

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Breakfree Lodge
Centre ID:	OSV-0002031
Centre county:	Clare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 February 2017 09:00 To: 07 February 2017 17:45

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

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

Summary of findings from this inspection

Background to the inspection:

This announced inspection was undertaken in response to the provider's application to renew the registration of the centre. It was carried out over one day and the inspector also assessed if the provider had addressed the actions from the previous inspection undertaken in May 2016.

Description of service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. It was found that the service was being provided as it was described in that document.

The centre consisted of a four bed-roomed bungalow plus a staff office which was also used as a staff overnight room. The centre was surrounded by a spacious tree-lined garden located in a rural location near a large town. As stated in the centre's statement of purpose, the centre provided residential accommodation and support to residents, male and female, with a primary physical disability. Two residents were accommodated on a full time basis and two beds were for residents who may avail of respite. There was one vacancy on the day of inspection

How we gathered our evidence:

The inspector met and spent time with three residents; sought permission to be in their home and to access their documentation. The following was reviewed: a sample of residents' files, personal care plans, medication management, risk assessments, fire safety documentation, policies and procedure, staff files, staff rosters, audits and the premises was viewed.

Practices and interactions between residents and staff were observed. Staff engaged with residents in a warm and respectful manner. Residents welcomed the inspector into their home. Residents' who could communicate, spoke in a very positive manner about the staff, the day service, activities on offer, access to the community and activities held in the centre.

The person nominated to represent the provider, while not on site for the inspection, was available via telephone. The person in charge and the person participating in management (PPIM) attended the feedback meeting held at the close of the inspection.

Overall judgment of our findings:

On this inspection the inspector noted that 15 of the 16 actions generated from the inspection undertaken on May 2016 were completed in a satisfactory manner. One action in relation to arranging a multidisciplinary team review for residents had not been addressed.

The inspector concluded that residents were cared for in a safe, comfortable, well maintained and homely environment. Residents enjoyed a rich and vibrant social life; had access to their local community and engaged in community based social activities. Residents also had access to learning opportunities.

Of the 18 Outcomes inspected against 13 were judged to be compliant, 2 substantially compliant and 3 moderately non compliant.

Improvements were required in the following areas:

- residents being consulted about the organisation of the centre (outcome 1)
- admissions to the centre (outcome 4)
- multidisciplinary team review of residents (outcome 5)
- housekeeping practices (outcome 7)
- the admissions policy (outcome 18).

The reasons for these findings are explained under each outcome in the report and the regulations which 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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that residents were involved in how the centre was planned and run and their privacy and dignity was respected. They also had access to an advocacy service. However, improvements were required in relation to the management of respite admissions so that such admissions did not have a negative impact on the residents living in the centre.

There was robust evidence that residents were consulted about and participated in decisions about their care and the organisation of the centre. Regular residents' meetings were convened and matters discussed included décor of the centre, menu planning and there was evidence that matters were actioned. There was evidence that the meetings were used as opportunities to discuss issues of importance with residents, for example; fire safety and emergency evacuation, hand hygiene, infection control. At a meeting in December 2016, residents had voiced their concerns in relation to respite admissions with particular healthcare needs. However, it was not evident that this matter had been satisfactorily addressed. The person in charge concurred with this and stated that all efforts would be made to ensure that the residents' concern would be addressed.

Residents confirmed that they had opportunities to do the things they wanted to do, including social activities and community involvement.

There was an advocacy service and a confidential recipient available to residents; details of how to access these services were displayed.

The complaints procedure was displayed in the house and accessible to both residents and their families. Residents understood the complaints process and told the inspector that they would talk to staff if they had any complaints or worries and they felt confident that they would be addressed.

There was a complaints policy which provided guidance on the management of complaints. The complaints officer and an appeals process were identified in the policy. No complaints were under investigation at the time of inspection and there was a system in place for recording complaints if required. Any earlier complaints had been addressed and recorded. There was evidence that the complainant was satisfied with the outcome.

The inspector observed that the privacy and dignity of residents was respected. Staff spoke with residents in a caring and respectful manner. All residents had their own bedroom and had the option of personalising same if they wished. Residents were supported to do their own laundry; adequate laundry facilities were available.

While residents were supported to attend to their own personal care, intimate care plans had been developed to ensure that suitable and appropriate supports were given by staff as required.

Residents were supported, where necessary to manage their finances and some residents retained full control of their own money. Records reviewed reflected that all financial transactions involving staff, were co-signed and dated.

Residents' religious rights were supported. The person in charge confirmed that any resident who wished to attend religious services would be supported by staff to do so.

Residents were facilitated to exercise their civil and political rights and were supported to vote.

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):

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

Findings:

There were suitable communication systems in place to support residents. Appropriate

signage was evident. The centre had an up to date policy on communication for staff to follow when communicating with residents.

Most residents in the centre could articulate their views verbally. Information for residents was displayed in an accessible format, including information on the complaints and advocacy procedures, a weekly meal planner and local events. The person in charge confirmed that the organisation had the service of a speech and language therapist (SALT) who was available to review any resident with a speech or communication difficulty. Residents had comprehensive communication plans which captured the advices from the SALT.

All residents had access to televisions, radio, newspapers, a postal service, visual aids, a computer and printer, internet and reading material.

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:

Residents were supported to maintain relationships with their families and friends and were encouraged and supported to interact with the local community.

Residents said that they were supported to attend social events, participate in local choirs, go on outings and dine out in local restaurants. Residents frequently visited the shops and facilities in the local town.

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):

No actions were required from the previous inspection.

Findings:

There was a policy to guide the admission process and the person in charge was aware of the importance of suitable assessment prior to admission and in particular of residents who applied to avail of respite. However, the policy did not include details or guidance in relation to emergency admissions to the centre.

While there was evidence that emergency admissions were accepted to the centre, the centre's admission policy did not consider the wishes of other residents currently living in the centre.

The person in charge confirmed that contracts for the provision of services had been agreed with all residents. The inspector viewed some contracts and found that they were informative, reflected the service provided and had been agreed with residents.

Judgment:

Non Compliant - Moderate

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:

The inspector found that each resident's social wellbeing was maintained by a high standard of care and support. Residents had opportunities to pursue activities appropriate to their own preferences both in the centre, at the day centre and in the community. While there was robust evidence of multidisciplinary team involvement, a collective multidisciplinary review, as required by the Regulations, had not been undertaken.

Each resident had a comprehensive personal plan which contained important personal information about the residents' background, family members and persons who were important in their lives. Plans set out each resident's individual needs and identified life goals; for example; travel and holidays, visit a place of historical significance, cooking, going out on their own and management of health care issues. Residents took part in yearly circle of support meetings which set out a plan for the year including any multidisciplinary team inputs as well as residents' aspirational goals. There was evidence that residents' goals were tracked regularly.

As noted in the previous inspection undertaken in May 2016, there was evidence of multidisciplinary team involvement for all residents, in line with their needs, including physiotherapy, occupational therapy, speech and language therapy and specialist medical services. However, a collective multidisciplinary review, as required by the Regulations, had not been undertaken. All residents had a primary physical disability and an assessment of need had been completed in conjunction with the physiotherapist and occupational therapist. However, the review of the plan of care did not include these specialist services to ensure that appropriate interventions and goals were outlined in line with each resident's assessed needs.

The inspector reviewed documentation in relation to residents who may be transferred to an acute hospital. The inspector found that pertinent information was available and there was a system in place to ensure that relevant and important information was communicated in the event of a resident being transferred to hospital.

Residents were supported to interact in the local community. Residents told the inspector that they were supported to go out to the local town or city if they wished to attend an event.

There were vehicles available to transport residents to day services or other activities they wished to participate in.

Judgment:

Non Compliant - Moderate

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:

The design and layout of the centre suited the needs of residents. The centre was clean, comfortable, maintained and suitably furnished. The premises were equipped with necessary aids to support residents. The requirements as set out in Schedule 6 of the Regulations were met.

All residents had their own bedrooms. The four bedrooms were bright and furnished. Residents had adequate personal storage space and wardrobes. One bedroom had en-suite toilet and shower facilities. Three residents had access to a wheelchair accessible shower, toilet and hand washing facilities. Aids and appliances such as commodes, ceiling mounted hoists and delph suitable for those residents with reduced dexterity, were provided.

Communal space included a large open plan kitchen, a dining area and a large sitting room. The kitchen was well equipped and clean. There were laundry facilities in the house and residents were supported to do their own laundry. The centre had a staff office which was also used as a staff bedroom. Staff had access to an adjoining ensuite.

Suitable arrangements were in place for the disposal of general waste. There was no clinical waste generated in the centre.

The centre was surrounded by a spacious tree-lined garden area. A garden poly tunnel was available for residents' use. External car parking was available.

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 inspector found that systems were in place to protect the health and safety of residents, visitors and staff. The documentation in relation to the promotion of health and safety was found to be in place; for example; a health and safety statement, a risk management policy, a risk register which identified measures in place to control identified risks (clinical and environmental), a fire register and infection control guidelines. While procedures in relation to risk management, accidents and incidents were in place, staff were not adhering to guidance relating to the laundering of mops post use.

Risks specific to each resident were identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety procedures. There were up-to-date servicing records for fire fighting extinguishers, emergency lighting and the fire alarm system.

All staff had received formal fire safety training and staff who spoke with the inspector knew the evacuation procedure. Personal emergency evacuation plans had been developed for each resident. Each plan included pertinent information in relation to the level of support required by each resident. Regular fire evacuation drills involving residents and staff took place in 2016. Records of fire drills were maintained and indicated that all drills had been completed in a timely manner. The procedures to be followed in the event of fire were displayed.

Staff carried out a range of monthly health and safety checks in the centre, such as checks of fridge temperatures, accessibility of all exits and alarms. A monthly health and safety summary was completed by the person in charge or the health and safety officer, which recorded fire drills, evacuations, incidents, training and outstanding issues. Minutes reviewed evidenced that regularly health and safety meetings were convened to review health and safety arrangements in the centre.

In the event of an emergency, a safe place was identified to where residents would be evacuated to.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were recorded, addressed with arrangements in place for investigating and learning from accidents. There was evidence that where improvements were identified, these were implemented in a timely fashion; for example; safe placement of external bins, replacement of light bulbs, safe access to hot water.

The person in charge had comprehensive guidance for staff in all matters pertaining to the prevention of infection; cleaning of the centre. However, there was evidence that staff were not adhering to guidance relating to the laundering of mops post use. It was noted that wet mops were stored in an external storage facility; this was contrary to the guidance in the centre where it stated that mops were not to be stored wet. The person in charge gave an undertaking to address this matter with staff and ensure that practices concurred with policy.

Adequate hand sanitising dispensers and washing facilities for residents, staff and visitors was provided. Personal protective equipment such as gloves and aprons were available. The training matrix confirmed that infection prevention and control training had been completed by all relevant staff. In addition, the person in charge had arranged for a clinical nurse specialist in the prevention of infection to visit the centre on the 4 March 2017.

The training matrix indicated that moving and handling training had been completed by all staff. The physiotherapist had completed detailed plans in relation to residents' moving and handling. Appropriate moving and handling equipment was provided and

was serviced by a suitably qualified person.

The centre's vehicles were serviced and maintained.

Judgment:

Substantially 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:

Systems were in place to protect residents and ensure that there were no barriers to residents or staff disclosing abuse. Restrictive practices were in use in the centre and it was evident that multidisciplinary input had been sought when planning and reviewing residents' individual restrictive interventions.

Residents confirmed that they felt safe in the centre and that they knew who to talk to if they had any concerns. Staff were knowledgeable of what constitutes abuse and how to follow up on an incident, suspicion or allegation of abuse. Training records confirmed that all staff had received training in this matter. There was a safeguarding policy in place. There had been no allegations of abuse in the centre. Residents spoke warmly about the person in charge and staff. Staff were observed engaging with residents in a positive and caring manner.

A policy, reviewed and updated in 2016, was in place to support residents with behaviour that challenges. A review of training records indicated that staff had attended training in the management of behaviour that is challenging including de-escalation and intervention techniques. Personal care plan reviewed captured clear guidance to staff on how to manage an incident where a resident may exhibit a behaviour that challenged.

A restraint policy, dated 2014 and due for planned review, was available to guide and inform staff. The person in charge stated an occupational therapist was available to assess the use of bed rail, lap belts or safety belts. There was evidence that residents with any form of restraint in place had comprehensive plans to guide and inform staff on the use of the restraint.

The use of a restrictive practice was assessed using an accredited risk tool with less restrictive alternatives considered first. Signed consent from residents was secured where possible. It was evident that multidisciplinary input had been sought when planning and reviewing residents' individual restrictive interventions and where possible in consultation with the resident.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
All required incidents and quarterly returns had been notified to HIQA and the person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were supported and encouraged to develop further skills. Residents confirmed that they participated in activities suitable to their interests. For example, residents had participated in broadcasting radio programmes, computer

courses, art and life skills training in the day service. Skills such as cookery and gardening were developed in the day service.

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):

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

Findings:

The inspector found that residents' health care needs were met and they had access to appropriate medical and healthcare services.

Residents also had access to a range of healthcare professionals:

- a general practitioner (GP) and an associated out of hours service
- a physiotherapist; employed by the provider one day per week
- an occupational therapist; employed on a sessional basis
- a speech and language therapist; employed on a sessional basis
- a counselling service.

There was evidence that residents' right to refuse medical treatment was respected.

The care and support plans viewed by the inspector contained detailed information around residents' healthcare needs, assessments, medical history and support required from staff.

Residents' nutritional needs were well met. All residents were supported and encouraged by staff to eat healthy balanced diets and partake in exercise. Residents confirmed that they enjoyed their meals, had access to snacks at any time and could dine out whenever they chose. Residents had access to dietician services and speech and language therapy as required. There was evidence of assessments completed in relation to residents' swallow which were included in their plans of care.

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:

The inspector found that there were safe medication management practices in place. An updated draft of the medication policy was in place inclusive of procedures relating to the ordering, prescribing, storing and administering of medicines in the centre. Prescription and administration records were maintained in accordance with legislative requirements.

Training records indicated, and staff confirmed, that all staff involved in administration of medication had received medication management training.

There were appropriate systems in place for the ordering, storage and return of medications. The inspector found that medication was suitably stored and there was a secure system for the return of unused and out-of-date medication to the pharmacist.

A system was in place for reviewing and monitoring safe medicines management practices. A sample of medication incident forms evidenced that errors were identified and there were arrangements in place for investigating incidents. Learning from incidents was documented complete with preventative actions; for example; all incidences where a resident declined medication were now recorded and reported to the appropriate medical specialist.

Self administration assessments had been undertaken for residents, as a result of which some residents were involved in partial self administration under staff supervision. This assessment was kept under frequent review. At the time of inspection, no resident required medication requiring strict control.

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 statement of purpose that described the service provided in the designated centre. Information in the statement of purpose complied with the requirements of the regulations.

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 systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under review. An unannounced six monthly review of the service had been carried out on behalf of the provider as required by the regulations and a copy was available in the centre. Some of the actions identified in the report had been addressed, while others were in progress. An annual report, produced in April 2016, on the quality and safety of care in the designated centre was in place, with a report for 2016 due in April 2017.

The person in charge was supported by the organisational structure. She reported to a director of services, who reported to the person representing the provider. The person representing the provider was in telephone contact during the inspection.

The person in charge worked full-time, was appropriately skilled and demonstrated the necessary experience to manage the service. She was knowledgeable with regard to the requirements of the regulations and had a very good overview of the health and support requirements of residents. The person in charge had responsibility for the overall management of the centre and the day service; her role included oversight of the quality of care delivered to residents and for supervision of the staff team. In addition, the person in charge stated that the planned recruitment of a staff nurse would provide additional support. This recruitment was confirmed by the person representing the

provider.

The organisation had engaged the services of a clinical nurse manager on a sessional basis to develop the organisation's suite of policies. In addition, the person in charge was supported by the sessional clinical nurse manager in devising site specific policies, procedures and specific guidance in relation to the care of residents.

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):

No actions were required from the previous inspection.

Findings:

The person representing the provider and person in charge were aware of the requirement to notify HIQA of the absence of the person in charge.

Arrangements were in place to cover the absence of the person in charge.

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:

The centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was suitably furnished, equipped and maintained. There was transport available to bring residents to day services or other activities they wished to participate in. Staffing levels were appropriate to the assessed needs of residents.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had received a range of training appropriate to their roles.

There was evidence of annual staff performance appraisal. Staff meetings took place every month and items discussed included medicines management, roster, documentation, update on residents, fire safety, hand hygiene and activities.

Staff were able to articulate the centre's management structure and reporting relationships. Copies of both the regulations and the standards had been made available to staff and staff demonstrated adequate knowledge of these documents.

There was evidence of a planned roster and this was updated as required to reflect the actual roster. The staff rota was arranged around the assessed needs of residents and their social life. During the day, two staff worked in the centre providing support to residents. One staff slept in the centre overnight and was available to provide support to residents if required. Additional staff were rostered to support residents who wished to socialise. Residents confirmed that staff accompanied them when they wanted to attend social outings things such as going to the cinema, shopping or for meals.

The inspector reviewed a sample of staff recruitment files and found that they met regulatory requirements.

Training records indicated, that staff had received training in; for example; safe

guarding vulnerable persons, manual handling, first aid, medication management, epilepsy awareness, prevention of infection, fire prevention and fire safety and food safety.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

During the course of the inspection, a range of documents, such as residents' personal plans, staff training records, the directory of residents, health and safety records, operational policies and healthcare documentation were viewed and were found to be satisfactory and records requested during the inspection were made available. Records were maintained in an organised manner and stored in a secure manner.

While all policies required by Schedule 5 of the regulations were available to guide and inform staff, the centre's policy on admissions required review to ensure it provided clear guidance to staff on respite and emergency admissions to the centre.

Judgment:

Substantially 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:

Geraldine Ryan
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 Enable Ireland Disability Services Limited
Centre ID:	OSV-0002031
Date of Inspection:	07 February 2017
Date of response:	27 February 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 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:

Residents had voiced their concerns in relation to respite admissions with particular healthcare needs. It was not evident that this matter had been satisfactorily addressed.

1. Action Required:

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

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

1. This has been addressed with service users. Service users do not currently have any concerns with the particular healthcare needs of the service user accessing respite. Person in Charge has noted this and expressed to the service users if there are any concerns to inform Person In Charge.
2. Waking night staff will be rostered in accordance with service users healthcare needs.

Proposed Timescale: 23/02/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The centre's admission process did not consider the wishes of other residents currently living in the centre.

2. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

1. The Statement of Purpose was amended on the 15/2/17 taking out the emergency admissions respite to accurately reflect the Admission Policy as emergency admissions are not included in the Admissions Policy.
2. Person In Charge met with the Service Users consulting them on the planned respite for the next three Months 23/2/17
3. Service Users will be consulted by the Person In Charge, regarding prospective respite users prior to any respite admission. This will be done on a regular monthly basis.
4. The Admissions Policy has been amended to include in the application for admission of the need to consider the wishes of other residents currently living in the centre.

Proposed Timescale: 27/02/2017

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 review of residents' care plan was not multi disciplinary.

3. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The Person in charge has committed to arranging a Multi-Disciplinary Team Meeting for each service user to review their personal plans. The first meeting has been arranged for 28.2.17. With a view that all will be completed by June 2017

Proposed Timescale: 30/06/2017

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:

Staff were not adhering to guidance relating to the laundering of mops post use.

4. 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:

1. Person In Charge communicated the correct guidance in relation to laundering of mops post use, on the day of inspection 7/2/17 through verbal and written instruction at handover meeting.
2. Person In Charge addressed the matter in a staff meeting held on 13/2/17

Proposed Timescale: 13/02/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The centre's policy on admissions required review to ensure it provided clear guidance to staff on respite and emergency admissions to the centre.

5. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care

and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. Person in Charge reviewed Admissions Policy and local policy ensuring it provides clear guidance to staff on respite admissions.
2. The Statement of Purpose has been amended taking out emergency admissions as it is not included in the Admissions Policy

Proposed Timescale: 27/02/2017