

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Laurel Lodge
Centre ID:	OSV-0002488
Centre county:	Laois
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 March 2017 10:00	28 March 2017 19:00
29 March 2017 10:30	29 March 2017 14:00

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 Inspection.

This was an announced registration inspection. The registration inspection was taken on foot of an application to register by Health Service Executive (HSE). The centre was previously inspected in March 2014 when it was part of another designated centre. Subsequently in 2016 the provider reduced the size of the designated centre and made one residential unit, the designated centre referred to in this report.

This inspection gathered evidence to assess the fitness of the provider, HSE, in providing safe and appropriate supports to residents in line with the Health Act 2007

(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The provider had applied to register the centre to accommodate 5 male adult residents.

How we Gathered Evidence.

The inspector met with all residents, a family member, staff, the person in charge and senior staff nurse who was nominated as a person participating in the day-to-day management of the centre. Policies and documents were reviewed as part of the process including a sample of health and social care plans, complaints log, contracts of care and risk assessments. The inspector observed practice and staff interactions with residents. Residents had varying communication abilities and the inspector interacted with residents in line with their communication styles and preferences as set out in their personal communication plans and following guidance from staff. One resident chose to speak with the inspector for brief periods of time during the inspection.

Description of the Service.

The statement of purpose for the centre states that Laurel Lodge provides services for adults with an intellectual disability and aims to provide holistic person centred residential services and supports to people with an intellectual disability or intellectual disability and autism within their local community.

The centre comprises of one large pleasantly furnished, well maintained detached bungalow, referred to in the report as the designated centre. The provider had ensured residents had access to a range of local amenities such as shops, churches, restaurants, pubs and barbers,. The centre was located just outside a small village in County Laois and a short drive from Portlaoise town.

The centre accommodates 5 male adult residents with varying degrees of intellectual disability and specific support needs in the management and support of autism spectrum disorders, management of behaviours that challenge and nutritional management.

Overall Judgment of our Findings.

Some residents living in the centre had moved from various institutional settings in the previous years. A family member spoken with told the inspector that their sibling and other residents' quality of life had improved greatly since moving into the community residential setting they now lived in. Residents' daily activities were geared towards their choices and interests and facilitated from the centre with staff support. The centre was supplied with two vehicles to support residents engage in their chosen interests, work and hobbies.

End-of-life care was implemented to a good standard in this centre. There was evidence that the recent passing of a resident in the centre was managed in a person centred, dignified way which reflected the wishes of the resident and their family.

Of the 18 outcomes assessed all 17 were found to be compliant or substantially compliant. One outcome was found to be moderately non compliant. This related to

not all items required in Schedule 2 of the regulations being available to review during the inspection.

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

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

Outcome 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):

No actions were required from the previous inspection.

Findings:

There was evidence that residents living in the centre had their rights, privacy and dignity supported to a good standard. Their personal choices were supported and encouraged, residents had access to independent advocacy services and consultation with residents was facilitated. Complaints were well managed and audited and adequate privacy provisions were in place.

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedure was located in a prominent position and in an easy read format in the centre. The complaints procedure identified who the complaints officer was for the organisation and the person nominated to manage complaints in the centre also. The centre had a complaints and comments box where residents, visitors and staff were encouraged to give their feedback regarding the service.

The inspector reviewed a complaints log for the centre. There were no active complaints in process at the time of inspection. There were examples of where complaints had been logged previously they had been managed well and in line with the policies and procedures for the centre. A resident had complained that the wooden 'log cabin' they used from time-to-time for personal activities and hobbies, located in the back garden of the premises, was cold. An electrical fan heater was fitted to the structure to the satisfaction of the resident.

The centre had adequate privacy options in place for residents. All bathrooms and toilets had privacy locks. Bedroom and living room windows also had adequate privacy options

where they could provide adequate lighting but ensured privacy from the outside for residents.

Residents had access to an independent advocate if and when they required. Information and contact details were available in the centre on how to access an independent advocate and a colour photograph of the advocate was present in the centre.

The organisation had a policy on personal property, personal finances and possessions which guided practice in the organisation with regards to these matters. All residents living in the centre required full support in managing their personal finances. Financial ledgers, with documented monetary in and out balances were maintained and receipts for purchases and bank withdrawals and deposits also be maintained in each residents' financial ledger. Balances of residents' monies were checked in the morning and evening at the change of staff shifts in order to identify any discrepancies immediately to ensure they could be addressed quickly.

Activities available to residents were suited to their age and interests. Residents were supported to engage in walking groups, go on trips to town when they wished. Residents followed individualised programmes based on skill building in the activities of daily living.

The inspector reviewed a sample of resident meetings which occurred frequently and were inclusive of residents regardless of their communication or cognitive ability. Items discussed included choices of meals, social events, upcoming important appointments or events for residents. Pictures were used as part of the meetings to promote inclusion and choice for residents. Staff wrote up the minutes of the meetings afterwards and documented both the spoken communications of residents and the mannerisms and gestures of other residents that did not use spoken language as their predominant way of communicating. This was important as it evidenced the value staff placed on residents' communications and choice regardless of how they expressed it.

The inspector also noted that management and staff spoke respectfully of residents both in their presence and absence and displayed kindness and respect to them throughout the course of the inspection in a way that was natural and evident the residents were used to.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' communication needs were supported in accordance with their assessed needs and preferences. There was a policy on communication in place to guide staff practice and procedures.

Residents' communication needs had been identified in their personal planning documentation which contained detailed person centred information such as 'all about me', 'likes and dislikes' and 'how I communicate', for example.

Information in the centre was available in an easy to read format. If supports were required residents could avail of the services of a speech and language therapist (SALT) through local primary/community health care services.

Communication systems had been put in place to support residents in making choices and knowing what was happening next, for example some residents used objects of reference and photographs to make choices or ask for activities or items. A visual roster of staff working in the day and evening was placed in a prominent position in the centre. Photographs of staff were posted to the visual roster each day to inform residents who was on duty to support them in the day and evening time.

Internet access was available in the centre but limited due to a poor network signal. There were radios and a number of flat screen televisions in the centre.

Staff working with residents knew residents very well and understood their individual communication repertoires.

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' family, friends and representatives were involved and included in decisions, planning and goals set for each resident. The centre operated an open visitors' policy in

line with policies and procedures for visits.

Staff facilitated residents to maintain contact with their families. This included access to phone facilities, transport home if needed and an open visiting policy to the centre. As part of the organisation's policy on visitors there was a sign in book for visitors in the house which was up-to-date.

The location of the centre was in close proximity to a small village and the local town was a drive away. The centre was supplied with two transport vehicles to ensure residents could access their community and participate in activities and hobbies suited to their interests.

A family member visited the centre during the course of the inspection and met with the inspector. They discussed the service their sibling received and verified that they found it was a good service. They were very complimentary of the staff and management and of the care and support they gave to not only their brother but to all residents in the centre. They assured the inspector that that good quality standards the inspector found during the inspection were in place all year round and not just in place for the inspection. The inspector was assured to receive this feedback.

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 were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose.

Each resident had an agreed written contract that dealt with the support, care and welfare of residents and included details of the services to be provided for each resident and the fees they would be charged. The provider had provided staff with training in how to calculate the long stay charges fees for residents based on the recently revised guidance.

Each resident's fees and long stay charge contributions had been reviewed and their charges or fees changed accordingly, in some instances they had reduced. This

assessment and breakdown of charges and fees provided residents and their representatives with a more transparent process by which to make informed decisions with regards to their contract of service with the service provider.

While this was evidence of greater transparency with regards to fees charged to residents the revised changes to residents' contracts had not been incorporated into residents' actual contracts of care which in turn would be issued to the resident and/or their advocate or representative to consult, review and sign if they were in agreement.

The inspector reviewed all financial assessments for residents during the course of the inspection and found in one instance a resident was paying more fees than their peers despite engaging in less activities and availing of similar services in the centre. This required review, but also identified the importance of an independent person to review such financial assessments and contracts of care in order to advocate for residents that otherwise would not have capacity to make decisions or queries in relation to their contracts.

Judgment:

Substantially 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 care and support provided to residents was consistently and sufficiently assessed and reviewed through comprehensive person centred assessment of residents' social care needs and support planning to meet needs identified.

The inspector reviewed a sample of personal plans which were found to be comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care needs.

There was evidence of a comprehensive assessment implemented and ongoing monitoring of residents' needs including residents' interests, communication needs and

daily living support assessments. Residents' assessment of needs included general likes and dislikes, nutrition, intimate care and personal hygiene, behaviour support planning, healthcare assessments and personal goal setting.

Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates and medication management plans.

Residents had identified goals both long term and short term which had been discussed with them and/or their representative and agreed at their personal planning meetings. Some goals identified by residents included going on holidays to a place that had a nice beach, joining a men shed group to engage in learning DIY skills and social participation. Some other goals included joining a local community walking group which residents had begun participating in and appeared to really enjoy.

All residents living in this centre had moved from an institutionalised setting. Many of the goals that had been set out for them were for better access and participation in activities that their peers in other community residential settings without experience of institutional living have experienced most of their lives.

While the inspector found residents' personal plans were comprehensive, a more formalised approach to goal setting and review was required to ensure they were reviewed with enough regularity to ensure they were achieved and changed if necessary.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre comprised of a large, detached bungalow located just outside a small village in County Laois. The premises and facilities within the centre provided for residents in line with the statement of purpose to a high standard.

The centre contained two large bathing/showering and toileting facilities all of which

were of a good standard with aids and appliances to suit the needs of residents. An assisted bath was available to residents and was in good working order at the time of inspection and maintained to a hygienic standard.

The inspector viewed residents' bedrooms on the consent of residents or staff on residents' behalf. Residents each had a large bedroom in which they had ample room for storage of personal items and space to engage in personal activities. Each bedroom was decorated to the taste and personal preference of each resident.

The centre also had a well equipped and spacious kitchen and dining space. Laundry facilities were available in a specific utility room equipped with a washing machine, dryer and ample space to store laundry products and manage soiled and clean laundry. There were suitable arrangements in place for the safe disposal of general waste for the centre.

The external premises was well maintained with ample parking to the front and side of the property. Residents had access to a pleasantly landscaped garden/patio space. Residents kept chickens and they were kept in a designated area to the rear of the premises. A wooden 'log cabin' was also situated in the rear garden space of the centre which was used by some residents to engage in their hobbies. The garden space also offered seating options in other areas.

Maintenance records were maintained in the centre which detailed servicing of equipment in the centre and ongoing maintenance works where necessary. However, there was no guidelines or specific standard operating procedure for the cleaning and maintenance of the chicken coup to the rear of the centre. This was necessary to ensure an adequate level of hygiene for the external premises and also to ensure appropriate animal welfare measures were in place.

Some issues with the premises had been identified through provider led auditing of the centre in the previous months and these had been addressed by the time of the inspection. The flooring in the hall had been replaced. Residents had all changed their beds from a single bed to a large, comfortable double bed which their large bedrooms could easily accommodate. Feedback from staff indicated residents really liked their new beds.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in the centre. Fire containment and management procedures were in place and regularly reviewed. Infection control measures suited the purpose and function of the centre. Some improvement was required in relation to the lack of thermostatic control measures for hot water in the centre.

The risk management policy met the requirements of the Regulations and was implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

There was an up to date health and safety statement which addressed areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and identification of risks.

Personal risks for residents had been identified and were analysed with control measures in place to mitigate risks. These risk assessments were maintained in residents' personal plans. However, while a lack of thermostatic control measures for hot water had been identified through previous risk auditing of the centre, this had not been addressed at the time of inspection. This was an important risk measure which required addressing as without these measures in place staff were required to stay with residents while they bathed or showered to ensure they did not scald themselves by adjusting the temperature of the water. This impacted on residents' privacy and independence in engaging in personal hygiene.

The fire policies and procedures were centre-specific and up to date. Fire safety plans were reviewed by the inspector and found to be comprehensive. The inspector observed that there were fire evacuation notices and fire plans displayed in the house. Regular fire drills took place and records reviewed by the inspector confirmed that they were undertaken at least quarterly.

Individual personal evacuation management plans were documented for residents and implemented as part of fire drills in each residential unit. The response of residents during fire drills was documented and also the length of time the drills took.

The inspector also observed that fire evacuation doors were fitted with a thumb turn mechanism. This would ensure residents, staff and visitors could evacuate from the premises without the necessity of a key but still ensuring that the premises was secure.

The inspector noted the presence of smoke seals on all doors in the centre. All doors in the premises also appeared to be heavy set fire compliant doors. This promoted good fire containment measures in the centre.

There was a policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand washing facilities in the

centre were adequate. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse.

There was a policy which guided staff on the prevention, detection and response to abuse. All staff had received training in procedures aligned with this policy. Staff spoken with and the person participating in day-to-day management of the centre and the person in charge outlined the procedures they would follow should there be an allegation of abuse. Some staff spoken with were not fully informed of the overall process involved in the investigation of an allegation of abuse and were unable to explain to the inspector the various steps outlined in the safeguarding vulnerable adults policy with regards to reporting allegations of abuse and the various steps this entailed.

Due to the nature of some resident's personal needs robust supports were required to prevent peer-to-peer incidents of assault. In the months prior to the inspection there had been a number of incidents of peer-to-peer assault notified to the Chief Inspector. To address these incidents the provider and person in charge at the time, had implemented a functional analysis and ongoing assessment as to what was causing the incidents to occur. Strategies had been implemented to reduce the likelihood of the incidents occurring with some effect.

A multi-disciplinary allied health professional approach was also used to address the issue and following a review of resident's medication and healthcare needs some adjustments were made which had resulted in a successful outcome for residents. At the time of inspection there had been a significant reduction in the number of incidents of peer-to-peer assaults occurring in the centre.

Ongoing assessment of other behaviours that challenge, which could be exhibited by residents, was in process at the time of inspection. After each incident of behaviour that is challenging an incident analysis chart was completed by staff. These incident analysis charts were maintained in residents' personal plans and reviewed by a behaviour support specialist for the service along with the resident's key worker staff and manager of the centre. This information was used to develop behaviour support recommendations and planning to support residents within a positive behaviour support framework.

A restraint free environment was promoted throughout the centre. A restrictive practices policy was in place to guide staff in appropriate, evidence based practice for the use of restrictive practices if required.

Judgment:

Substantially 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:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all incidents had been notified by the person in charge as required by the Regulations.

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:

Residents had an enhanced quality of life since moving to the designated centre from their previous institutional setting.

As referenced in Outcome 3 of this report residents living in the centre had experienced a poor standard of living in their previous residential home setting.

Residents were now experiencing greater opportunities to engage in their local community and participate as fuller citizens of their locality.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed a sample of health care plans for residents in the centre and found they were supported to have their health needs met to a good standard.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). They also had access to the supports of allied health professionals such as dietician, speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital appointments.

Residents were also supported to access preventative health screening procedures such as bowel cancer screening and an annual health check which were up-to-date for each resident.

End-of-Life care was well managed in the centre and carried out in a person centred way which put the needs and wishes of the resident first. Residents living in the centre had recently experienced bereavement by the passing of one of their peers. The management of the resident's passing and funeral arrangements were in line with the wishes of the resident and their family and were carried out in a dignified and sensitive manner. This was evidence of good end-of-life care for residents' with intellectual disabilities.

The centre had adequate space for storage of food. Residents had the choice to eat out or help to prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents.

Residents identified at risk of choking, due to compromised swallowing ability, had been referred to SALT for review and a modified consistency meal and fluids plan was prescribed. The inspector observed residents being supported to eat during the course of the inspection and noted staff implemented appropriate and discrete support to residents. Modified consistency meals were nicely presented and staff supported residents to sit in the correct position while eating.

Associated nutritional risk assessment tools were used to assess if residents required referral to dietetic services based on any nutritional risk identified. A policy on supporting residents' nutrition was available to guide staff in evidence based practices and procedures.

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:

Overall, residents were protected by the centre's policies and procedures for medication management.

All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices.

Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

Residents' medications were stored securely in the centre. A medication fridge was available for the storage of medications requiring refrigeration if required. A thermometer to read the temperature of the fridge was available.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection. A GP signature was documented against each medication prescribed on the administration charts. Where a medication had been discontinued a GP signature was entered also.

Management of soiled or out-of-date medication was in line with the Organisation's policy and procedures. Out-of-date medication was returned to the pharmacy and signed or stamped by the pharmacist that the medication had been received.

Regular medication audits were carried out to ensure medication management systems were in line with the policies and procedures of the organisation and to ensure best practice. Where medication errors occurred there was evidence of prompt review to ascertain the cause of the error and to quickly and efficiently address the issue to prevent it from occurring again.

Only nurses working in the centre administered medication to residents. A nurse was assigned on duty in the centre on a 24 hour basis, this was based on the assessed needs of residents.

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 statement of purpose met the requirements of the Regulations.

It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

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 was evidence to indicate that the quality of care and experience of the residents living in the centre would be monitored on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services in accordance with the statement of purpose.

The inspector interviewed the person in charge. During this meeting the person in charge's fitness was assessed and the inspector found her to be a fit person to manage the centre with the necessary skills, experience and training. The inspector also assessed the person in charge's ability in practice during the inspection and found evidence that residents were receiving a quality service. Compliance was found in a number of outcomes on this inspection.

There was ongoing auditing of health and safety, fire safety, medication management and management of residents' finances in the centre. Through the implementation of these audits identified key issues that required review were addressed.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. The inspector reviewed the unannounced visits and the annual review of the centre. This auditing system was effective in improving the quality of care and experience of residents living in the centre. For example, following a recent six monthly audit it was identified that refurbishment works were required for some parts of the centre, subsequent to this finding new flooring was installed in the hall of the centre. Residents had also received new double beds which they seemed to enjoy rather than the single beds they had been using.

There was a defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by the regional manager who had responsibility for oversight of a number of designated centres in the area. She was identified as a person who would be participating in management.

At the time of the inspection there was a vacancy for a CNM2 position which would be filled by the senior staff nurse that worked in the centre. The senior staff member also worked as a person participating in the management of the centre and assumed responsibility for the centre in the absence of the person in charge. They met with the person in charge on a weekly basis and updated them on incidents and any issues in the centre. They also carried out supervision meetings with staff within the centre and copies of these were reviewed by the inspector during the course of the inspection.

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 provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place should the person in charge be absent from the centre.

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 inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

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 centre was adequately resourced with staff trained to carry out care and support procedures for residents. Staff observed and spoken with during the course of the inspection presented as caring and respectful of residents. However, staff files did not contain all the matters as set out in Schedule 2 of the Regulations.

The inspector reviewed a sample of staff files and noted that some did not contain the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Items not maintained in staff files included evidence of Garda Vetting, registration PIN numbers for some nurses and references from a recent employer. Following the inspection the provider did supply the inspector with evidence of nurse's registration PIN numbers and Garda Vetting. However, there was still one file with information outstanding that was not available on the day of inspection and not forwarded to the inspector after the inspection, therefore a non compliance was found in relation to this.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. There was a staff nurse on duty at all times in the centre. Staffing levels were based on the assessed needs of the residents. When required agency staff covered absences, the person in charge informed the inspector that efforts were made to ensure agency staff, familiar to residents, worked in the centre when necessary.

A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including communication, the management of swallowing difficulties and the management of behaviour that challenges. However, not all staff had received training in the management of dysphagia which would support staff to understand evidence based practice in the management of residents with compromised swallow and management of modified consistency meals.

Supervision meetings with staff were ongoing. They required some improvement to ensure they discussed set goals for staff around their key working responsibilities for residents and training they may require to meet the assessed needs of residents living in the centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule

5 of the Regulations. Adequate insurance cover was also in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which was up to date.

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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002488
Date of Inspection:	28 March 2017 and 29 March 2017
Date of response:	07 June 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 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 revised changes to residents' contracts had not been incorporated into residents' actual contracts of care which in turn would be issued to the resident and/or their advocate or representative to consult, review and sign if they were in agreement.

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 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

All Contracts of Care will be revised and will include the Residential Support Services Maintenance and Accommodation Contribution and Financial Assessment for each individual in the designated centre.

30/06/2017

All revised Contracts will be agreed in writing with each resident, or their representative where the resident does not have capacity to give consent, the terms on which that resident shall reside in the designated centre.

31/07/2017

Proposed Timescale: 31/07/2017

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:

While the inspector found residents' personal plans were comprehensive, a more formalised approach to goal setting and review was required to ensure they were reviewed with enough regularity to ensure they were achieved and changed if necessary.

2. Action Required:

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

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

A Template to identify and review Person Centred Goals has been developed and implemented in the designated centre. This Template has been implemented in Person Centred Plans for two residents in the centre and will be implemented for the remaining two residents.

31/07/2017

Training on the use of the Template was completed for two staff members.

A further Training date has been scheduled for the six remaining staff on 09/06/2017.

09/06/2017

Proposed Timescale: 30/07/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was no guidelines or specific standard operating procedure for the cleaning and maintenance of the chicken coup to the rear of the centre. This was necessary to ensure an adequate level of hygiene for the external premises at all times.

3. Action Required:

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

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

A Standard Operating Procedure will be developed by the PPIM for the cleaning and maintenance of the chicken coup to the rear of the centre.

31/06/2017

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:

While a lack of thermostatic control measures for hot water had been identified through previous risk auditing of the centre, this had not been addressed at the time of inspection.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Thermostatic controls will be installed in the bath and the shower in the centre.

Complete. 05/05/2017

A review will be undertaken by the PPIM of all risks in the designated centre in order to ensure that all risks are addressed and adequate control measures are in place.

31/07/2017

Proposed Timescale: 31/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some staff spoken with were not fully informed of the overall process involved in the investigation of an allegation of abuse and were unable to explain to the inspector the various steps outlined in the safeguarding vulnerable adults policy.

5. Action Required:

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

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

All staff in the designated centre will attend Training in the Protection of Vulnerable Adults with the Regional Safeguarding and Protection Team.
Complete. 06/04/2017

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all matters as required in Schedule 2 of the Regulations were available for review during the inspection and were held in a central office.

6. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Evidence of Garda Vetting will be included in Schedule 2 documentation in respect of one staff member in the designated centre. 24/05/2017 Complete

Registration PIN numbers will be included in Schedule 2 documentation in respect of one staff member in the designated centre. 28/03/2017 Complete

Evidence of References from previous employer will be included in Schedule 2 documentation in respect of one staff member in the designated centre. 30/06/2017

A review will be undertaken by the PPIM of all documentation in staff files to ensure that information and documents as specified in Schedule 2 are obtained for all staff. 31/07/2017

Proposed Timescale: 31/07/2017

Theme: Responsive Workforce

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

Supervision meetings required some improvement to ensure they discussed set goals for staff around their key working responsibilities for residents and training they may require to meet the assessed needs of residents living in the centre.

7. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Supervision Information Training has been sourced for all staff in the designated centre. All staff will receive Training around their key working responsibilities for residents to meet the assessed needs of residents living in the centre. 31/10/2017

The PPIM will attend Training in conducting Supervision meetings with staff in the designated centre. 31/09/2017

Proposed Timescale: 31/10/2017

Theme: Responsive Workforce

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

Not all staff had received training in the management of dysphagia which would support staff to understand evidence based practice in the management of residents with compromised swallow and management of modified consistency meals.

8. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All four staff in the designated centre who had not received Training in the Management of residents with compromised swallow and Management of modified consistency meals on the day of Inspection will receive Training in Dysphagia. 31/07/2017

Proposed Timescale: 31/07/2017

