

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Florence House
Centre ID:	OSV-0002632
Centre county:	Wexford
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Brigid Murphy
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
22 March 2017 09:30	22 March 2017 19:00
23 March 2017 08:30	23 March 2017 15:30

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

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this service and was undertaken to inform the decision to register the centre following the provider’s application. A monitoring inspection took place on 24 March 2016.

In the intervening period the residents from this centre had been transferred to another location on a temporary basis while fire upgrading works were taking place and had relocated back to this centre in December 2016.

How we gathered the evidence:

The inspection took place over two days and was announced.

The inspector met with all residents who communicated in their preferred manner. They allowed the inspector to participate in and observe some of their daily activities. The inspector met with a number of family members who represented the residents. They expressed their confidence in the care the care provided; they said the management and staff were always open to hearing their opinions. They were confident that their relatives healthcare and social care needs were being met and they were always consulted in any decisions. They did express some reservations as to the number of residents living together in the centre.

The inspector also reviewed all notifications and information received since the previous inspection. The inspector met with all of the residents and staff members, the person in charge and the provider nominee.

The inspector reviewed the premises and observed practices including mealtimes, activities and relaxation for residents. Documentation related to risk management, residents' records, accident and incident reports, medication management, staff supervision and recruitment records, policies and procedures were examined.

Description of the service:

The statement of purpose describes the service as providing care for 10 adult residents, both male and female with severe to profound intellectual and physical disabilities, challenging behaviours and autism. Care practices were found to be in accordance with this statement.

The centre consists of a large detached house in its own grounds in the centre of town with a safe and suitable garden and play area. The residents attended day services provided by the organisation.

Overall judgment of the findings:

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in positive outcomes for residents, the details of which are described in the report.

The inspector reviewed the 4 actions required following the previous inspection. Three of these had been satisfactorily resolved with one matter requiring further attention. The inspector found that there were effective governance systems in place.

Good practice was found in:

- Systems for consultation with residents or their representatives, access to independent advocates, and a transparent complaints process which promoted residents rights (outcome 1)
- Promotion of residents' privacy and dignity (outcome 1)
- Access to multidisciplinary clinicians, healthcare services and safe medicines management which promoted residents wellbeing and safety (outcomes 5 and 11 and 12)
- Safeguarding systems which were protective and responsive (outcome 8)
- Good access to socialisation and activities which enhanced residents quality of life

(outcome 5)

- Responsive risk management practices which helped to ensure residents safety(outcome 7)
- Sufficient staffing and skill mix which ensured care was provided in accordance with the residents assessed needs and preferences (outcome 17).

Some improvements were required in:

- Comprehensive reviewing of personal plans based on assessed needs (outcome 5 and 18)
- Deployment of and consistency of staff to ensure continuity of care for the residents (outcome17)

These matters are further discussed in the body of the report and 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 the rights of residents were respected and there were systems in place to support this.

From a review of the complaints register and related documentation a small number of complaints had been made in relation to care provision. These had been reported and recorded and there was evidence that the person in charge and the provider had taken steps to address the issues to the satisfaction of the complainant in a timely manner. This was also confirmed by relatives who spoke with the inspector. They stated that management was open to hearing any concerns they had and they felt free to raise issues at all times.

Staff were also seen to make complaints on behalf of residents where internal issues impacted on their quality of life.

The design and layout of the centre supported residents' privacy with private space for visits. Staff were seen to be careful in maintaining resident's dignity when carrying out personal care and in how they communicated with them.

Taking the resident assessed needs into account meetings were not held but each key worker met with the residents individually on a weekly basis and used pictorial images to help them plan activities and express any concerns.

There was a significant emphasis on relatives and or representatives acting as advocates and speaking on behalf of the residents. There was evidence of regular communication and consultation with relatives and this was confirmed to the inspector.

To this end the residents' representative group included parents and an external advocate. The records seen indicated that the meetings focused on development of quality systems to improve residents' access to the community, socialisation and provide different experiences for them. Requests had also been made aware of the national advocacy services for individual supports for residents.

On a day to day basis the key workers' were seen to use communication cards and their knowledge of the residents to help them make choices and express their wishes. It was apparent from the personal records and from observation that the staff knew the resident's preferences very well and also understood the resident's means of expression and non verbal communication. Where for example, as resident indicated that they did not wish to go out on the bus or to the day centre this was respected.

There were detailed and updated personal property lists maintained. However, it was brought to the inspector's attention that clothing was at times mislaid and residents did not always have their own clothing. The person in charge was aware of this and had tried to address the problem but not entirely successfully.

Systems for the management of resident's finances within the centre and on a day to day basis were transparent and the inspector saw that detailed records were maintained locally of all spending.

However, almost all resident's monies were currently lodged directly into a HSE personal property account. The inspector was informed that plans were made to address this issue and there was no evidence to suggest any untoward practices in the management of this money.

Judgment:

Substantially 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:

This provider was found to be compliant with this outcome and positive findings were noted.

The inspector observed details in personal plans outlining residents' communication needs and the staff understood the residents' means of expressions very well.

Pictorial images were used to help with sequencing of events for the residents which included their activities, meals and visitors. Speech and language therapists had devised communication plans which were used by the staff.

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:

Inspectors saw evidence from records reviewed and from speaking with relatives and information received from family members that familial and significant relationships were respected, maintained and supported. There was evidence of regular communication with families who were involved in all decisions and planning with the residents. Relatives confirmed this.

There was evidence that families were quickly informed of any incidents or changes in health status. Records of these visits and all communication was evident. Residents had easy access to the local community supported by staff.

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 on admissions which outlined the pre-admission assessment and decision making process. An internal transfer had taken place in 2106 and the inspector saw that this was undertaken in consultation with relatives. The resident had a well managed and supported transition to the new centre. By virtue of their care needs and assessments it was observed that admissions and care practices, staffing levels and skill mix were congruent with the statement of purpose.

There was detailed information on health, medication, social care and communication available in the event of transfer to acute care.

The contractual arrangements for the service showed that and all fees and additional payments and services were clearly defined within this. They were appropriately signed by representatives of the residents.

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):

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

Findings:

The action from the previous inspection in relation to the implementation of residents' social care activity plans and identification of goals had been partially resolved.

Staffing levels had been increased following the previous inspection which supported residents' activities. However, annual reviews had not been held for all residents. Of a sample of five residents review records examined some did not consistently reflect the outcome of the assessments, any progress made or identify ongoing needs and goals for the residents. This was not a consistent finding however and a number of reviews were comprehensive with plans made for further development.

Some but not all of these findings can be attributed to the use of the documentation available. The inspector acknowledges that the documentation being used was relatively new and was to be reviewed for effectiveness.

In addition, the support plans developed were not sufficiently detailed to guide practice in some instances such as skin care, physiotherapy or nutrition. This was primarily a documentary deficit. From a further review of residents' medical and daily records and from speaking with staff and relatives the inspector was satisfied that the care was being delivered in accordance with the residents' assessed needs.

There was evidence of a significant level of multidisciplinary assessment and interventions. There was regular access to speech and language therapy, physiotherapy, psychiatry and psychological supports. Sensory therapies were ongoing and used to good effect for the residents.

It was apparent that parents and representatives of the residents were fully involved in the care and support being provided.

The social care needs of the resident were supported. They had access to local groups for specialised activities, attended leisure centres for swimming or hydrotherapy. The residents attended day care on different occasions. This meant that there were usually four to five residents who remained in the centre on various days. The inspector saw that the staffing provided scope for activities and ongoing interactions with the residents which were not task focussed.

These included massage, sensory therapy, and music, going to the seaside and community events. There were toys and other sensory equipment available and used with the residents.

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 premises are suitable for purpose and meets the needs of all of the residents. All accommodation for residents is located on the ground floor.

All residents had single bedrooms which were suitable and spacious, with ample room for personal possessions and assistive equipment as needed. There was sufficient communal and personal space available.

Facilities included two assisted en suites, two further large assisted bathrooms and a single suitable toilet. There were two large sitting areas, a further small quiet room, a sensory room, dining room and suitable equipped kitchen.

The decor was fresh and furnishings were suitable and comfortable.

Assistive equipment including low beds, hoists and mobility aids were provided with suitable ramps and exits.

There was a large and secure soft play area at the rear of the centre which was well equipped.

Laundry and sluice facilities were also available and suitable for purpose.

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 actions required from the previous inspection had been satisfactorily resolved with clarity regarding the evacuation procedures for residents in the event of a fire. The inspector was satisfied that the resident's safety was prioritised taking their vulnerabilities into account.

The provider had undertaken significant fire safety works including self closing fire doors. Fire drills were held regularly including simulation of night-time staffing arrangements. The records showed that fire safety training was up to date for staff and new staff had been inducted in fire safety. Documentary evidence of the servicing of the fire alarm, the fire fighting equipment and emergency lighting was available.

Daily checks on the alarm and exits were carried out. A number of safety audits of the premises and work practices had been undertaken by the person in charge on a regular basis. Emergency phone numbers were readily available to staff.

The personal evacuation plans had been revised to accurately reflect the residents' individual physical capacity and support needs. Staff spoken with were very familiar with the evacuation arrangements and the purpose of the compartments in using this process safely.

The risk management policy was in accordance with the regulations and supporting policies were in place including an appropriate emergency plan and risk of residents absconding.

There were satisfactory risks assessment undertaken for individual residents for pertinent issues including self harm, falls, skin integrity and unauthorised absence with affective strategies implemented to mediate the risks.

There was evidence that incidents which occurred were reported and reviewed at senior management meetings as part of the incident management process. This included analysis of data which contributed to any untoward events and decisions taken to mitigate the risks. They were also discussed at team meetings to ensure learning from incidents were implemented.

The risk register was very detailed and had been amended to include centre specific risks including clinical and environmental risks pertinent to residents. Infection control systems were satisfactory and systems for the maintenance of equipment including hoists, specialised beds, chairs and all other equipment for residents use were evident.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector was satisfied that resident's safety and welfare was prioritised but some improvements were required in the procedures for detail of the safeguarding plans. Where residents were negatively impacted upon by the behaviours of others, the strategies identified in the plans were not sufficiently detailed and did not guide staff practice. These plans did not in fact detail the precise day to day systems actually being implemented to protect more vulnerable residents. These included positive behaviour support strategies, very robust daily allocation of staff, and changes to routines and timing of activities for some residents. The inspector observed these being implemented. Detailing these sufficiently would ensure that all staff were familiar with them and would facilitate better review of the effectiveness and ensure that any additional supports needed could be identified. This documentary deficit is actioned under outcome 18 Record and Documentation.

Behaviour supports specialist and psychiatric support was available to the residents as required but routinely on a three monthly basis.

There was evidence that staff sought to understand the meaning of the behaviours for

the residents and quickly recognised the triggers. Strategies were pertinent to the needs of the individual residents. For example, bereavement therapy and appropriate sensory tools had been sought and a disused car was procured for one resident who had easy access to this. These had impacted very positively on the behaviours presented and the wellbeing of the residents. Sensory assessments were also carried out and staff implemented the prescribed interventions.

Restrictive practices had been reduced and were used minimally. Where bedrails and lap belts were used these were undertaken with multidisciplinary advice and agreement. They were regularly reviewed by the restrictive practices committee and in consultation with relatives. The rationale for such use was clear, there was evidence that alternatives had been considered and the risks identified. Details of periods of release were also maintained.

A number of low beds were made available which reduced the need for bedrails where this was feasible.

A review of a number of residents' records indicated that p.r.n (as necessary) medicine was not used inappropriately to manage behaviours. There was a protocol for its usage which staff were familiar with. Documents reviewed indicated that the protocol was adhered to. This medicine was regularly reviewed by the psychiatric service and staff also noted the effectiveness or side effects of the medicine.

The policy on the protection of vulnerable adults was in place and implemented. There were three designated persons in the organisation assigned to manage any allegations should they arise. Staff had the appropriate training and were familiar with their responsibilities in terms of acting to protect residents and in recognition of actions or behaviours which were abusive.

The designated officers were also familiar with their responsibilities. The provider had acted according to the policy and had taken appropriate action in relation to misconduct which impacted on a resident's dignity. This had also occurred when staff failed to report an injury.

There were detailed personal care plans available. A body chart was used to indicate any areas of bruising or skin damage which was reviewed for causal factors.

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:

A review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrated that the person in charge had complied with his responsibility to forward the required notifications to the Authority. All incidents were reviewed internally.

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 developmental needs of the residents were managed in a person centred manner. A number attended day care services managed by the organisation which were staggered to ensure all had opportunities to attend. These provided sensory and stimulating activities, horticulture, cookery and physiotherapy.

The inspector observed that for those residents who remained in the unit there was constant and very good communication and interaction with staff. They engaged the residents actively with tasks and activities suitable to their preferences and abilities. They used the sensory room to good effect, did painting or ball games and went for individual walks with staff. They had full access to music and television of their choice. The personal plans included the development of skills in small but fundamental tasks such as learning personal care skills, dressing, helping with tidying up, all of which contributed to the resident's wellbeing and dignity.

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 was satisfied that the complexity of the residents healthcare needs were identified and supported. The daily records maintained by staff were comprehensive and demonstrated that staff noted and responded promptly to any changes in residents' health. Staff were well informed in regard the residents health care needs.

There were regular reviews of residents' healthcare undertaken and good access to healthcare supports evident. Evidenced based tools were used to determine risk including skin integrity, weights and dietary requirements.

Fluids and food intake were monitored and any changes responded to. Vaccinations were administered as deemed necessary. The inspector saw that medical interventions were undertaken in consultation with the resident's representative and agreed in conjunction with the residents' GP.

Some plans had been made in relation to end of life care wishes .This was not relevant at the time of this inspection but the provider had the skill capacity and support system to allow residents remain in the centre at such a time if that is their wish.

The resident's main meals were prepared off site and delivered in thermally insulated food trolleys. Despite this the food was seen to be nutritious and varied and there were choices available and additional food stocks for snacks and suppers.

Staff in the centre altered or pureed the food delivered for the residents who required this. This strategy was undertaken as a precautionary measure to ensure resident's nutritional needs and requirements were met. Additional foods or supplements could then be added to supplement the meals provided. Prescribed supplements were also administered as required.

Staff cooked some meals for residents based on individual preferences for example; chips were cooked freshly when the residents wanted them. Pictorial menus were used to offer residents choice and the inspector observed this taking place.

The inspector observed the meal times. The meals were in accordance with the directions of the dieticians and speech and language therapists and staff supported residents in a respectful, calm and unhurried manner. Some residents used adapted crockery or aids to maintain their independence.

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 policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for all medicines were satisfactory. There were suitable arrangements for the management of controlled medicines although these were not required at the time of this inspection.

There were appropriate documented procedures for the handling, disposal of and return of medication. Any medicines given in an altered format were duly prescribed.

The inspector saw evidence that medicine was reviewed regularly by both the residents GP and the prescribing psychiatric service. There were systems for checking in and receipt of medication. Regular audits of medicines administration and usage were undertaken by the person in charge.

The inspector observed that due to the resident's healthcare needs, medicines administration took considerable time but was carried out carefully. This was discussed with the person in charge who stated that they were considering a dispensing system which may make the process somewhat less time consuming. There were suitable systems implemented for residents to take medicines home on visits. There was also a protocol in place for the use of emergency medicines.

Two medicines errors had occurred since the previous inspection. Both were noted promptly and actions taken to prevent reoccurrences.

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:

Some changes were necessary to the statement of purpose to reflect the changes in bedrooms and the revised governance arrangements. This was forwarded following the

inspection.

The care practices, staffing ratios and skill mix and facilities reflected the statement of purpose and the needs of the residents.

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:

The inspector was satisfied that the governance arrangements were suitable and effective. The centre was managed by a suitably qualified and experienced intellectual disability nurse who was fulltime in post. She was supported by an experienced nurse who shared some of duties and oversight functions.

The provider nominee was responsible for five other designated centres under the umbrella of this organisation in her role as director of nursing. She had suitable experience for the role and was clear on her responsibilities. All persons involved had a good knowledge of the Health Act and the regulations. The provider nominee was very involved in the governance and development of the services with accountability and decision making capacity.

Reporting structures were clear and robust.

There were a number of systems for monitoring and review of the service evident. These included regular audits of matters such as medicines, accidents and incidents, personal planning, outcomes for residents and residents' finances. Monthly unannounced safeguarding observation visits by other managers in the service also took place at various times of the day and night.

The provider also carried out the required twice yearly unannounced visits in 2016 which also identified issues and actions. The views of residents and primarily in this instance relatives were also sought to inform practices.

An annual report for 2016 was available and satisfactory. This also noted areas for

improvement such as increasing the availability of attendance at day care services, revision of staffing levels at day care and the need to re-evaluate the compatibility of and number of current residents. These were being progressed at the time 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:

There were suitable arrangements in place for the short and long term absence of the person in charge, and all documentation had been forwarded to HIRAM as required.

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:

There was evidence that the provider had sufficient resources to provide care for the residents. Planning for the future and reduction in numbers in the unit were also being pursued as part of the service development.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The actions required from the previous inspection included a review of staffing numbers, particularly the ratios of nursing staff available. This had been addressed by the provider.

All of the residents were assessed as requiring fulltime nursing care and this was provided. A total of 16 staff provided care to the residents with 7 fulltime nursing staff and 10 multitask attendants. The inspector found that the staff ratios and skill mix were satisfactory with two nurses and four multitask attendants on each day.

However, this finding is impacted upon by a number of factors. A number of staff attended the day service with the residents each day. This did to some extent impact on the ability to undertake some external activities with the remaining residents. However, staff were observed to make every effort to avoid this occurring. The provider stated that additional staff were being sought for the day service which would alleviate this matter.

From a review of the rosters and incident reports it was also possible to see that on occasions either agency or unfamiliar staff had been on duty and this may have contributed to the incidents.

Deployment arrangements also required review. For example, on the days prior to the inspection three staff were being inducted, which was in fact half of the daily ratio. On occasions annual leave arrangements did not take account of the skill mix and numbers to maintain consistency. At the time of the inspection the non nursing staff could not administer emergency medicines. This did impact occasionally on residents' social activities. The inspector was informed that the training was planned and this matter would be resolved.

The training matrix demonstrated that staff had training in Trust in Care with and safeguarding training. Training in patient handling and infection control was also up to date for staff. Challenging behaviour training was also provided. All staff had mandatory

fire safety training.

From a review of a sample of recruitment files the inspector saw that all of the necessary documentation and procedures for the safe recruitment of staff were obtained. A staff supervision process was in a place at six monthly intervals and records available indicated that this was a detailed and appropriate line management process.

Staff were observed spending constructive time with the residents either on a one to one basis or in small groups.

Judgment:

Non Compliant - Moderate

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:

Noelene Dowling
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-0002632
Date of Inspection:	22 March 2017
Date of response:	30 March 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

On occasion residents did not have control over or access to their own clothing.

1. Action Required:

Under Regulation 12 (3) (a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

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

The PIC has reviewed the procedure in relation to residents clothing to ensure correct labelling, storage and usage is supported for residents.

Proposed Timescale: 30/03/2017

Theme: Individualised Supports and Care

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

Residents' monies are paid directly into the organisations account and not under their own individual named accounts.

2. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

The residents payments from the Department of Social Welfare are lodged into a HSE Central PPP Account monthly. The money is then transferred into local PPP Accounts belonging to each individual resident and managed under the HSE, PPP Policy and Guidelines on behalf of residents by staff in consultation with family members for residents who lack capacity to manage their financial affairs.

It is the providers understanding that The HSE are engaging with HIQA at a National level in relation to this.

Proposed Timescale: 30/03/2017

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:

Personal plans were not consistently reviewed.

3. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The PIC will ensure that refresher training is delivered to all staff responsible for the completion of Annual Reviews and the documentation practices to support same

Proposed Timescale: 01/06/2017

Theme: Effective Services

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

Amendments or changes to personal plans were not made following reviews on all occasions.

4. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The PIC will ensure that refresher training is delivered to all staff responsible for the completion of Annual Reviews and the documentation practices to support same

Proposed Timescale: 01/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Arrangements for induction of staff, annual leave and the use of part-time staff were not satisfactory to ensure consistency and stability of residents' care given their vulnerabilities and behaviour support needs.

5. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The provider and PIC to complete review of induction pack and associated procedure for same reflecting different category of staff and the induction requirements for each one

The provider will review the allocation of Annual Leave and also the rostering of Locum and agency staff with the person responsible for rostering in the service to agree appropriate and safe approaches

Proposed Timescale: 15/04/2017

