage the risks identified. There was a formal risk escalation pathway in place. The centre had a risk register in place. There was a safety statement, dated January 2017. Written risk assessments pertaining to the environment and work practices had been undertaken with appropriate controls identified. Hazards and repairs were reported and records showed that requests were attended to promptly. There was evidence that a number of health and safety checks were completed on a weekly basis and the person in charge completed a monthly health and safety audit.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This promoted opportunities for learning to improve services and prevent incidences. There was an incident reporting procedure, dated January 2017. An incident management system was used to report all incidents which also recorded actions taken. There was a defined escalation pathway for the management of incidents based on the risk rating applied. Overall, there were a low number of incidents reported in the preceding three month period. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were satisfactory procedures in place for the prevention and control of infection.

Infection control guidelines, dated January 2017 were in place. The inspector observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use. Posters were appropriately displayed. Training records showed that staff had attended infection control and hand hygiene training. There were adequate arrangements in place for the disposal of all waste. The inspector observed that a first aid kit was available in the staff office and in the centres transport vehicle.

Adequate precautions were in place against the risk of fire. There was fire safety guidelines, dated January 2017. Adequate means of escape were observed and all fire exits were unobstructed. A procedure for the safe evacuation of service users in the event of fire was prominently displayed. Each service user had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the service user. Fire drills were undertaken at regular intervals with appropriate records maintained. A fire risk assessment had been completed. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire fighting equipment and fire alarms were serviced by an external company and checked regularly as part of internal checks in the centre.

Staff spoken with were knowledgeable about manual handling requirements. A ceiling tracked hoist system was available in one of the service users bedrooms but was not being used for any of the service users at the time of inspection. Records showed that it had been appropriately serviced. All staff had attended manual handling training.

There was a site specific emergency plan in place, dated January 2017, to guide staff in the event of such emergencies as power outages or flooding.

**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:**

There were appropriate measures in place to keep service users safe and to protect them from abuse.

The centre had a protection policy and procedure, dated July 2016, which was in line with Children First, National Guidance for the protection and welfare of Children, 2011. The contact details for the designated liaison person (as per Children First, 2011) and deputy responsible for care and protection were detailed in the policy and on display in the centre. The inspectors observed staff interacting with a service user in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and the national guidance. There had been no incidents, allegations or suspicions of abuse. There was a protected disclosure policy in place, to promote there being no barriers for staff or families disclosing abuse. A policy for care of service users monies, dated January 2017 was in place.

The centre had an intimate care policy in place, dated January 2017, which had been revised since the last inspection to provide better guidance. The inspector reviewed intimate care plans on service user's files. These plans were found to provide a good level of detail to guide staff in meeting the intimate care needs of service users. Body charts were observed to be used to record and monitor any observed markings on service users bodies including possible cause.

Service users were provided with emotional and behavioural support. There was a policy on 'listening and responding to people policy and procedure, dated January 2017 which provided guidance for staff on responding to behaviours of concern and practices regarding the use of restraint. Only a small number of service users presented with behaviour that challenged. Records showed that staff had attended training on positive behaviour management support. There were a number of physical restraints being used in the centre which had been prescribed by individual service user's multidisciplinary teams to meet their support needs. All usage was monitored by the multidisciplinary team and rights review committee. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

**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:**

Service user's healthcare needs were met in line with their personal plans and assessments.

There was a policy and procedure for 'enabling people to enjoy the best possible health', dated January 2017. Overall, service users had low medical needs and support requirements. All recommended treatments were facilitated. Each service user's health needs were appropriately assessed on admission and met by the care provided in the centre. Each of the service users had their own general practitioner and access to allied health care services which reflected their care needs.

Up-to-date hospital passports were on file for each of the service users. A health action plan was maintained which detailed specific needs and support requirements. A medical appointment action plan was also maintained which detailed all appointments and outcomes. Multidisciplinary team involvement and reports on file included, occupational therapy, physiotherapy, speech and language therapy and dietician. Records of observations deemed required were recorded. For example, sleep log. Information was available on specific health conditions.

The centre had a fully equipped kitchen and a dining area. There was a food and nutrition policy in place, dated January 2017 and a dysphagia policy, dated October 2014. Records showed that nutritional intake for service users were adequately recorded in the centre and that a good variety of nutritious meals were provided. There was a good supply of healthy snacks available.

**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 were systems in place to ensure the safe management and administration of medications.

There was a medication management policy, dated February 2016. The processes in

place for the handling of medicines were safe and in accordance with current guidelines and legislation. The inspector reviewed a sample of prescription and drug administration sheets and found that they contained all of the required information. There were individual secure presses for the storage of all medicines in each of the service users bedrooms. There were PRN or as required prescription sheets and protocols on file, which had been appropriately completed, for service users who required same. There was a user friendly information booklet and separate information sheet for staff with information on each of the medicines prescribed for individual service users.

At the time of the last inspection, it was found that a number of staff had not received appropriate training on the safe administration of medications. On this inspection, all staff had received training. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to the pharmacy who signed off with staff receipt of same. Other medications were returned to service users families. Stock control sheets were maintained on file to record all medications received into the centre and returned home. A medication self administration assessment had been completed for each of the service users which deemed that It was not appropriate for any of the service users to be responsible for their own medications. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. The inspector found that audits of medication management arrangements were undertaken on a monthly basis which showed a good level of compliance and where issues were identified that appropriate actions had been taken.

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

**Findings:**

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to service user's needs.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Staff who spoke with the inspector had a clear understanding of their role and responsibility. The person in charge reported to the regional service manager. There was evidence that she visited the centre and met informally and formally with the person in charge on a regular basis. On call arrangements were in place and staff were aware of these and the contact details.

The person in charge was in a full time position and did not hold responsibility for any other designated centre. She held a degree in social studies and social care and had been a manager in the centre for more than 18 years. The person in charge had a good understanding of the requirements of the regulations and standards. She also had a clear insight into the health needs and support requirements for the service users availing of respite in the centre. Staff interviewed told the inspector that she was approachable, a good leader and supported them in their role.

At the time of the last inspection, the annual review completed did not adequately consider the quality and safety of care and support provided. On this inspection, the inspector found that an annual review of the quality and safety of care had been undertaken for 2016 which met with the regulatory requirements. Six monthly unannounced visits had also been undertaken with a report produced on the quality and safety of care. The latest being in June 2016 and December 2016. There was evidence that the person in charge undertook a range of monthly audits. These included audits of: health and safety, restrictive practices, medications, service users money and individual plans. There was evidence that issues identified had been appropriately addressed. A HIQA regulations and schedules checklist work plan was in place and regularly reviewed and monitored by the person in charge and regional service manager. The PIC completed a formal quarterly review of all incidents which was submitted to the regional service manager.

**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):**

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

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of the children living in the centre and to promote the safe delivery of services.

The identified complement of staff for the centre was in place with no vacancies at the time of inspection. Overall, the staff team had been working together for a number of years. This provided consistency of care for the service users. There was an actual and planned staff rota in place with a three week rolling roster for staff. These showed that there were adequate number and mix of staff on each shift. A social care worker and care assistant were assigned to work together on each shift.

There were effective recruitment procedures in place that included checking and recording all required information. There was a human resources policy in place, dated January 2017. The inspector reviewed a sample of staff files and found that all of the documentation required by schedule 2 of the regulations was contained in the files reviewed.

There was a staff development through training policy, dated January 2017. A training needs analysis had been completed in July 2016. A training programme was in place for staff. Training records showed that all staff were up to date with mandatory training requirements. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre.

There were staff supervision arrangements in place, whereby all staff were supervised by the person in charge. There was a supervision policy in place. The inspector reviewed supervision records for four members of staff and found that they were of a good quality.

There were no volunteers working in the centre at the time of 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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