

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Houses Rathfarnham
Centre ID:	OSV-0004013
Centre county:	Dublin 16
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Martina Greene (Gannon)
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 June 2017 13:30	13 June 2017 21:40
14 June 2017 09:20	14 June 2017 11:00

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of the designated centre which was registered in February 2016. The previous inspection found 11 actions in need of address by the provider in order to be compliant with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013.

Description of the service:

The provider's written statement of purpose dated May 2017 described the centre as comprising three two-storey houses located in Dublin. The centre can cater for 11 adult residents with medium support needs and who can access two-storey accommodation via stairs. The inspector found the three houses of the centre to be located in community based residential estates close to transport links and community amenities.

How we gathered our evidence:

The inspector spent time in the three units of the designated centre. The inspector met and spoke with eleven residents, three staff members, a clinical nurse manager and the person in charge. Documentation was reviewed such as residents' files, risk assessments, accident and incident forms and complaint records.

Overall finding:

Overall, residents told the inspector that they liked their homes, and felt well cared for and supported. Residents healthcare needs were well assessed and planned for, medicine was appropriately managed and the location of the houses provided easy access to community facilities. Residents felt safe in the centre, and appropriate measures were in place for the prevention and detection of abuse and harm. There were low instances of accidents or incidents, and health and safety was promoted. Some staff had worked in the centre for a long time, and positive and familiar interactions were seen. Staff encouraged residents to speak up and self-advocate.

However, improvements were required across a number of outcomes which resulted in some negative experiences for residents and limited their quality of life. The promotion of aspirational goals and opportunities for new experiences were hampered by the manner in which the centre was resourced and operated. Residents' ability to have maximum choice and control over their lives was limited by the resource-led nature of the centre. Some actions raised from the last report remained in need of address regarding the numbers and skill mix of the staff team. Of the 10 outcomes inspected, six were found to be moderately non-compliant and one substantially compliant with 12 actions identified in the action plan at the end of the report.

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:

The inspector met with all residents living in the three houses of the designated centre, and listened to their views and the views of their support staff. The inspector also reviewed documentation such as complaint records, personal plans and minutes of meetings. Residents spoke positively about having their own bedrooms and felt that their privacy was respected. Residents also said that staff treated them kindly and that they felt respected by staff members. The inspector observed familiar and natural interactions between residents and staff of a positive nature.

The inspector found that residents were supported to raise issues and self advocate where possible. Staff also acted as advocates for residents, encouraging and supporting them to speak up if they were unhappy or wanted to raise a complaint or concern. The new documentation for residents to make a complaint was an accessible document, and the inspector found that complaints were recorded and reviewed with an aim for local resolution. While the inspector saw evidence that the person in charge and senior management had escalated some of the residents' complaints, residents' did not always know the status of their complaint, or what steps were being taken to address them. This made residents feel that they were not always listened to, as some issues had continued for a number of months and residents were frustrated at this. The inspector determined that while complaints were being recorded and managed, the person making the complaint was not always kept informed, and issues did not always get formally raised in line with the complaints process to ensure a written response within a set timeframe.

The inspector found that residents were consulted and involved in decisions about their care and support. For example, residents told the inspector that they attended any meetings about them, that they could direct these meetings in line with their wishes and that they were encouraged to be involved in their own health. Documentation showed residents were present at planning meetings and discussions about their care and support. Residents were consulted and in control of aspects of the running of their homes. For example, deciding if they wanted to pre-plan meals for the week ahead, or make the decision on a daily basis what to eat and shop accordingly.

While residents were able to demonstrate their preferred choices and make decisions about their lives, this ability was inhibited due to the resources available and the manner in which the centre was operated. For example, some residents were not happy that their home was not staffed during the day. This meant that residents needed to have left their home by 9am in the morning, even if their day services began later and they wished to have a sleep in. While the person in charge and provider told the inspector that the community team could work in the centre if a person wished to have a day off, this needed to be arranged well in advance. Similarly, each house was staffed with one staff member to either three or four residents. While there was no indication that this was not sufficient to meet the basic needs of residents, it was having a negative impact on residents' ability to be involved in certain tasks such as the grocery shopping which staff often did themselves as it was more difficult to manage with the full group. Similarly, an on-going issue with transport was resulting in residents not having a vehicle available. This was having a negative impact on residents ability to engage in social activities, as taxis were paid for by the HSE for medical or health appointments, but not for outings outside of this such as community based activities. This needed to be addressed.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that while there were effective assessments and plans in place for the healthcare needs of residents, these were lacking with regards to the personal and social needs of individuals.

The inspector did find that since the previous inspection there was more of a focus on life skills for some residents. For example, there were community and environment assessments in place which highlighted the areas which residents were good at, and areas that they could improve upon. Subsequent skills teaching plans were then put in place to promote residents' independence in the required area. For example, such as filling the dishwasher or other household tasks.

From talking with residents and staff the inspector found that residents were very capable of expressing their wishes and desires with regards to their lives and the future. That being said, there was an absence of assessment, discussion or planning around the social or personal needs of residents. Some residents told the inspector their wishes, such as to go on a holiday, to get a new job, or to live closer to family. However, these had not been documented or planned to ensure adequate supports were put in place and goals actively being worked on with residents. Some residents felt goals could not be achieved due to the resources and rules of the centre. For example, the HSE no longer paid the cost of staff expenses while accompanying residents on holidays. The inspector determined that goals were not being assessed, planned for and reviewed as there was a negative attitude to what realistically could be achieved within the resources available.

The location of the three houses was positively encouraging residents to be more involved in the local communities. For example, there were shopping centres and amenities close by that residents could access. However, the lack of personal and social assessments and plans and the resources were not being used effectively to maximise residents' potential. Residents were not offered the opportunities for new experiences, and the promotion of active social lives.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that residents had their own private accommodation in the designated centre, and some residents showed the inspector their bedrooms. Residents expressed satisfaction at the location of the three units of the centre as they were close to local amenities, bus routes and community facilities.

Residents showed the inspector around the three units of the centre and spoke about the private and communal areas. The inspector noted that improvements were required regarding the general upkeep and maintenance of the premises.

Residents told the inspector that some maintenance works had been outstanding for a period of time, and that they were frustrated at how long it took to be repaired or improved. For example, in one of the kitchen's a new exit door had been installed a number of months ago. However, the plaster was exposed and needed painting and skirting boards had not yet been in put in place. Some décor in the centre was old and outdated, and while functional was in need of upgrade. For example, some residents' rooms had old carpets that had been there since residents' moved in back in 2001 and were stained with marks from the radiator leaks. The inspector also noted loose wires, and holes in walls that were not properly repaired.

With regards to accessibility, each unit of the centre was a two storey building and only one unit had a bathroom located downstairs. Some issues with this had been raised in respect of residents, and an occupational therapy assessment for one resident had been recently completed which suggested a downstairs bathroom was needed in one of the houses. The provider was in the process of addressing this.

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 inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre with some minor improvements required in relation to fire safety.

The inspector found there to be fire safety systems in place in the centre and an evidenced system of checking and servicing of the fire detection and alarm system. Fire

extinguishers were in place in the centre, and evidenced as serviced routinely by a relevant professional. Two units in the centre were fitted with emergency lighting systems which were checked as part of the routine servicing. One unit, while it had green lights to show the fire exits, did not have an emergency lighting system which was in need of address by the provider. There were systems of daily and weekly checks in place in the centre to promote fire safety, such as checking exits were unobstructed and alarms sounded effectively.

Staff had all been provided with training in fire safety with some staff in need of repeat refresher training. However, staff knew what to do in the event of a fire, and fire drills indicated good response times when evacuations had been practiced. Residents could talk to the inspector about what to do in the event of a fire and some residents had taken part in the fire training that was provided to staff. Fire drills were routinely conducted and recorded. Where residents smoked, there were risk assessments and practical control measures in place to reduce any risks of fire associated with this. For example, outside smoking areas, limited clutter and appropriate and safe ways to dispose of cigarettes. Two areas in need of address were identified on inspection in relation to fire safety. Not all fire exits could be easily accessed in the event of an emergency. Some exit doors were locked and there was no break glass key units available. The provider was aware of this, and the clinical nurse manager told the inspector that break glass units had been ordered for one of the houses. Similarly, in one house of the centre fire containment measures had not been put in place to ensure the escape route in the event of a fire was secure.

There was a risk management policy in place and the person in charge maintained a risk register to assess, review and manage any identified risk in the centre. For example, environmental and individual risks. The inspector found that risk in general was low across the three houses in the centre. The inspector reviewed one environmental risk that residents and staff spoke about, the risk of asbestos which was present in the roof of a shed. This had been assessed by a professional and deemed safe, but required removal which was planned by the provider. Residents told the inspector that they felt safe living in the centre.

There was a system in place for the recording and review of incidents, accidents, near misses and other adverse events. The person in charge reviewed all incidents regularly and monitored for trends or patterns. In general, accidents and incidents were very low in the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place to protect residents from being harmed or suffering abuse in the designated centre.

There were policies in place to guide safe practice in relation to the protection of vulnerable adults, the provision of behaviour support, the use of restraint and supporting residents with personal and intimate care. Staff were aware of the process to follow in the event of a disclosure or concern of abuse or harm, and to date no allegations, concerns or suspicion of abuse had been notified to HIQA. The person in charge confirmed that there were no current safeguarding concerns that required reporting or managing.

Residents told the inspector that they felt safe, and that they could talk to staff or management if they felt they were being treated badly. Staff had been provided with training in the protection of vulnerable adults and reporting mechanisms but some refresher training was needed. That being said, staff were aware of the systems in place and had a good understanding of their role in the prevention and detection of abuse. There were monitoring systems in place by the person in charge to capture learning, and to ensure any potential safeguarding concerns were addressed.

The provider had ensured that there was adequate input from multidisciplinary team (MDT) members in relation to supporting residents who may present with behaviour that could be challenging. Efforts were made to identify underlying causes of behaviour, and plans were put in place to address any additional support needs in this regard. For example, stress management plans and additional life skills. The inspector noted a low use of PRN (as required) medication to support residents at times of anxiety. Any medicine used for this reason was monitored, and the inspector found evidence that alternative measures were encouraged prior to its use. The inspector found that the provider was promoting a restraint-free environment in the centre.

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 found that residents had good access to a range of healthcare professionals such as their General Practitioner (GP), dentist, dietitian, physiotherapist, occupational therapist and psychology services. Evidence of any appointments were kept in residents' files with advice incorporated into their healthcare plans.

The provider had introduced new documentation to assess and plan for residents' health needs. Assessments highlighted areas in need of support, and there was correlating healthcare plans for any health need or risk identified. For example, healthy weight management plans, diabetes care plans and hypertension. The inspector spoke with staff about how they assess the effectiveness of their interventions. The inspector found that new documentation had been introduced which encouraged an evaluation of supports each month, to determine plans were effectively working towards their aim.

Some residents spoke to the inspector about their health and the inspector found that residents were encouraged to be actively involved in their healthcare needs, and were encouraged to be healthy.

Residents told inspectors that they enjoyed their meals in the centre, and some residents took active roles in preparing and cooking their meals. Some residents planned out their menus on a weekly basis, while others chose to decide daily on their preferences and shop accordingly.

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 that the provider and person in charge had ensured safe medicine management policies and practices were in place in the designated centre.

Medicine was administered by social care staff who had been trained in the safe administration of medication. There was oversight of practice from the person in charge and a community team of clinical nurse managers. For example, to audit practice and monitor stock control. Medicine was stored safely in the three units of the centre, and systems had been put in place to make the process of administration as low risk as possible through the use of pre-packed medicine and colour coded records. All residents had prescription records in place which showed the medicine in use, when it was first prescribed and the signature of the prescribing doctor. This was an improvement since the previous inspection.

The use of PRN medicine (medicine used as the need arises) was monitored and there were written protocols in place to guide staff on when a PRN medicine was to be used and its desired effect.

Residents who could take responsibility for their medicine were encouraged to do so. Some residents took control of part of the responsibility for less complex medicines, and sought support of staff at other times in the day.

Each resident had a pharmacist available to them. The pharmacist also provided audits on medicines management.

Medicine errors were low in the centre, with only three documentation errors noted in 2017. The person in charge had a system in place to learn from any errors, and additional training was provided to staff if necessary.

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 found that there was a clearly defined management structure in place in the designated centre which identified the lines of reporting and accountability. The inspector found that there were communication structures in place with meetings

routinely held between senior management, the clinical team and other sub-committees such as quality and risk.

Occasional meetings were held for staff working in the three houses of the centre with the person in charge. However, individual house meetings to discuss the care and support of residents were not always possible, as staff would need to attend on their day off-duty. This was something that the person in charge wanted to improve going forward, and was most important due to staff tending to work in a lone-working capacity while on shift. Staff were reliant on written hand-overs in the daily diary, or calling each other between shifts to ensure information was passed on.

While a system of supervision had recently been put in place to divide the formal supervision of staff between the clinical nurse managers, this was still in need of improvement. Not all staff had been supervised appropriately, again which was most important as staff tended to work in a lone-working capacity. Similarly, there was an absence of performance review and appraisals to support and develop staff to exercise their professional responsibilities.

There were management systems in place in the designated centre, with monthly reviews and analysis of complaints, medication errors, incidents and accidents and meetings to identify trends or areas in need of improvement. The provider had completed a 2016 annual review, and ensured an accessible version was available for residents and families. Routine audits were carried out in areas such as hygiene and medication.

The person in charge held the role of clinical nurse manager and was responsible for two other designated centres in the region. The inspector found that the centre was managed by a suitably skilled, experienced and qualified person who worked in a full-time capacity.

Judgment:

Substantially Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector found that the manner in which resources were deployed or utilised in the

designated centre required review. For example, while the provider had increased the number of staff employed in the region, this increase was not yet directly addressing care and support needs of residents or improving residents' quality of life. The numbers of staff working in each unit had not changed since the previous inspection.

The manner in which resources were used was affecting the overall operation of the centre. For example, staff meetings for each house did not always occur as due to current rosters some staff would need to come in on their scheduled day off to attend. Similarly, residents were not always supported to be involved in the purchasing of groceries due to the staffing levels available to support this.

The inspector spoke with staff and residents about the availability of transport in the designated centre. It was explained to the inspector that vehicles available in two units of the centre were currently not being driven by staff due to issues with motor tax. While arrangements had been explored by senior management to address this, at the time of inspection no resolution or solution to this issue had been found. Residents expressed their frustration at this, as it had been an issue since January 2017 and was negatively impacting on their daily routines and social lives. While the HSE covered the cost for taxis for any planned healthcare appointments, other social outings or events were at the expense of the resident to cover. Residents also told inspectors that using taxis in place of their own vehicle hampered their ability to be flexible in their destination and length of time out.

Policies and procedures from the Health Service Executive (HSE) were affecting the use of resources within the designated centre. For example, due to staffing costs no longer being covered to support residents' holidays, residents could not plan for or attend a holiday break this year. This was an issue previously, that had been addressed short term, but was not affecting residents' again. A number of residents' expressed their frustration and dissatisfaction about this to the inspector.

Residents also told the inspector that staff members had to pay for their own food or entry when out supporting residents in their social lives. Staff informed the inspector that this was later re-imbursed after a week through an expenses process. From talking with residents and staff the inspector was concerned that this practice did not encourage or motivate staff to be supportive of residents' social inclusion.

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:

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

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

Findings:

The inspector found that improvements were required regarding the numbers and skill mix of staff available to work in the designated centre. This was raised at the last inspection and had not been adequately addressed by the provider.

Each unit of the centre had one staff on the roster to support residents. Staff worked sleep over shifts and rosters were organised in such a manner that the centre was closed between approximately 9am and 4pm each week day. Some residents expressed their dissatisfaction about this to the inspector, as it stopped them being able to get up later on days when their day service began late, or hampered their ability to have a spontaneous day off. While the inspector was told that the community based team of clinical nurse managers, a nurse and two healthcare assistants would support the flexibility of rosters and allow for residents to stay home during the day, this was not clearly reflected in the roster and the community team also covered two other designated centres in this Dublin region. This approach also meant that residents had to plan out in advance and pre-request additional support in place of a proactive roster than was reflective of the assessed needs of residents. Residents told inspectors that they were put off requesting this as they would need to do it in advance.

Staff working in the centre worked generally as lone workers. There was additional responsibilities on front line staff to ensure housework and cleaning was completed along with household tasks such as grocery shopping. For some units in the centre, this resulted in staff often going shopping alone on their way onto duty, as it proved difficult to support all residents to attend shopping in the community with one staff on duty. This was an issue raised at the last inspection, and had not been adequately addressed by the provider.

Since the previous inspection, and based on a recent diagnosis a staff member had been sourced to work during the day for one day a week in one unit of the centre. This was to allow a resident to have a rest day from day services. While this was a positive step, further review and action was needed to fully assess the needs of residents in all units and provide staffing in line with these.

The inspector reviewed some records regarding staff training. While in general all staff (including agency staff members) had been provided with initial training in some mandatory fields, a number of staff required refresher training in safeguarding, safe administration of medicine, fire safety and behavioural support.

The inspector spoke with three staff members and observed interactions in all units of the centre. Residents spoke positively about staff members and how they were treated. It was evident through the inspection that there were good relationships between residents and their support staff.

Judgment: Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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-0004013
Date of Inspection:	13 and 14 June 2017
Date of response:	03 August 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:

Residents' ability to exercise choice and control in their daily lives were hampered by the manner in which the centre was resourced and operated. For example, the houses were not staffed and closed during the day time.

1. Action Required:

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

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

- The Registered provider will arrange a recruitment campaign to increase the staff resource for the community houses in order to have houses open during the day to facilitate residents with the opportunity to exercise choice and control about accessing their home.
- In addition, five of the 11 residents have a key to their front door which affords them the opportunity to come and go from their home as they choose, and they will be supported through skills building to exercise their choice in accessing their home independently.

Proposed Timescale: 31/12/2017

Theme: Individualised Supports and Care

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

Complainants did not always get a clear response within a set timeframe of complaints raised, and were unsure of the status of their complaint.

2. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

- The Registered Provider has arranged for the PIC to provide complainants with a response to the status of their current complaints.
- The Registered Provider will update the Service Complaints Policy to ensure that it complies with the HSE Complaints Policy and incorporates the Regulatory requirement of ensuring that complainants are provided with a clear response within agreed timeframe of the status of their complaint and their right to an Appeals mechanism.
- The Registered Provider will ensure that the Complaints Policy is available in a format which is accessible to all residents.

Proposed Timescale: 31/10/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was a lack of assessment of the personal and social needs of residents.

3. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- The PIC will ensure that all residents have an up to date assessment of their personal and social needs in line with the SSID Person Centred Support Plan policy 2017. (copy attached).
- The PIC will ensure that annual person centred support planning meetings are held to ensure that there is a full consultative process with the individual and their representative, and all those involved in supporting the person achieve their personal goals and aspirations.

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

Personal plans did not all include the personal and social needs of residents.

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:

- The PIC will ensure that all residents have goals which are reflective of their assessed personal and social care needs which are agreed in consultation with each individual.
- The PIC will ensure that goals are specific and measurable and outcome focused and are reviewed /evaluated with the individual and their keyworker on a quarterly basis or more frequently if required.

Proposed Timescale: 31/01/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Outstanding maintenance issues were in need of address to ensure the centre was in a

good state of repair.

General upkeep and upgrade was needed. For example, painting works, repairing tiles and general décor .

5. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- The Registered Provider has arranged for a programme of painting of houses in the designated centre which has commenced.
- The Registered Provider will consult with the HSE Maintenance Department to conduct an audit of outstanding maintenance works and to put a planned programme of remedial works in place.
- The Registered Provider has arranged for the deep cleaning of the houses/carpets and external utility areas.
- The Registered provider will arrange for the replacement of carpets where required.

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

Some works were pending to ensure a downstairs bathroom would be available to improve accessibility for some residents in one unit.

6. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

- The Registered provider will source Minor Capital Funding to have the necessary adaptations to provide a downstairs bathroom to improve access for residents as per the Occupational therapy recommendations.
- The Registered Provider is in the process of sourcing more suitable accommodation for one resident.

Proposed Timescale: 30/04/2018

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:

Fire containment measures had not been put in place in one of the houses to ensure the escape route in the event of a fire was secure.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- The Registered provider has contacted HSE Fire Prevention Officer to carry out a Fire Risk Assessment of the house.
- The Registered provider will source the funding for the required upgrade works to be carried out on foot of the assessment report.
- The Registered Provider will liaise with the Maintenance department regarding the completion of the fire upgrade requirements as a matter of priority.

Proposed Timescale: 31/12/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

- Escape routes and exits in some houses were locked and did not have ease of access. I.e no break glass units, or easy twist locks.
- one unit of the centre did not have an emergency lighting system in place.

8. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- The Registered provider has arranged for the installation of break glass units in the houses where they were required.
- The installation of emergency lighting will form part of the upgrade works to be carried out following the Fire Assessment.

Proposed Timescale: 31/12/2017**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:

Supervision of practice and performance review required improvements.
Staff meetings and unit meetings were not routinely held.

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:

- The Registered Provider has put a governance structure in place for the designated centre ensuring that there is a CNM or staff nurse on duty over the seven days of the week up to 20.00 hours whom carry out supervisory visits to houses and offer clinical support to staff. There is also an "On Call" provision by the DON/ADON from 17.00-09.00am Monday to Friday and from 09.00am Saturday -09.00am Monday morning.
- The Registered provider will aim to provide supervision for all staff working in the designated centre, a programme of training in professional supervision has commenced for staff in order to roll out supervision for all staff, three CNM's and two social care staff in the designated centre have completed the training, further training will take place in September, 2017.
- The Registered provider is awaiting guidance from HR with regard to rolling out the HSE Performance Achievement policy as it is in the IR process.
- The Registered Provider will review rosters with the PIC to facilitate house meetings bi-monthly, this objective will be supported by the fact that the staff roster for one house includes three hours per week for attendance at meetings/training. The rosters in the other two houses incorporates two hours per week to facilitate shopping/attendance at meetings.

Proposed Timescale: 31/01/2018

Outcome 16: Use of Resources

Theme: Use of Resources

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

Resources were not effectively managed to ensure the effective delivery of care and support to residents living in the centre.

10. 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:

- Since the previous inspection, the Registered Provider conducted a review of the support needs of the residents with the PIC and increased the nursing supports for the designated centre to support the health and social care needs of residents.
- The Registered Provider has approved additional staff support for one house to address increased support needs both in the home and for social activities.
- The Registered Provider will with the PIC review the staffing ratios in each house based on the assessment of each individual's personal and social needs and agreed goals.
- The issue regarding tax exemption of HSE transport which was initiated by the DOE has been resolved and all transport in the designated centre has up to date tax and CVRT.
- The Service Holiday policy was revised in 2016 to address the payment of staff expenses and holidays were facilitated for residents, the policy was further reviewed in 2017 to refine the protocol for the application for and payment of accommodation and expenses for residents and staff. This review was completed by 30th June 2017. Staff will be paid an overnight subsistence rate per night of the holiday.

Proposed Timescale: 31/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was an insufficient number and skill mix of staff to support residents' needs and choices.

11. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- The Registered Provider will with the PIC conduct a review of the staffing roster based on the assessed needs of individual personal and social care needs and agreed goals of residents in the designated centre.
- THE Registered provider will ensure that there is a proportionate CNM/Nurse resource available to the roster in the designated centre.
- The Registered Provider will identify with the PIC using the "Environmental Skills Assessment" what skills building residents in one house would benefit from in order to increase their level of independence, e.g. using their front door keys.
- The Registered Provider will request the Social Inclusion Officer to source volunteers who could be involved in facilitating residents achieve personal and social goals.

- The Registered provider will organise training for frontline staff on person centred support planning and the role of the keyworker.
- The Registered provider will initiate a training needs analysis to identify what additional training /skills building that would assist staff in the performance of their role as keyworkers in supporting individual personal and social care needs of residents.

Proposed Timescale: 30/04/2018

Theme: Responsive Workforce

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

Rosters did not reflect time, duration and frequency of all staff highlighted as working in the centre who were included as part of the whole time equivalent staffing. (I.e. supports from a community based team were not identified on the roster.)

12. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

- The Registered Provider has put a governance structure in place for the designated centre ensuring that there is a CNM or staff nurse on duty over the seven days of the week up to 20.00 hours whom carry out supervisory visits to houses and offer clinical support to staff.
- The PIC will ensure that the appropriate ratio of staff support from the community team for the designated centre is reflected in the roster.

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

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

Some staff required refresher training in respect of:

Safe administration of medicine
Safeguarding and protection of vulnerable adults
Fire safety
Provision of behaviour support

13. 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:

- The PIC will bring the training plan for the third quarter to the attention of all staff
- The PIC will issue letters to staff who require refresher training of their obligation to attend training and will arrange the roster to facilitate them to attend training.

Proposed Timescale: 30/11/2017