

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moville Residential Group Home
Centre ID:	OSV-0003339
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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: 04 September 2017 09:00 To: 04 September 2017 15:40

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
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
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an unannounced monitoring inspection carried out to monitor ongoing compliance with the regulations and standards. As part of the inspection, the inspector reviewed actions the provider had undertaken since the previous inspection which was conducted on 11 June 2015. The designated centre was part of the services provided by the Health Service Executive in Donegal. The centre provided a full-time seven day residential service to adults with a disability.

How we gathered our evidence:

During the inspection, the inspector met with all four residents who lived at the centre and three staff members. In addition, the inspector observed practices and reviewed documentation such as residents' personal plans, health records, risk assessments, policies and staff personnel files.

The inspector interviewed the person in charge as part of the inspection and found them to be suitably qualified and knowledgeable on both residents' assessed needs and their role and responsibilities under the regulations.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of a two storey house which was set in its own grounds in a town. The centre was within easy access to local amenities such as shops, restaurants and cafes.

Overall Findings:

The inspector found that residents had a good quality of life at the centre and were supported to access a range of activities and achieve their personal goals. Residents told the inspector that they enjoyed living at the centre, and were supported by staff to do activities such as personal shopping, learn new skills and engage in part-time employment. Residents were knowledgeable on all aspects of the centre's operation such as fire safety arrangements and how to make a complaint. Residents told the inspector that they agreed daily activities at the centre through their regular morning meeting with staff, and if they were unhappy with the service they would tell the person in charge or a staff member. Throughout the inspection, residents appeared both comfortable and happy with the support they received from staff.

Staff were knowledgeable on the needs of residents. Staff supported residents to be involved in the running of the centre from mowing the garden lawn, planning the meals and doing the daily grocery shopping. The inspector found that the provider's governance and management arrangements resulted in positive experiences for residents.

Summary of regulatory compliance:

The centre was inspected against eleven outcomes. The inspector found major non-compliance in one outcome which related to staff personnel records and information required under regulation. Substantial compliance was found in one outcome which related to staff training. Compliance was found in eight outcomes with a positive focus on the support provided to residents with their social care needs.

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents had written agreements in place.

The provider's admissions and discharge policy was up-to-date and was reflected in the centre's statement of purpose.

Residents had accessible written agreements in place, which included both rent and any additional charges to be paid. Additional charges to be met by residents included the cost of community activities, clothing and toiletries. The inspector found that all written agreements sampled had been signed by both the provider and the resident or their representative.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' needs were regularly reviewed and were reflected in their personal plans.

The inspector looked at a sample of residents' personal plans, which included assessments on support needs in areas such as healthcare, keeping safe, communication, behaviours that challenges, independent living skills and relationships. Personal plans were up-to-date and reflected both staff knowledge and observed practices on the day of inspection. The inspector found personal plans were available to residents in an accessible format and presented information through a mixture of photographs, symbols and words.

Personal plans included residents' annual goals, which reflected their likes and preferences; such as, arranging a holiday to Scotland and the development of new skills in literacy, computers, gardening and cooking. The inspector found that residents' goals included information on both named staff supports and expected timeframes for their achievement.

The effectiveness of residents' personal plans was reviewed annually and records showed that review meetings were attended by the resident, their family members, centre staff and multi-disciplinary professionals such as social workers.

The inspector reviewed activity records and found that activities reflected both residents' personal goals and preferences. Residents told the inspector that they were supported to access a wide range of community activities such as swimming, music concerts, personal shopping, meals out and visits to family. A resident told the inspector that they had part-time work in a local supermarket and while others had been supported by staff to gain employment in a local hotel's kitchen during the summer which they enjoyed.

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:

Risk management arrangements in place at the centre ensured that residents and staff were kept safe, although the inspector found that not all staff had received up-to-date training in hand hygiene and moving and handling.

The previous inspection had found that the centre was not equipped with suitable fire equipment. However, following the previous inspection suitable equipment had been installed at the centre. On the day of inspection, the inspector observed that the centre was equipped with a fire alarm, fire doors, fire extinguishers, fire call points, smoke detectors and emergency lighting. Records showed that fire safety equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

The centre's fire evacuation plan was prominently displayed along with an accessible version for residents. Residents' needs in the event of a fire had been assessed and recorded in up-to-date 'Personal Emergency Evacuation Plans' (PEEPs), which the inspector found reflected staff knowledge.

Fire drill records examined showed that regular simulated evacuations were carried out with residents. These drills had included evacuations using minimal staffing levels. Residents were able to tell the inspector what they would do in the event of a fire, which was in-line with both the centre's evacuation plan and residents' own PEEPs. In addition, training records examined by the inspector showed that all staff had completed up-to-date fire safety training at the centre.

The provider had an up-to-date risk management policy and safety statement. Risk assessments which related to residents and the centre were up-to-date, reviewed regularly and reflected staff knowledge and observed practices on the day of inspection.

The person in charge maintained a record of all accidents and incidents which occurred at the centre. In addition, the person in charge completed a monthly analysis of all incidents as part of the provider's audit schedule.

The inspector observed that hand hygiene information was displayed in the centre's kitchen and bathrooms, along with the provision of hand sanitisers and segregated waste disposal facilities.

However, records showed that not all staff had received up-to-date hand hygiene and manual handling training.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector found that measures were in place to protect residents from harm.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Following the previous inspection, the inspector reviewed training records and found that all staff had received up-to-date safeguarding of vulnerable adults training. Furthermore, the inspector spoke with staff and they were able to describe what might constitute abuse and the actions they would take if suspected, which were in-line with the provider's policy.

Information on the provider's safeguarding of vulnerable adults' policy, including a photograph of the named designated safeguarding officer, was prominently displayed at the centre. In addition, the inspector reviewed minutes from weekly residents' meetings which showed regular discussions between residents and staff on how to keep safe and how to make a complaint or report safeguarding concerns. Residents told the inspector that if they were unhappy at the centre they would tell either the person in charge or staff on duty.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. The inspector found that environmental restrictive practices at the centre, such as the locking the cleaning materials cupboard and the front door at night, were assessed, with a rationale for their use recorded, and subject to regular reviewed.

Although residents at the centre did not require support in relation to behaviours of concern, both the person in charge and staff told the inspector that if this was an assessed need, support would be accessed through a referral to the provider's multi-disciplinary team, which included a psychiatrist and psychologist.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).</p> <p>The inspector reviewed accident and incident records and found that all reportable events under Schedule 4 of the regulations had been submitted to the Health Information and Quality Authority (HIQA). In addition, a record of all submitted notifications was maintained and notifications had been sent to HIQA in accordance with regulatory timeframes.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that residents were supported to manage their own health.</p> <p>The inspector reviewed residents' healthcare records and found that they had access to a range of allied healthcare professionals including general practitioners (GP), psychiatrists, dieticians and dentists. In addition, recommendations from healthcare professionals had been updated in residents' personal plans and reflected staff knowledge</p> <p>Residents' personal plans included 'end of life' care plans, which had been discussed with both residents and their representatives.</p> <p>Residents told the inspector that they chose the meals at the centre as part of their daily morning meeting each day. Food records showed that meals were varied, healthy and nutritious in nature. Residents told the inspector that they had opportunities to eat out in local cafes and public houses as well as order takeaways.</p>

Residents told the inspector that they were involved in all aspects of meal preparation, dependent on their abilities, which was further reflected in discussions with staff and a review of daily activity notes and personal plans.

Where residents were supported with weight management programmes, recommendations made by the dietitian were reflected in their personal plans.

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:
Medication arrangements in place at the centre reflected the provider's policies and procedures.

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details, as well as information on prescribed medications such as administration times, route and dosage. In addition, a signature bank was maintained of staff trained to administer medication at the centre.

Medication was securely stored at the centre, with out of date medication segregated from current medications. Out of date or discontinued medication was returned to a local pharmacy and staff knowledge and records reflected this practice.

The inspector observed that residents were supported by staff to look after and administer their own medication, where they had chosen to do this.

In addition, the inspector found that regular medication audits were carried out by the person in charge to ensure practices at the centre were in-line with the provider's policy.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider's statement of purpose about the centre reflected the services and facilities provided.

The inspector reviewed the centre's statement of purpose. The statement was reviewed annually and contained all information required under Schedule 1 of the regulations and reflected the services and facilities provided on the day of inspection.

Furthermore, the statement of purpose was available in an accessible version.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Governance and management arrangements in place at the centre ensured that residents were supported in-line with their assessed needs.

The provider's management structure at the centre was reflected in the statement of purpose and staff knowledge. The person in charge was full-time, suitably qualified and regularly present at the centre.

The inspector reviewed monthly team meeting minutes which showed they were chaired by the person in charge and discussed all aspects of the centre's operation such as residents' needs, accidents and incidents and organisational policies. Staff told the inspector that the person in charge was approachable and responsive. In addition, staff said that they would have no reservations in raising concerns about the centre with the person in charge.

The person in charge conducted regular management audits on practices at the centre, which included medication management, health and safety, residents' finances and personal plans.

The person in charge told the inspector that they updated their skills through attending the provider's mandatory training as well as courses relevant to their role, such as leadership and management. In addition, the person in charge was supported through formal supervision from their line manager and attended regular management team meetings.

The inspector found that the person in charge had completed an up-to-date annual review of care and support provided at the centre, which was available on the day of inspection. In addition, the provider had completed unannounced six monthly visits to the centre which were also available at the centre.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Staffing arrangements at the centre ensured that residents' assessed needs were met, although not all information required under Schedule 2 of the regulations was present in personnel records.

The person in charge ensured that both an actual and planned roster was in place at the centre. The inspector found that staffing arrangements reflected residents' assessed needs as described in their personal plans and risk assessments.

Throughout the inspection, the inspector observed that residents received support in both a timely and respectful manner, which reflected their assessed needs. Residents told the inspector that they liked living at the centre, that the staff were good and supported them to access a range of activities of their choice.

Staff told the inspector that they felt supported by the management team and attended regular monthly team meetings. Furthermore, the person in charge had completed annual personal development plans with each staff member, which reviewed the staff members' roles and responsibilities with them and identified future training needs.

The inspector reviewed training records which showed that staff had access to the provider's mandatory training such as fire safety, medication and safeguarding of vulnerable adults.

The inspector reviewed a sample of staff personnel files and found that they did not contain all documents required under schedule 2 of the regulations such as full employment histories and copies of garda vetting disclosures.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Policies required under Schedule 5 of the regulations were available at the centre.

The inspector did not look at all aspects of the outcome, and focused on actions taken to address the findings of the centre's previous inspection.

The previous inspection had found that policies required under Schedule 5 of the regulations were not available on the day of inspection. The inspector found that

following the last inspection, all required policies were available at the centre. In addition, policies were up-to-date and had been reviewed in accordance with regulatory timeframes by the provider.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Stevan Orme
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-0003339
Date of Inspection:	04 September 2017
Date of response:	26 September 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 07: Health and Safety and Risk Management

Theme: Effective Services

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

The inspector found that not all staff had received manual handling training.

1. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to

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

residents, visitors or staff.

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

The Person in charge will ensure that a risk assessment is completed to mitigate accidental injury to residents, visitors and staff.

Moving and Handling training will be provided for all staff who require same.

Proposed Timescale: 04/10/2017

Theme: Effective Services

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

The inspector found that not all staff had received hand hygiene training.

2. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Hand hygiene training will be provided for all staff who require same.

Proposed Timescale: 04/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The inspector found that staff personnel records did not contain all information required under Schedule 2 of the regulations.

3. Action Required:

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

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

The Person in Charge has followed this up with the CHO1 data controller today 26/09/17. Requested vetting is currently with GVLO and is in progress. Disclosures will be forwarded to the inspectorate as soon as they are received in the Data Controller office.

Proposed Timescale: 31/10/2017