

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Woodlands |
| Centre ID: | OSV-0002146 |
| Centre county: | Clare |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Clare |
| Provider Nominee: | Eamon Loughrey |
| Lead inspector: | Catherine Glynn |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 0 |
| Number of vacancies on the date of inspection: | 3 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 May 2017 10:30 To: 25 May 2017 16:30

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

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| 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 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 inspection:

This was a 10 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This centre had been inspected in February 2014 by the Health Information and Quality Authority (HIQA), shortly after the centre closed to further admissions due to the planned completion of building work required. This inspection was completed as the provider had told HIQA that they now intended to start taking admissions following the completion of this planned work.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge, the person participating in management, two prospective residents and three staff. In addition, the inspector completed a walk around of the premises internally and externally, reviewed documentation such as transition plans, health and safety templates, staff files and fire records. The provider representative and other members of the management team attended a feedback meeting at the close of the inspection.

Description of the service:

This service intends to provide a full time residential service to three adults, male or female who are diagnosed with a moderate to severe and profound intellectual disability. This centre is a single storey dwelling in a residential area close to a town. Two people have been identified for admission to the centre.

Overall judgment of our findings:

The inspector found that the provider had put systems in place to ensure the regulations would be met and to ensure positive experiences for residents once admitted.

Of the 10 outcomes examined, the inspector found good practice and compliance in all 10 outcomes. There were no actions required from this inspection.

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 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:

The person in charge showed the inspector a sample of the written agreements for services provided in the centre. This document was found to be informative and clearly described the services that residents would receive.

The inspector found that the person in charge was knowledgeable and focused on ensuring that a comprehensive pre-admission assessment was completed and included compatibility assessments of residents living in the same centre. Thorough pre-admission assessments were completed and engagement with families and their representatives was clearly documented in the personal plans reviewed. The residents were all familiar with each other and were aiming to move to the centre on a scheduled plan.

Two transition plans were reviewed, the inspector noted that the residents were visiting and spending time with each other in the centre. This was on going for a period of months.

A policy regarding admissions, discharges and transitions was in place in the designated centre, to guide practice.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to

meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was not occupied at the time of inspection, but the team leader and staff informed the inspector how the residents' social care needs would be met. The team leader informed the inspector about the current transition plans in place and how they would be managed.

The person in charge explained that she would work closely with staff and the residents to assist with their transition to their new home and to ensure the continuation of the quality of care and support received and their on-going social care goals and activities. The person in charge had met with families though out the transition process. Transition plans were found to be detailed and developed for two residents identified to move in to the centre. There was evidence of good planning which involved the residents, their families' and staff. The documents were also provided in service user friendly format.

Personal plans were developed for two residents who intended to move into the centre. The inspector found that the plans were detailed, informative, person centred and up-to-date. The inspector noted that the plans reflected the residents' assessed needs, wishes and interests. Short and long term goals were set out in the plans to assist the residents to achieve their goals. Review dates were scheduled and sample documentation for recording the progress and achievement of residents' goals was shown to the inspector. The inspector found that the residents were attending a day service provided as part of the residential service. This enabled the residents to be familiar with staff and their planned environment and also ensured consistency through out this process.

The inspector found that the residents had participated in the decorating and selection of furniture for their bedrooms. All bedrooms were laid out and designed to meet the needs of all residents in the centre.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is

appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre is suitable for its stated purpose.

This centre is a single storey dwelling which will accommodate three residents. It is set in a residential area within walking distance of a town. There are separate bedrooms for each resident and all bedrooms have ensuite facilities provided. In addition there is a staff bedroom, an office, a visitors room, sensory room and a communal sitting room. The rooms were well-furnished and as part of the transition process, residents had chosen their own furniture and colour schemes. One bedroom was not completed at the time of inspection; however, the person in charge outlined the plans in place for the proposed resident.

There was a large, well equipped kitchen in place with a dining area and storage facilities. There was a large garden area to the front and rear of the premises, which were wheelchair accessible.

Appropriate laundry facilities were in place and residents will be able to participate in their laundry if they wish.

Arrangements were in place for the disposal and removal of general waste, by contract with a private company and this arrangement will continue as confirmed in the records reviewed.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to promote the health and safety of residents, visitors and staff in the designated centre.

There was an up-to-date health and safety statement and a risk management policy which included a risk register. The person in charge stated that the risk register would be reviewed and updated following residents moving into the centre.

Adequate precautions against the risk of fire were in place. The person in charge told the inspector that as part of the recent refurbishment of the building new fire alarms, extinguishers, fire doors and self-closing mechanisms had been provided and were fitted to all internal doors. The inspector reviewed the disability certificate and fire certificate confirming the centre met safety requirements. The person in charge planned to hold a staff induction for local fire safety and evacuation drills in the house following admission of residents to the centre. All staff had already received fire safety training within the organisation. Personal evacuation plans were in place for all residents. Staff already knew and worked with the residents and were familiar with their needs.

There were systems in place to ensure robust measures were in place with regard to fire management and health and safety including:

- internal checks of fire alarms to monitor effectiveness of equipment.
- daily checks of all fire doors, to ensure no issues or concerns evident.
- an emergency plan had been developed for the centre to guide staff in the event of an emergency.

The person in charge outlined the infection control policy and procedures for the centre and the facilities and systems that would be implemented throughout the centre, in line with best practice.

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):

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard and protect residents from abuse.

Training in safeguarding was mandatory every three years in the organisation, and there was a safeguarding policy to guide staff. The person in charge confirmed that all current staff had completed this training and that new staff, when recruited, would complete this prior to commencing work.

The person in charge was clear about her role and responsibilities in relation to adult protection and was clear about how any allegation would be managed.

There was a designated liaison person and a confidential recipient available, and their photographs and contact details were displayed in a prominent place in the centre.

There was a policy on the provision of intimate care and individual care plans had been developed to guide staff practice in caring for residents.

Supports, including a behaviour support specialist, psychologist and staff training were in place to promote a positive approach to behaviour that challenges, where required. On review of pre-admission assessments, the person in charge confirmed that no planned restraints were required in the centre and that should this change then the relevant assessment and review would be completed.

The organisation had a policy in place regarding the management of residents' money, which the person in charge planned to implement on the admission of residents' to the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that arrangements were in place to ensure that resident' overall healthcare needs would be met and that they would have access to appropriate healthcare services and medical care following admission to the centre.

The person in charge told the inspector that all residents will have access to their own general practitioner (GP), and that they will retain the GPs that they attended before

moving to the service. It is planned that residents will have access to regular health checks, as required, in addition to scheduled appointments with allied health services.

The person in charge told the inspector that residents would have access to cooking facilities and would be supported to have meals and snacks that they enjoy when they choose. Meal planning would be based on consultation with the residents and reflect their assessed needs. Residents would participate in menu planning and food shopping in the centre.

The inspector was told that all residents would have their weight monitored on a monthly basis and access to a dietician would be available where required, should a change in a resident's body mass index indicate that this intervention is necessary.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that safe medication management systems were planned for the centre.

The medication administration recording documentation was found to contain the required information. The person in charge stated that medication audits were planned by the organisation and these would be conducted on a monthly basis.

Records demonstrated that all staff had completed training in the safe administration of medication, including emergency medication where required.

Appropriate storage facilities was in place for the safekeeping of all medications, including a separate storage area for unused or out-of date medication.

The person in charge outlined that proposed residents would continue to access GP and pharmacy services that were already in place prior to admission.

The person in charge outlined that self-administration of medication assessments would be completed on admission to the centre for each resident.

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:

The provider had completed a written statement of purpose that described the services to be provided which, at the time of inspection, complied with the requirements of the regulations as set out in schedule 1.

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:

There were effective management systems in place to oversee the designated centre. A clearly defined management structure identified the roles and responsibilities of relevant managers which detailed the lines of authority and accountability which were in place regarding the management of the centre.

The inspector met with the person in charge who was found to be suitably qualified and

experienced. The person in charge is supported by, and reports to, her line manager, who in turn reports to the provider representative. She will work closely with her team leader, once in post. The person in charge and the person participating in management were found to be knowledgeable regarding the requirements of the regulations and standards, They had a good overview of the health and support needs, and person plans of the proposed residents. The person in charge outlined that she managed three centres and explained the plan in place to ensure the overall governance of all of these centres,

Arrangements were in place to cover the absence of the person in charge; in addition, an out of hours on-call person was available to support staff when the person in charge was not on duty.

There were systems in place for monitoring the quality and safety of care and these systems were to be implemented in this centre. All accidents, incidents and complaints were to be recorded and reviewed within the centre. This would enable the identification and analysis of trends. Members of the management team carried out unannounced audits to all centres in the organisation every six months on behalf of the provider, to review the quality of service and compliance with legislation. The person in charge also confirmed that an annual review and report would be carried out when the centre had been operating for a year, and annually thereafter.

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 proposed staffing levels in the new designated centre were adequate.

The person in charge had prepared a sample roster of the proposed staffing level, which indicated that there would be at least one staff on duty at all times when residents were in the centre. The person in charge told the inspector that some staff were already employed in the organisation and worked with proposed residents' in the service.

The person in charge outlined that mandatory training would be completed in line with the requirements of the organisations policy. A plan was in place to ensure that once the centre was opened, a training needs analysis would be completed at the end of each year to review the training provided and identify if there were gaps in practice.

There was evidence that staff had been suitably recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed four staff files and found that they contained all the required documents as outlined in schedule 2 of the regulations, such as suitable references, Garda vetting and photographic identification.

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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