

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Teach Solas/Oaklands
Centre ID:	OSV-0003761
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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: 29 November 2016 09:00 To: 29 November 2016 19:10

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 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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

The purpose of this inspection was to monitor compliance with the regulations and standards. This centre was last inspected in April 2015 which found 35 breaches of the Regulations as outlined in the previous report. These actions were followed up on as part of this inspection, and the inspector determined that 32 actions had been addressed by the provider and person in charge.

Description of the service:

The written statement of purpose describes this centre as catering for nine adults over the age of 18 years old with moderate to severe intellectual disabilities and/ or autism, dementia, mobility issues and behaviours that challenge. The centre is made up of two bungalows, one unit which caters for four residents and the other for five

residents. Both bungalows are wheelchair accessible and located in the community setting.

How we gathered our evidence:

Over the course of the day the inspector got to meet and spend time with nine residents and eight staff members. Documentation was reviewed such as audits, minutes of staff meetings, personal plans, risk assessments and action plans. The inspector observed practice, spoke with residents and staff and management.

Overall judgment:

The inspector found that since the last inspection the provider, person in charge and staff team had brought about improvements in relation to compliance with the regulations which had resulted in an improved quality of life for residents living in this centre. Evidence showed that residents had good activation and choice in their daily lives, personal goals were set and personal plans in place to guide the required supports. There had been improved access to multi-disciplinary team (MDT) members, an increase and stability in the staffing numbers and clear management structure with an appointed person in charge who had protected time outside of nursing duties to lead and manage the centre. There were additional persons participating in the management of each unit which was having a positive impact on the oversight and monitoring of the care and support given to residents.

Some areas for improvement were noted and fed back to the management at the end of the inspection process under the following outcomes:

- safeguarding and safety, (the investigating of allegations of abuse and the provision of behaviour support)
- governance and management (auditing, annual review and management systems)
- Workforce (staff files as per schedule 2)

Overall, the inspector found that this centre was well managed and the HSE were providing a good quality service to the residents living in the centre. This report identifies 10 compliant outcomes, and four in need of improvements with seven actions outlined 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):

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

Findings:

The inspector determined that all actions in relation to the management of complaints and the complaints policy had been adequately addressed. The process for dealing with complaints was on display in the designated centre along with a photograph and contact details of the complaints officer. The procedure clearly outlined who was responsible for reviewing complaints and who else could be contacted if the complainant was not happy with their response. Complaints were reviewed monthly by the person in charge and persons participating in the management of the centre on a monthly basis.

The inspector saw evidence that residents were supported to contact and avail of external advocacy support. Some residents had independent advocates attend their person centred planning meetings or other meetings regarding their care. Information on advocacy was on display in the designated centre.

Residents finances and the management of this had improved since the previous inspection to ensure the safeguarding of residents' money. The inspector saw evidence of twice daily checks on the balance of residents' money kept in the centre, and accountability in the ledger system in use to monitor the incomings and outgoings of accounts. The person in charge had carried out monthly audits on the management of residents' finances to ensure no gaps were evident. Records of these audits were seen by the inspector. Some residents collected their own allowances from the post office and residents were encouraged to be in control of their own finances as far as possible.

The inspector observed practice in the two units of the centre, and found that staff treated residents with warmth and respect. Interactions were positive and familiar.

Residents had choice over their daily routines which was evident on inspection. For example, choosing when to get up out of bed, choosing when to go out for a walk. The staffing levels in place were allowing freedom of choice and control over daily lives and was bringing about positive outcomes for residents.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector determined that improvements had been made in relation to supporting residents to communicate. Person centred plans outlined information on how residents' communicated and included practical ways to interact effectively with individuals. Communication assessments were part of the documentation along with communication dictionaries. Some residents had accessed speech and language therapy and advice was being worked on. For example, the creation of a photo communication book for a resident. Visual schedules had been put in place in the communal rooms and in residents' bedrooms to assist them in understanding who was on duty, and what the plan was for the day.

A number of residents in the centre did not communicate verbally, the inspector found that residents had validated assessment tools completed in relation to how a resident demonstrates pain. On the day of inspection, the inspector found that staff were effectively responding to residents who were demonstrating their needs or wants in their own unique ways. For example, by taking staff to where they wanted to go, or by putting on their coat. Staff spoke with residents positively and explained what was happening during activities or tasks.

One of the houses had a device connected to the television that showed a slide show of photographs of residents, staff and friends enjoying different events and activities. The inspector found residents enjoyed looking at it, and it created conversation between staff and residents in remembering fun moments in the centre.

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):

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

Findings:

The inspector reviewed documentation and spoke with staff and found that residents had written agreements in place. These agreements detailed the services to be delivered and any fees associated with this. This was an improvement since the previous inspection.

There were no vacancies on the day of inspection. The admissions criteria as outlined in the statement of purpose was transparent and outlined the use of a validated tool to assess need.

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 inspector found that residents were supported to be social, and that appropriate assessments and plans were in place for the personal, social and health care needs of residents. The person centred plans outlined residents' wishes or desires, likes and dislikes and outlined a sense of the individual. Residents had a review meeting once a

year with their families/ representatives and staff to determine what was important for the resident in the coming year. Goals were set accordingly in line with this. Some residents had links with multidisciplinary team members who attended these meetings if required. Timeframes were set and named persons responsible for ensuring goals were actively worked on and progress noted. This was an improvement since the last inspection.

Due to the current staffing levels, most days there was 1:1 staffing in one of the units. This meant that staff had time to engage with residents on a personal basis, to give hand or foot massage, to bring residents out for walks or to the community. This was having a positive impact on residents' social lives and time for positive engagement with others.

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 inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre.

There was a safety statement in place for 2016, environmental risk assessments and walk around audits carried out in relation to areas of health and safety. There was a written emergency plan outlining what to do in the event of unforeseen circumstances. The risk management policy had been amended and updated to include the specifics of the regulations. For example, how to manage the risk of aggression and violence and self harm.

In relation to fire safety, all staff had received training in fire safety. There was a recording system in place to capture which staff had completed a fire drill and who needed to do this, to ensure all staff were fully familiar with the evacuation plan in the event of a fire. Fire drills were conducted regularly and recorded to include details of how long the evacuation took, who took part and any learning gained from it. Residents had personal evacuation plans on their files, and colour coded signs on their doors to assist staff in the event of an emergency to see who required the most support. Fire exits were clear from obstruction and daily and weekly checks were carried out by staff and contained within the fire register. A suitably qualified professional had serviced and checked the fire detection and alarm system and emergency lighting system at regular

intervals and fire doors were in place.

Staff had been offered training in Manual and patient handling with dates set and plans for refresher training in the near future. Residents had manual handling assessments on their files.

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:

An allegation of abuse against a staff member that was first notified to HIQA in July 2015 still had no concluding findings and the provider's internal investigation was still on-going at the time of the inspection. Terms of reference for the investigation were not clear. The inspector was not assured that the process for investigating this allegation had been carried out in a prompt and timely manner.

That being said, the inspector found that at the time of the inspection, measures were in place to protect residents from harm or abuse.

There were policies in place to guide staff on the protection of vulnerable adults, the provision of behaviour support, the use of restrictive interventions and the provision of intimate care. The process for reporting and recording allegations, suspicions or concerns of abuse was clear to staff and the person in charge at this inspection. Staff were aware of who was the designated officer and their role. Safeguarding issues such as any indication of bruising or marks were discussed at team meetings, and monitoring of incidents and adverse events was noted since the appointment of the new management structure. The person in charge also now had a clinical nurse manager in each unit to support in the oversight of the centre, and a staff nurse had been a person participating in the management of the centre since April 2016 which had improved the overall monitoring of practice.

Prior to the inspection, the inspector reviewed the information submitted to HIQA

through the notification process, and noted a high number of incidents of unexplained marks and bruises. This was looked at during the inspection with the staff nurse and person in charge. The inspector found that there was now a robust system in place for the recording and monitoring of unexplained bruises and marks. There was evidence of open recording, and overview of information to ensure any marks or bruises that occurred could be explained, and learning gained if necessary. Any unexplained marks or bruises were notified to HIQA and the designated officer in line with the national policy guidelines and safeguarding plans were drawn up. For example, if poor mobility or balance was a decided factor, referrals had been made to physiotherapy or occupational therapy. Based on this improved oversight, numbers of unexplained bruises / marks had decreased, and actions taken to address any causes.

Improvements had been made in relation to the access to psychology services and behaviour support for residents. Behavioural incidents were being recorded and reviewed, with the aim that all residents would have a behaviour support plan in place. Some residents already had proactive and reactive strategies overseen by the psychology department, which was a positive finding. However, it was a work in progress and the inspector determined that further improvements were required to be compliant with the regulations. For example, not all behaviours of concern were being looked at to understand their underlying cause, and to put plans in place to address them. For example, there was a proactive and reactive strategy for one target behaviour to guide staff, but no strategy or plan for other unwanted behaviours.

The inspector noted that the centre was promoting a restraint free environment as much as possible. The use of psychotropic as needed (p.r.n) medicine had decreased in the past number of months. Any physical intervention was discussed and reviewed with a multi-disciplinary approach as to its effectiveness. For example, the proposed use of a harness on the bus. Other restraints had been reduced and only used when necessary. For example, a half door to restrict access to the kitchen was only closed when staff were using the cooker and was opened for the remainder of the day. Instead of restricting access to the kitchen due to dietary risks and cooking risks, now residents had access to the kitchen the majority of the time, with one locked press for risk foods. On arrival to the centre the inspector saw residents sitting in the kitchen area. The inspector noted residents were able to freely open the front door during the inspection, and were supported to go for a walk when they did so. The staffing levels available now reduced the restriction of access for residents who wanted to go outside but required supervision.

The inspector found that improvements in others areas were having a positive impact on the behaviour support for residents. For example, the increase in the number and stability of the staffing team, the addition of a person participating in the management of the centre, and the provision of training.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector determined that residents had opportunities for new experiences and activation during their day. Improvements had been made since the previous inspection and the inspector found that residents had daily plans suitable to their interests and abilities. All residents had a individual weekly programmes in place. Some residents attended formal day services for some of the the week. Other residents had a more individualised plan with sensory activities and outings of choice. There was a balance between activities and events held within the centre and out in the community. For example, external facilitators came into the centre weekly to do classes in mindfulness, music and art. A reflexologist was now engaging with clients who enjoyed this.

On the day of inspection, residents were taking part in a class on mindfulness. Other positive activation for residents included art class, attending community based multi-sensory rooms in the library, movement to music classes, bowling, attending church and using community facilities such as post office, banks and coffee shops. Since the previous inspection some residents now had one to one staff three days a week to support daily activation and offer more choice in the day.

Once again, the increase and stability in staffing was allowing more time for residents to meaningfully engage in one to one activities of choice. Such as foot massage, having a cup of tea and a chat with staff, or going out for a walk.

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):

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

Findings:

The inspector determined that residents health care needs were assessed, planned for and best possible health promoted in the designated centre.

Residents had their own General Practitioner (GP) and access to a wide range of allied health care professionals. Such as dentists, speech and language therapists, occupational therapists, dietitians and psychiatry. Records were maintained of any medical appointment or follow up with advice recorded and updated into residents' care plans. The centre was staffed with nursing staff and care staff. There was a clinical nurse manager in each unit as well as the person in charge.

Residents who did not like particular areas of personal care had been supported with desensitising programmes to assist them. For example, in order to clean and cut nails for improved hand hygiene.

The centre catered for residents with mobility issues, and significant input had happened in the past year regarding access to physiotherapy and the promotion of residents' mobility and strength. The last inspection report highlighted a lack of referral to physiotherapy and risk assessments regarding residents' mobility. On this inspection the inspector saw residents had been assessed and reviewed on an on-going basis by physiotherapy and occupational therapy. On the day of inspection the inspector observed residents using standing frames as part of their daily plan to promote muscle strength, one resident was watching music on a tablet device while doing so. Residents had risk assessments carried out and reviewed routinely in relation to manual handling and all incidents of falls were closely monitored by the team.

Residents had access to dietitians and speech and language therapists for assessment of their swallow. Information was included in residents' care plans. The inspector found each unit had photographic display of what meals were on the menu for the day, and residents had choice over their meals and snacks.

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):

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

Findings:

The inspector found improvements had been made in relation to management of

medicine in the designated centre.

There were systems in place to promote safe medicines management, with policies and procedures to guide staff and clear documentation was maintained. There was a uniform documentation system for prescription and administration records, stock control procedures were carried out and clear protocols for the disposing and return of medicine. Medicine was administered by nursing staff in the centre, but care staff had received training in the administration of emergency rescue medicine for epilepsy.

There was a system of review in place in relation to any medication errors which were reported and learning gained. As required (p.r.n) liquid medication was now dated when opened, which was an action from the previous inspection. There was a secure fridge for the storage of medicine that required refrigeration. The temperatures of the fridge were monitored and recorded as required.

Medicine was reviewed regularly by the prescribing doctor and some residents' medicine had reduced following review of its effectiveness. There were no controlled drugs in use in the centre, and the use of psychotropic medicine as a chemical restraint had been reduced.

Residents had been assessed in relation to their ability to self administer medicine which was an action from the previous inspection. No resident was self administering at the time of inspection.

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:

The inspector found that the Statement of Purpose had been updated and outlined the current management structure. The written statement of purpose was a clear reflection of the service that it was providing and the needs that could be supported.

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):

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

Findings:

Since the centre was registered, changes had occurred in relation to the management structure. The provider had now ensured the person in charge had 16 hours protected time outside of nursing duties to focus on the management of the centre, and was supported in doing this by the additional appointment of a clinical nurse manager in each unit of the centre. There were clear lines of reporting from staff, to clinical nurse managers and the person in charge. The person in charge reported to the assistant director of nursing, the director of nursing, the disability manager and the provider nominee. Staff were clear on the structure and the lines of reporting and accountability.

The assistant director of nursing held responsibility alongside the local management for the oversight, monitoring and review of the centre. Review of incidents, accidents, complaints, medicine errors for example were conducted on a monthly basis. The purpose of this was to identify trends or patterns and to ensure positive action was taken if required to improve the care and support given. The inspector found good management and monitoring of unexplained bruising and mobility issues by the staff nurse participating in the management of the centre, which were two areas that trends had been identified in. The inspector found that the person in charge and local management had an excellent understanding of the needs of residents living in the centre.

However, further improvement was needed in the management systems to ensure all aspects of care and support and the quality of life of residents was effectively monitored. There was a scheduled system of audits in place for areas such as residents' finances, medication management and care planning. Four audits had been completed as planned in 2016, but seven had not been carried out as outlined in the schedule. The inspector reviewed the unannounced visits conducted on behalf of the provider, and found that while they captured areas in need of improvement and plans were put in place to address gaps, they did not always look at the quality of life for residents. For example, while they assessed areas such as documentation they failed to monitor areas such as dignity and respect, and the experience of the residents living in the centre.

While unannounced visits were conducted on a six monthly basis, and a system of auditing was being implemented, there was no evidence that an annual review had been carried out which captured the views of residents and their families. The person in charge outlined that this would be sent on to the inspector following on from the inspection. However, an annual review for 2015 was not available to residents, families or staff on the day of inspection.

At the time of inspection there was no system of formal supervision or performance management of the staff team. This was discussed with the person in charge who was awaiting training in this area prior to beginning supervision with staff. This was an area most in need of address.

Similarly, while staff meetings were becoming more regular since the appointment of additional management the meetings lacked clear focus or agenda. That being said, the inspector found evidence of actions taken as a result of staff meetings which had positively impacted on residents. For example, the introduction of visual daily schedules for residents and referrals to allied health care professionals.

Judgment:

Non Compliant - Moderate

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:

Through speaking with staff and reviewing documentation the inspector found that there was no wheelchair accessible vehicle for residents living in the centre. This was having a negative impact on their ability to take part in activities and outings of their choosing. While the provider was covering the cost of wheelchair taxis for residents who used a wheelchair, this was not always practical or promoting residents' choice and control over their daily lives.

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 inspector found there to be an adequate number and skill mix of staff in the designated centre and improvements had been made in the promotion of continuity of care for residents. For example, the number of permanent staff members had increased since the last inspection and the same agency staff were regularly used and placed on the roster. There were newly appointed clinical nurse managers in each unit of the centre, and the staff team consisted of staff nurses and care assistants. The improvements in staffing had resulted in more one to one time for residents. This was allowing more meaningful activities at times decided upon by residents. For example, having a foot massage or other sensory activity.

The inspector observed warm and friendly interactions between staff and residents, and time for staff to sit and spend time chatting to residents in a relaxed manner.

Training needs had been assessed since the previous inspection, and training delivered in manual handling, administering of rescue medicine and fire safety. Other refresher training needs had been identified and oversight was in place to ensure training in mandatory fields was updated as required. Some staff had completed additional training in areas such as autism and dementia.

On review of the staffing records on site, the inspector determined gaps in the documentation that was required under Schedule 2 of the regulations. This was noted at the last inspection. For example, not all files had proof of identity, evidence of qualifications, full employment histories or references from the most recent employer. This was not assuring the inspector of safe recruitment practices in line with policy.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that there had been overall improvements to the documentation and templates in use in the designated centre which were easy to retrieve.

There was a maintained directory of residents in place, and the policy on the provision of behaviour support had been reviewed and updated. These were improvements since the previous inspection.

Staff files were in need of attention as outlined in the previous outcome.

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:

Louise Renwick
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-0003761
Date of Inspection:	29 November 2016
Date of response:	24 January 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 08: Safeguarding and Safety

Theme: Safe Services

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

Not all behaviours of concerns were being consistently monitored with the aim to identify and alleviate the cause.

1. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and

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

alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

A full review took place by the behaviour support team on 06-12-16 of one resident in the designated centre. A function analyses was completed. Reactive and proactive strategies were reviewed and updated in relation to all behaviours of concern. A new behaviour recording chart is now in place and used daily.

All alternative measures have been looked at before a restrictive procedure is used and the least restrictive procedures are used for the shortest duration possible. All restrictive practices are recorded daily and are reviewed every 3 months in the Designated Centre.

Proposed Timescale: 24/01/2017

Theme: Safe Services

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

The provider had not investigated an allegation of abuse in a timely and prompt manner. Terms of reference were unclear and there were no concluding findings at the time of the report.

2. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

There is an internal investigation which is ongoing at present. The terms of reference had been discussed and agreed with the investigation team and the commissioner of the investigation prior to the start date. It is envisaged that the investigation will be completed within 3 months and the findings will then be acted on by the provider.

Proposed Timescale: 30/04/2017

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:

There was no evidence of an annual review being available for residents, families or staff or for the inspector to review in the designated centre.

3. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

An annual review has been carried out in the Designated Centre and has been made available to residents, families and staff. The annual review was submitted to the inspector on 12-01-17.

Proposed Timescale: 24/01/2017

Theme: Leadership, Governance and Management

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

Further improvement was required to the management systems to ensure all aspects of care and support were being effectively monitored.

4. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Management systems will be put in place to ensure that all aspects of care and support will be effectively monitored in the Designated Centre. There is an audit schedule in place in the Centre which will be carried out each month.

Proposed Timescale: 31st March 2017

An annual audit will be carried out in the Designated Centre

Proposed Timescale: 30th April 2017

A monthly evaluation will be carried out of quality of life experiences for each resident in the centre.

Proposed Timescale: 31st March 2017

Proposed Timescale: 30/04/2017

Theme: Leadership, Governance and Management

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

There was no system of formal supervision or performance appraisal with staff.

5. 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:

An effective arrangement to support, develop and performance manage all members of the workforce will be put in place in the designated centre to ensure that all staff has received supervision every six months or sooner if required.

A template will be devised in the Designated Centre to ensure a planned approach to supervision is in place to ensure that staff exercise their personal and professional responsibility for the quality and safety of the service that they are delivering.

Supervision has commenced in one house in the Designated Centre and will continue as scheduled.

Proposed Timescale: 28/02/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre did not have a wheelchair accessible bus at the time of the inspection which was negatively impacting on residents who used wheelchairs.

6. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

There is a vehicle / vehicle replacement plan in place for the Service which includes vehicle replacement for the Designated Centre. This plan will be progressed on the allocation of capital funding.

Proposed Timescale: 30th September 2017

In the interim the residents in the Designated Centre all have access to a wheelchair accessible taxi which is funded by the HSE and ensures that all residents' choice and control over their daily lives is promoted.

Proposed Timescale: Complete

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff files had gaps in their documentation. For example, some had no employment history, no proof of identity or references from the most recent employer.

7. 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:

All staff files will be audited to ensure they include all required documentation as per Schedule 2

Any outstanding documentation required will be discussed as part of the supervision process with all staff in the Designated Centre.

Proposed Timescale: 31/03/2017