Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Dawn House
Centre ID:	OSV-0002635
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	Unannounced
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
13 June 2017 09:30	13 June 2017 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was the third inspection of this service and was undertaken to ascertain ongoing regulatory compliance. The centre was granted registration on17 November 2015.

In September 2016 the provider relocated the residents to another premises specifically registered for that purpose in order to complete additional fire safety works in the centre. They returned to the centre in March 2017.

How we gathered the evidence:
The inspection took place over one day and was unannounced. 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 family members who represented the residents.

They expressed their confidence in 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 expressed reservations as to the number of residents living together in the centre however.

The inspector also reviewed all notifications and information received since the previous inspection. The inspector met with staff members, the person in charge and the provider nominee. The premises were reviewed and practices observed including mealtimes, activities and relaxation for residents.

Documentation related to risk management, residents' records, accident and incident reports, medicines 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 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 at various different times.

Overall judgment of the findings:
The inspector found that a number of factors have impacted on the findings of this report. These included the return to the centre in March from the temporary accommodation and changes to staff and key workers to facilitate overall development in the organisation.

These changes will ultimately benefit the residents. Primarily the findings are influenced by the number of residents living in the centre and the complexity and differing needs of the residents.

Since the previous inspection the provider had reduced the number of residents from 12 to 10 as agreed in the condition applied to the registration of the centre. This was hoped to alleviate some of the issues identified at that inspection.

As part of the overall organisational strategy for this and the five other centres managed by the provider there are plans to reduce the number of residents in this centre further.

The inspector reviewed the 22 actions required following the registration inspection. A significant number had been satisfactory resolved which included increases in staffing.

Issues not resolved included appropriate care planning, adequate reviews for residents, and maintenance of resident's privacy and dignity by virtue of issues in the premises.

The provider had invested significant capital in undertaking the fire safety works in

the centre and the person in charge had managed the temporary relocation to another designated centre and return to the this centre in a safe and consultative manner for residents and families. 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).
• Access to multidisciplinary clinicians, healthcare services and safe medicines management which promoted residents wellbeing and safety (outcomes 5 and 11 and 12)
• Risk management processes were effective which helped to keep residents safe(outcome 7)
• Staffing ratios and skill mix were satisfactory (outcome 17)

Improvements were required in the following areas:

• Safeguarding and behaviour support systems (outcome 8)
• Comprehensive review of personal plans based on resident assessed needs (outcome 5 and 18)
• Consistent access to socialisation and activities which enhanced residents quality of life (outcome 5)
• Maintenance of privacy and dignity of residents.

All of the above issues were impacted upon by the numbers of residents in the centre.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
This outcome was not reviewed in its entirety but the action from the previous inspection had not been satisfactorily resolved.

While the provider had as required reduced the number of residents from twelve to ten, two three bedded rooms remained in use. The screening required in these rooms had also been installed although this was not sufficient to adequately ensure privacy in the bedrooms for all residents.

As part of the providers long term action plan the reduction in numbers for the centre is expected to remove the need for these rooms and the timescale for this has not expired.

Privacy and dignity also remained impacted on by the fact that the shower and bathroom while suitable in style and size were interconnected with only curtain screening as dividers.

This was accessed directly from the day room and as observed the door was often open as staff have to support residents with significant mobility needs.

The sluice room was also located within the bathroom/ shower which further compromised privacy. This work was scheduled for completion along with the fire upgrading work but due to funding had not been completed.

There was evidence however that despite these deficits in the premises staff did respect

residents' privacy and dignity 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. 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 such as the behaviours of other residents. Advocates had been sourced to advise and guide staff in supporting residents where this was necessary.

Taking the residents assessed needs into account, group meetings were not held but each key worker met with the residents individually on a weekly basis to help them plan activities and express any concerns. There was also 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.

On a day to day basis the key workers' were seen to be guided by the residents' non verbal behaviours and indications for preferences such as activities.

From observation it was apparent 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 observed on the day, residents indicated that they did not wish to do an activity this was respected by staff.

There were detailed personal property lists maintained but these had not been updated. However, the inspector was informed by parents that clothing and other belongings were not as a rule mislaid.

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 into a HSE personal property account in accordance with current policy. The inspector was informed that plans were made to address this issue.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Overall the social care needs of the residents required review for the purposes of identification and implementation of goals.

Staffing levels had also been increased following the previous inspection and this had a positive impact on the ability of the staff to meet these needs however, the action from the previous inspection in relation to the implementation of resident's social care activity plans and identification of goals had not fully resolved.

From a review of the activities schedule it was obvious that a number of activities took place sporadically despite the staffs best efforts. Drives were frequent but these did not necessarily result in a walk or other social activity.

Swimming was identified as a recreational and behavioural support and this took place circa four weekly. On the day of the inspection a resident was waiting for three hours for a drive and on occasion this could be seen to have a negative impact on their behaviour.

The garden in the centre was used regularly. Staff were observed doing hand massage or trying to engage resident's in other activities. They did have access to hydrotherapy and to crafts and horticulture as they wished in the day centre.

The ability of staff to support residents for such activities and person centred care both in and outside of the centre was influenced by the number of residents living in the environment, the complexity of needs and the one to one supports required.

The inspector observed that despite the best efforts of the staff and the increase in the staffing numbers residents behaviours impacted on other residents quality of life and the environment during the day and night times and access to external activities.

In discussion with the provider and the person in charge there was an acknowledgement that the number of residents were too high and also that some residents may not be suitable for this environment due to their own needs.

Resident's daily routines were clearly identified and primary care and healthcare needs were found to be very well managed by staff.

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; progress made and identify ongoing needs and goals for the residents.

In some instances these records were very detailed desktop healthcare reviews but they did not take account of resident's behaviour or psychosocial care needs.

Goals were not identified in all cases and goals were repeated from year to year without changes regardless of the outcome for the resident. The deficits included access to recreational activities or simple trips out.

Recommendations such as the use of pictorial images for planning and communication had been made these had not as yet been implemented.

It was acknowledged that due to behavioural issues such items have to be designed to avoid risks. The system for planning and review therefore does not facilitate a comprehensive support system for residents.

Some, but not all of these findings could be attributed to the changes to staff and key workers since the relocation in March 2017.
There was evidence of a significant level of multidisciplinary assessment and interventions.

There was also 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.

Judgment:
Non Compliant - Major

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The premises was a bungalow which accommodated 10 residents in two three bedded rooms, two double bedrooms and two single bedrooms.

The continued use of the two triple bedrooms remains problematic. As noted in outcomes 1 the design and layout of the showers and bathroom significantly compromised resident privacy. The inspector also observed that egress from the bathrooms for residents who required the use of specialised chairs was very difficult for staff to negotiate.

There were two communal day rooms, a kitchen and dining room, three single toilets and two showers and one hydro-bath.

However, the layout was not suitable for the number of residents as all areas interlinked and the main day room used was effectively a corridor. There was a suitably equipped relaxation room in the unit but as this was also used as a storage area for equipment its value for the residents was negated.

Suitable furnishings were provided and rooms were nicely decorated with personal items. There was a large easily accessible, safe, soft play garden area outside which contained seating, suitable play equipment, and a covered veranda for shelter. Residents were observed using this during the inspection.

There was a suitably equipped relaxation room in the unit however; this was also used as a storage area for equipment which negated its value and ambience for the residents.

The house was located in a quiet residential area in close proximity to the local community and all services. It was not identified in any way to differentiate it from its neighbouring houses. There was suitable car parking to the front

It was also observed that laundry and sluice facilities were available and suitable for purpose.

Judgment:
Non Compliant - Moderate

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 a detailed risk register which identified and managed risks pertinent to the individual residents and the environment.

Specific issues noted had also been addressed which included risk of self harm and the use of equipment for residents. The register also noted the risks in regard to the number of resident living in the centre and the impact of behaviours on other residents. The inspector was satisfied overall 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 in all areas. Fire drills were held regularly including simulation of night-time staffing arrangements and any issues noted were resolved.

The records showed that fire safety training was up to date for staff. Documentary evidence of the servicing of the fire alarm, the fire fighting equipment and emergency lighting was available.

Daily checks on the alarm and exists were carried out. A number of safety audits of the premises and work practices had been undertaken. Emergency phone numbers were readily available to staff.

The personal evacuation plans reflected the residents' individual physical capacity and support needs. Staff spoken with were very familiar with the evacuation arrangements and the appropriate uses of the fire compartments.

The risk management policy was in accordance with the regulations and supporting polices 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, accidental injury and unauthorised absence with effective strategies implemented to mediate the risks.

There was evidence that incidents which occurred were reported or escalated and reviewed at senior management meetings as part of the incident management process. All such issues were seen to be raised at team meetings to ensure changes needed were noted and addressed.

Infection control systems were satisfactory and systems for the maintenance of equipment including hoists, specialised beds, chairs, vehicles 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector was satisfied that resident's safety and welfare was prioritised but improvements were still required in the procedures for detailing safeguarding plans, assessing possible areas of risk and implementing behaviour support interventions.

A number of residents had complex behaviour support needs which impacted on the quality of life for other residents. There was good access to psychiatric review but access to behaviour supports while available, had not been sufficiently utilised for some residents at the time of the inspection.

For example, some of the behaviour support plans available were reactive as opposed to preventative and despite advice to introduce additional activities and sensory interventions to avoid incidents these had not as yet been implemented.

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 in how to protect more vulnerable residents.

However, from a review of the incident records and notifications it was apparent that there had been a reduction in incidents of peer to peer assault and injury. This could be seen to have resulted from increased mental health supports and the additional staffing.

Where sensory assessment had taken place the interventions were being utilised and monitored for effectiveness. Some residents however, continued to experience periods of distress and severe agitation which did impact on the wellbeing of others.

This is also reflected in the use of some restrictions in the centre. These included

prevention of access to the dining room and kitchen at specific times and locking of the access doors at specific times. Others included the use of an all-in-one suit at night.

There was evidence that alternatives had been trialled, and they were reviewed by a committee which included an external representative and the behaviour support specialist.

The inspector was satisfied that the risks of not taking these actions were significant. Some practices had been discontinued, for example, a number of low beds and crash-mats had been introduced to good effect and reduced the need for bedrails. A review of a number of residents' records indicated that p.r.n (as necessary) medicine was not used to manage behaviours.

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 while most staff were familiar with their responsibilities this was not a consistent finding.

The designated officers were familiar with their responsibilities. In relation to a one particular incident which was reviewed the provider had acted according to the policy and had taken appropriate action in relation to this matter which related to accidental injury. The required screening was undertaken and forwarded to the relevant statutory services. However, the inspector noted that a factor which could have contributed to the incident was not addressed as pertinent. While this may have had no bearing on the incident, it was found that in the interests of a transparent process and learning it should have been noted.

A full systems analysis of the incident was in train at the time of inspection to ensure the outcome was correct and satisfactory to all parties involved.

On the day of the inspection the person in charge was seen to quickly intervene to address an inadvertent interaction by a staff member with a resident.

While personal intimate care plans were available they were not sufficiently detailed to ensure dignity and integrity were maintained. They did not consider resident's preferences or gender in the provision of such care.

However, from speaking with staff the inspector was satisfied that this process was carried out in a safe and dignified manner.
Body charts were used to detail any injuries or bruising but they were not consistently reviewed to ensure the bruising could be explained. This was not in line with the centre's policy.

Judgment:
Non Compliant - Moderate

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:
There was an established pattern of compliance with the requirement to notify the Chief Inspector of any accident or incidents or events which required this.

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 very well 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 allied supports evident. Evidenced based tools were used to determine risk including those of skin integrity, and dietary needs with detailed support plans available which staff were familiar with and seen to implement.

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

A number of plans had been made in relation to end of life care wishes or advanced

planning. This was not relevant at the time of this inspection but the provider had the skill, capacity and support systems to allow residents remain in the centre at such a time if that was their wish.

The resident's main meals were prepared off site and delivered in thermally insulated food trolleys. Despite this arrangement 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 pureed the food delivered for the residents who required this an also added any supplements necessary. This strategy was undertaken as a precautionary measure to ensure resident's nutritional needs and requirements were met. Prescribed supplements were administered as required.

The inspector observed the meal times. They were staggered in order to ensure the residents had the maximum level of support and supervision as needed.

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.

Staff were found to be vigilant in regard to any adverse effects of medicines for residents and acted promptly to seek advice on this. There were systems for checking in and receipt of medication. Regular audits of medicines administration and usage were undertaken.

There were detailed protocols in place for the use of any PRN (administered as required medicines) and the sample records reviewed indicated that these were adhered to.

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.

One medicines error had occurred since the previous inspection however, the actions taken to prevent a reoccurrence were appropriate.

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

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

The care practices, staffing ratios and skill mix 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. However, the collective issues found in social care and safeguarding indicated that arrangements to support staff to take professional responsibility needed review.

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 the duties and oversight functions. There was also a suitable on call system in place.

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.

Persons involved in the management structure 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 also 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, and residents' finances. However, staff required further supervision in ensuring that residents' personal plans were effective and implemented and that they understood the training provided in safeguarding.

Monthly unannounced safeguarding observation visits by other managers in the service took place at various times of the day and night which supported the protection of residents.

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 noted areas for improvement such as increasing the availability of attendance at day care services, reviews and outcomes of personal plans and the need to re-evaluate the compatibility of the residents and the reduction in numbers was listed as a priority for this centre.

Judgment:
Non Compliant - Moderate

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 and deployment of staff during the days and at weekends. The residents needs indicate that they require fulltime nursing care and this was available. The ratios had been increased during the day and evening time to a minimum of two nurses and four multitask attendants until circa 20:30 hrs each day. At weekends this was reduced to five. Overnight one staff nurse and one care attendant were available for waking duty.

The inspector found the ratios and skill mix were satisfactory. All of the health care assistant staff multitask. This means they are responsible for residents care, housekeeping and some catering duties. However, non nursing staff could not administer emergency medicines for seizure activity. This did impact occasionally on resident's social activities. The inspector was informed that the required training was planned and this matter would be resolved.

The training matrix demonstrated a commitment to ongoing training and fire safety, patient moving and handling and safeguarding training had been completed by all staff with one with one exception. Infection control food hygiene and behaviour support training had also been provided.

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. However, the records available demonstrated that this was a supportive process and did not focus on line management or development for staff. .
The person in charge had undergone clinical supervision training and it was intended to formalise this type of supervision.
There were regular team meetings held which focused on residents care and support needs.
Staff were observed engaging attentively and kindly with the residents at all times.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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 report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002635
Date of Inspection:	13 June 2017
Date of response:	04 July 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation
Theme: Individualised Supports and Care **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The showers and bathroom do not have doors installed and both are interconnected with only curtain screening as dividers. This impacts on residents privacy when receiving personal care. The use of two three bedded rooms do not provide sufficient privacy and residents' behaviour impacts on other residents when sleeping. Screening remains inadequate.

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

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
1. Capital funding has been secured and works are being scheduled to address the internal bathroom layout incorporating the laundry and sluice rooms in the centre. Start dates to be arranged pending tender and availability of decant accommodation.

2. Bedroom furniture has been re located to ensure existing screening provides adequate privacy for residents within existing rooms. Dawn House remains a priority for decongregation. The HSE are currently engaging with a Housing Association in relation to purchasing suitably functional properties.

3. The Centre remains home to 10 individuals, however the reconfiguration of the bathroom etc will enhance the functionality of the communal day room and ensure that all doors to bathrooms are open onto a corridor and not a day room.

Proposed Timescale:

1.12-16 weeks from start date – proposed 30/12/2017 however awaiting confirmation of availability of decant registered centre. The Provider will confirm this with the inspector on receipt of same.
2. 30/06/2017 – screening. Decongregation
3. 30/12/2017

Proposed Timescale: 30/12/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All residents' needs are not currently being met in the environment due primarily to the number of residents living there and the needs of the residents.

2. Action Required:
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
1. The provider is aware that the HSE Nationally / Estates Dept and The Dept Of the Environment are working towards streamlining access to CAS funding in order to

provide suitably functional homes to support adults who have a severe/ profound ID living in designated centres which are regarded as congregated settings to relocate into smaller homes.
2. In the short term decanting for the 4 month reconstruction period will facilitate smaller numbers of residents in 2 centres.
3. The provider in conjunction with HSE Estates Dept is actively seeking suitable adaptable properties for acquisition for 4 residents.

Proposed Timescale:
1. 31/12/2018
2. 31/12/2017
3. 31/12/2018

Proposed Timescale: 31/12/2018

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews of personal plans were not sufficiently comprehensive to encompass all of the residents' needs.
Reviews did not consider the outcome of the plan for the resident.

3. 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:
1. All keyworkers to address the short fallings in residents care plans in accordance with their individual care needs as priority.
2. All keyworkers are scheduling annual reviews as a matter of priority in consultation with relevant Multi disciplinary team members and in turn will reflect the outcomes in the residents care plans.
3. PIC's from all centres have scheduled educational training sessions for all keyworkers which will enhance staffs knowledge of the care planning process and offer support with care plan documentation.
4. PIC will meet with keyworkers on a monthly basis on-going regarding progress and achievement of social goals, communication goals and skills progress, progress with referrals, reviews, behaviour management, multi disciplinary input and social and in house activities.
5. Enhanced Audit tool has been devised and a schedule put in place between the PIC and each keyworker

Proposed Timescale:
1. 31/07/2017
2. 31/08/2017
3. 31/07/2017

4. And 5. 28/06/2017

Proposed Timescale: 31/08/2017

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.

4. 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:
1. All keyworkers to address the shortfallings in residents care plans in accordance with their individual care needs as priority.
2. All keyworkers are scheduling annual reviews as a matter of priority in consultation with relevant Multi disciplinary team members and in turn will reflect the outcomes in the residents care plans.
3. PIC's from all centres have scheduled educational training sessions for all keyworkers which will enhance staffs knowledge of the care planning process and offer support with care plan documentation.
4. PIC will meet with keyworkers on a monthly basis ongoing regarding progress and achievement of social goals, communication goals and skills progress, progress with referrals, reviews, behaviour management, multi disciplinary input and social and in house activities.
5. Enhanced Audit tool and action plan document has been devised and a schedule put in place between the PIC and each keyworker

Proposed Timescale:
1. 31/07/2017
2. 31/08/2017
3. 31/07/2017
4. And 5. 28/06/2017

Proposed Timescale: 31/08/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The lay out of the centre including but not exclusive to the three bedded rooms and bathrooms does not facilitate the needs of the number of residents.

5. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
1. Capital funding has been secured and works are being scheduled to address the internal bathroom layout incorporating the laundry and sluice rooms in the centre. Start dates to be arranged pending tender and availability of decant accommodation.

2. Bedroom furniture has been re located to ensure existing screening provides adequate privacy for residents within existing rooms. Dawn House remains a priority for decongregation. The HSE are currently engaging with a Housing Association in relation to purchasing suitably functional properties.

3. The Centre remains home to 10 individuals, however the reconfiguration of the bathroom etc will enhance the functionality of the communal day room and ensure that all doors to bathrooms are open onto a corridor and not a day room.

4. The provider is aware that the HSE Nationally / Estates Dept and The Dept Of the Environment are working towards streamlining access to CAS funding in order to provide suitably functional homes to support adults who have a severe/ profound ID living in designated centres which are regarded as congregated settings to relocate into smaller homes.

5. In the short term decanting for the 4 month reconstruction period will facilitate smaller numbers of residents in 2 centres.

6. The provider in conjunction with HSE Estates Dept is actively seeking suitable adaptable properties for acquisition for 4 residents.

Proposed Timescale:

1. 12-16 weeks from start date – proposed 30/12/2017 however awaiting confirmation of availability of decant registered centre. The Provider will confirm this with the inspector on receipt of same.
2. 30/06/2017 – screening
3. 30/12/2017
4. 31/12/2018
5. 31/12/2017
6. 31/12/2018

Proposed Timescale: 31/12/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Behaviour support plans were not implemented and were not reflective of the advice of the clinicians.

6. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
1. The keyworkers have been spoken to and action plans put in place under supervision to complete and implement behaviour support plans reflecting advice from relevant clinicians within specified timeframe.
2. As above PIC will meet with keyworkers on a regular and ongoing basis regarding progress and achievement of all aspects of residents care including behaviour support.

Proposed Timescale:

1. 16/06/2017
2. 29/06/2017

Proposed Timescale: 29/06/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Intimate care plans did not sufficiently guide staff in undertaking such tasks safely.

7. Action Required:
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:
Intimate care plans to be revised and updated to ensure dignity and integrity were maintained and to identify gender preferences in provision of intimate care.

Proposed Timescale:
30/06/2017

Proposed Timescale: 30/06/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Systems for investigation of incidents including accidental injury or bruising were not robust.

8. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
1. Existing incident review records have been enhanced to include evidence of look backs and agreed actions
2. A process to ensure investigation of unexplained bruising to be incorporated into the care plan

Proposed Timescale:
1. 30/06/2017
2. 30/06/2017

Proposed Timescale: 30/06/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff required further supervision in ensuring the residents personal plans were effective and implemented and that they understood the training provided in safeguarding.

9. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
1. Staff are trained in safeguarding, however additional support is being provided for 1 staff member by the Designated officer to ensure appropriate knowledge of the policy and his responsibilities.
2. Retraining being provided for particular staff member

Proposed Timescale:
1. 30/06/2017
2. 07/07/2017

Proposed Timescale: 07/07/2017

Outcome 17: Workforce
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Additional training was required for all pertinent staff in the administration use of emergency medicines and for staff who had not completed safeguarding training. **10. 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:** 1. 1 staff outstanding Safeguarding – same scheduled 2. All MTW staff are scheduled to attend Epilepsy management and rescue medication administration. Policy being devised to inform chance of practice. Proposed Timescale: 1. 07/07/2017 2. 31/12/2017
Proposed Timescale: 31/12/2017