

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Castleview
Centre ID:	OSV-0004903
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Declan Carey
Support inspector(s):	Louise Renwick
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 April 2017 09:30	11 April 2017 18:30
12 April 2017 09:20	12 April 2017 15:20

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of the designated centre which had previously been inspected in September 2015. The provider had applied to register the centre and the purpose of this inspection was to follow up on the actions from the previous inspection, and to inform a decision on registration. The provider was applying to register for four residents.

Description of the service:

This centre comprised a large bungalow in a rural location in Westmeath. The written

Statement of Purpose outlined that it provided 24 hour community residential support to adults with intellectual disabilities. The centre is staffed by both staff nurses and healthcare assistants.

How we gathered our evidence:

Inspectors met and spoke with all four residents living in the designated centre and spoke with three family members. The clinical nurse manager (CNM 1) and the person in charge assisted with the inspection process over the two days and inspectors also spoke with four staff members. Documentation was reviewed such as personal plans, assessments, policies and procedures. Inspectors received a number of questionnaires from family representatives.

Overall findings:

Inspectors found significant improvement since the previous inspection. This inspection evidenced full compliance with 14 of the outcomes inspected. Areas of good practice were noted:

- Warm and homely environment for four residents suitable to their needs
- Positive, person-centred care and support provided
- Appropriate and safe management of medicine
- Good community involvement and links with family and friends
- Individual and dignified end-of-life care.

Four outcomes were substantially compliant with the Regulations and in need of minor address by the provider and person in charge. These were in relation to:

- the review and updating of schedule 5 policies and procedures
- the recording of verbal complaints
- the monitoring of external alternative therapies
- the training for some staff in the designated centre.

Overall, inspectors were satisfied that the care and support provided in the centre was of good quality, safe and person-centred in nature. Residents appeared content with the service, and family members were satisfied that their relatives were receiving good care suitable to their needs. The centre was homely and well maintained and staff demonstrated a good knowledge of the residents, their likes and dislikes and interactions were familiar and warm.

The report highlights the findings across all outcomes, with the action plan at the end showing areas in need of address.

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:

Inspectors found that residents' rights, dignity and privacy were promoted in the designated centre.

Inspectors found that residents were consulted in the centre regarding their care and support needs, their aspirations, the staff roster, meal planning and other day-to-day issues. Residents' meetings were held regularly to discuss and inform residents of the plan for the week ahead. For example, to decide upon meals. During the two days of inspection, it was observed that residents were fully included in any decisions about the day. For example, if staff were sitting down to have a chat or plan the daily activity residents were included and things were discussed over a cup of tea or coffee.

Residents had their own individual bedrooms, each decorated to their unique tastes and interests. Residents' wishes were respected regarding what time they liked to get up and go to bed, and some residents enjoyed waking up late and having their breakfast in bed. Residents' personal information was stored securely in locked presses to promote their privacy when not in use.

There was a system in place for the management of complaints. The complaints process was clearly on display with contact information on how to make a complaint, who to contact and how to appeal the decision if the person was not satisfied. Complaints were recorded and reviewed regularly by the clinical nurse manager and assistant director of nursing. Inspectors reviewed a number of complaints and followed up on recommendations made following their review. Inspectors were satisfied that there was a system in place to learn from complaints and any recommendations to improve the

service had been implemented locally with the oversight of senior management.

Inspectors found that not all verbal complaints raised informally were being recorded, as outlined in the centre's complaints policy and procedures. While there was evidence that informal complaints were resolved locally, a record was not maintained to show the level of satisfaction of the complainant or to monitor for trends or patterns.

The person in charge outlined that going forward all informal verbal complaints would be recorded in the same manner as others.

Throughout the two days of inspection, inspectors spent time with residents and the staff team and observed practice. Inspectors found that interactions were familiar and warm. Conversations were person-centred and indicated a good knowledge of residents' interests and personal lives.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that residents were supported to communicate effectively.

There was a policy available in the centre on communication with residents and overall the inspectors found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

From a sample of files viewed the inspectors observed that personal plan documents captured individual communication preferences, abilities and support requirements for each resident. This information was captured in a communication passport kept on each resident's file.

Some residents had their own tablet devices and inspectors observed that they used them to look at photographs of family or friends. Staff outlined that they provide informal training to residents and are exploring any opportunities for formal training to further use the technology as a communication tool.

Inspectors found that the personal plans included clear information on any

communication needs or supports regarding communication, as well as the use of validated tools to assess pain should it be necessary.

Residents had access to television, internet, radio and news on local events.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors spoke with some residents and family members and found that relationships were encouraged and supported. It was observed by inspectors residents had decorated their own rooms with photographs of themselves and their family members.

Some residents visited their relative's home on a regular basis and enjoyed spending time with their families. Residents' family members were invited to attend meetings with members of the multidisciplinary team and meetings about the residents' goals and desires.

Inspectors found evidence in the records reviewed that families were kept informed of events and things happening in their relative's lives.

Families were welcome to visit the centre and inspectors observed this on the day of inspection. There were different social events held by the designated centre that supported links with the wider community and families were involved in these events.

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:

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

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

Findings:

Inspectors found that there was a policy in place regarding admissions, transfers and discharges and information on this was also included in the written statement of purpose. Actions from the previous inspection had been adequately addressed, and residents' assessed needs were being met by a staff team consisting of 24 hour nursing care.

The inspectors found that residents had written residential agreements in place along with tenancy agreements as this was a rented property from a housing association. Information was clear and transparent and outlined what was covered and any associated fees. On review of financial records, inspectors found that residents were paying rent and fees as outlined in their written agreements.

From a sample of files reviewed, written residential agreements were signed by residents or their representatives and on behalf of the provider.

Inspectors spoke with residents and their family members who had recently moved into the centre. Residents and their families outlined that the transition and admission into the centre had been planned out and well managed. Residents expressed satisfaction with their new living environment.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, inspectors were satisfied that residents' social care needs were met through well maintained assessments and plans, with weekly timetables in place to ensure residents' individual preferences, likes, dislikes and needs were respected.

Inspectors found improvements since the previous inspection with an emphasis on improving access to suitable occupation and activity both in the community and at home. Residents were sampling and trying new activities and outings. Members of the outreach team (a service also run by the provider) were now linked in with some residents to offer one-to-one or small group outings during the week.

Residents had the option of availing of formal day services for part of the week if they wished, and appeared in control of their daily and weekly plans. During inspection, it was observed that residents enjoyed relaxing at home in the evening. For example, knitting, watching television or looking at magazines.

Residents all had a personal plan which included assessing and planning for residents' social and personal needs as well as any risks identified. Personal plans were comprehensive and included clear information and offered a sense of the individual. For example, their likes and dislikes, their natural supports, their dreams and wishes. Residents took part in yearly review meetings which set out a plan for the year.

Inspectors reviewed transition plans for residents who had recently moved in and spoke with both the resident and their family member. Inspectors found transitions into the centre were well managed and well planned out. For example, visits to the centre in advance, photographs of new living arrangements and meeting with new residents prior to the move.

Staff in the centre also supported residents to frequent local amenities such as pubs, shops, cinema, swimming pools and restaurants.

Judgment:

Compliant

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):

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

Findings:

Inspectors found that the premises were suitable to meet the collective and individual needs of residents.

The centre was a large bungalow which offered residents individual bedrooms, two communal living areas, dining area with separate kitchen and views of the surrounding countryside. The centre was well maintained and decorated internally and externally.

Inspectors observed residents mobilising around the centre with ease, this was most notable for residents with sensory disabilities who could confidently access the building without any assistance or aids.

The person in charge had highlighted some areas that could be further addressed in the building and requests had been made for some improvements. For example, changing door frames to reduce door lips. However, inspectors noted that there had been no incidents or falls as a result of the current design of the building and the building had not been assessed as a high risk, but these works would further enhance accessibility.

Inspectors found the requirements of Schedule 6 had been met by the provider. For example, adequate space and storage facilities and a sufficient number of bathrooms.

Family members commented on the premises being clean and well maintained when they visit the centre regularly.

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:

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

Inspectors reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, a risk management policy, guidance on infection control, a fire safety policy and emergency and evacuation plans.

Inspectors 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 along with the emergency lighting. Fire extinguishers were in place in the centre, and evidenced as

serviced routinely by a relevant professional. There were fire doors throughout the building which were linked to an automatic release in the event of the alarm sounding.

Staff had all been provided with training in fire safety including the use of fire fighting equipment and specific evacuation equipment. Fire drills were routinely conducted and staff knew what to do in the event of a fire. Residents had individual evacuation plans drawn up to highlight any requirements in the event of an evacuation and staff were familiar with residents' needs in this regard.

There was a risk management policy in place and the person in charge maintained a risk register record to assess, review and manage any identified risk in the centre. For example, environmental and individual risks. Through the course of the two days, inspectors noted two potential risks that had not been previously identified by the provider. For example, there was an old fire extinguisher on the centre vehicle which needed to be replaced, and the storage of oxygen required further control. The clinical nurse manager had these issues addressed during the course of the inspection, and undertook to update the documentation to reflect this.

There was an evidenced system in place for the recording and review of incidents. The clinical nurse manager and assistant director of nursing reviewed all incidents on a monthly basis to identify any trends or patterns that could be learned from.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of general and clinical waste.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre.

There was a policy on and procedures in place for safeguarding residents in the designated centre. A sample of files also informed the inspectors that staff had training in the safeguarding of vulnerable adults.

Staff spoken with during inspection, were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting procedures. They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

Residents were supported to access community-based services of their own choice that were not provided through the designated centre such as beauticians, reflexologists and holistic therapists. While it was a positive finding that residents were sampling new activities that were community based, inspectors found that the impact of some supportive therapies required review. For example, the benefit of such therapies was not recorded on the residents' files. It was also found that records of appointments and participation levels were not kept. The way in which receipt of payment for these therapies was documented required review.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

Inspectors who spoke with staff were able to verbalise how best to support the intimate care needs of each resident living in the centre. There was also a policy in place for the provision of positive behavioural support.

Most staff were trained in the management of behaviours of concern that included de-escalation and intervention techniques as required.

Staff spoken with by the inspectors, were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to respond in line with policy, standard operating procedures and each resident's positive behavioural support plan.

For example, included in positive behavioural support plans were proactive strategies, minutes of positive behavioural support meetings, reactive strategy and list of triggers of behaviours of concern.

There was a policy in place on the use of restrictive intervention for residents. Inspectors found restrictions were used in the centre as a safeguarding measure. All appropriate assessments were completed and reviewed at appropriate intervals. Where restrictions were in place these formed part of residents' positive behavioural supports plans and restrictive intervention plan.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found there was a record maintained of all accidents, incidents, adverse events and near misses in the designated centre.

On review, inspectors found that any incident that required notification to HIQA had been received in line with the timeframes specified in the Regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspectors found that arrangements were in place to ensure that the welfare, educational and development needs of each resident were promoted and residents were provided with social inclusion activities and social skills training experiences that were meaningful and based on their interests and assessed needs. Some residents' relatives took an active part in the general welfare and development in the centre.

There was a policy on access to education, training and life skills development. The purpose of the policy was to recognise that training and education opportunities could promote empowerment and skills building for residents.

The inspectors observed that where requested, residents were supported and facilitated to attend day services which were independent of the centre. A range of meaningful

activities and community outings were offered to residents in these day services

Some residents were in employment. This provided some residents with opportunities for engagement in their local community and meaningful activities. The designated centre undertook a number of charity fundraising events and residents took part in these events with input from their local community.

Some residents attended community-based clubs on a weekly basis and staff continually assisted residents to source different activities and when agreed upon, incorporated these into residents' personal goals for the year.

Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, there was a plan for the designated centre to develop the garden to the rear of the premises. There was a plan in progress to secure funds for this project and for residents to be fully involved in developing the garden that would be an additional resource that residents would be able to benefit from in the future.

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:

Inspectors found that residents' healthcare needs were met and residents were encouraged and supported to have positive health.

Inspectors found that residents had access to their own local General Practitioner (GP) along with access to additional allied health care professionals such as occupational therapy, psychiatry, speech and language therapy, dietitian services and physiotherapy. Inspectors found there to be preventative health promotion in the centre such as ensuring residents availed of annual flu vaccines and routine health screenings.

Inspectors found that residents were supported to attend appointments and follow-up appointments.

Families told inspectors that they felt included and informed of any health issue or concern, and were satisfied that their relative's health needs were being adequately

addressed.

Information and advice from allied healthcare professionals was included and incorporated into residents' care plans. Inspectors reviewed a sample of care plans for specific health issues and found them to be concise, up-to-date and guiding good practice. For example, care plans on physiotherapy needs and epilepsy care needs.

Inspectors found the staff team were monitoring certain aspects of daily living to ensure positive health and highlight any issues in a proactive way. For example, daily recording of food and fluid intake and weight monitoring.

Inspectors reviewed documentation regarding the end-of-life care of some residents who had passed away. Inspectors found a dignified and holistic approach to end-of-life care, with appropriate input from the wider community team such as palliative care nurses, the GP and the local priest. Families were included and informed and had the opportunity to spend time with relatives at the end of their lives. Inspectors noted letters of gratitude from family members regarding how their relatives and the family had been supported at difficult times.

Inspectors spoke with residents who said that they enjoyed the meals and food available in the centre. Some residents assisted with the preparing and cooking of meals at their own participation level. Residents enjoyed making meals from fresh ingredients with little reliance of convenience food. Inspectors found a balanced diet was encouraged in the centre. Meals were on display in the dining area in photographic format so residents were aware of the menu plan.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found that residents were protected by safe medicine management in the centre.

Residents in this centre required assistance with medicines and medicines were administered by the nursing team. There were policies and procedures in place as required by Schedule 5 of the Regulations to guide safe practice for the prescribing,

ordering, administering and disposal of medicine.

Inspectors found there to be a uniform system in place for the documentation regarding residents' medicines, with clear information on each resident, their medicine, the route of administration and times to be administered. Records were seen to be signed off by the prescribing doctor.

Medicine was regularly reviewed by the General Practitioner (GP) or prescribing doctor. Any as required (p.r.n) medicine had clear indicators for when it should be used and how much could be given in a 24 hour period. Medicine was securely stored.

Staff members had good knowledge of the medicine being used, its desired effect and possible side effects to watch out for.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspectors that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

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:

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. From speaking with the person in charge at length over the course of the inspection it was evident that they had an in-depth knowledge of the individual needs and support requirements of each resident living in the centre

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspectors found that appropriate management systems were in place for the absence of the person in charge as there was a clinical nurse manager working in the centre who was in charge of the day-to-day operations. The person in charge was supernumerary and worked in the centre on a 0.5 whole time equivalent basis.

It was found the person in charge and clinical nurse manager were aware of the needs of each resident living there and engaged in the operational governance and management of the centre on a regular basis.

There was a number of qualified nursing staff and healthcare staff on duty in the centre and one of these would assume the role of shift leader in the absence of the person in charge or the clinical nurse manager. There was also an on-call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual audit of the safety and care provided in the centre was completed on behalf of the provider by persons participating in management of the centre. The inspectors viewed a sample of this report and found it addressed issues such as risk management including a review of incidents and areas of financial management in the designated centre. The inspectors observed that when issues arose these were adequately addressed by the person in charge.

The regional management team made announced visits and unannounced visits to the centre and undertook audits as part of their remit. Random internal audits were also carried out in the centre by the person in charge. These audits identified areas of compliance and non-compliance. For example, the person in charge had identified a number of areas that required attention in relation to areas of ongoing maintenance and issues of accessibility for residents in the designated centre. These issues were also captured in the management of different risks in the centre and notified to regional management.

A sample of staff supervision records informed the inspectors that the person in charge was providing supervision, support and leadership to her staff team. The person in charge worked on a full-time basis in the organisation and was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The person in charge was committed to their continuous professional development, was a qualified nurse and engaged in all required staff training.

Throughout the course of the inspection the inspectors observed that all residents were familiar with the person in charge and other staff members and appeared very comfortable in their presence.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there were adequate arrangements in place to manage the centre in the absence of the person in charge.

The clinical nurse manager had oversight for the management of the centre on a daily basis and reported to the person in charge.

The provider was aware of the requirement to notify HIQA for any absence of 28 days or more.

Judgment: Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs and social care needs.

For example, staff outlined where a resident (or group of residents) wanted to participate in community appointments or social outings, staffing arrangements could be adjusted to facilitate this. Residents outlined they were facilitated in attending events connected to their own spirituality and the staff members who had accompanied them.

The centre also had the use of two vehicles for social outings and services listed in the statement of purpose. The provider allocated an additional wheelchair accessible vehicle to the centre, as was outlined in the action plan of the previous inspection report. The vehicles were insured appropriately and had an up to date National Car Test (NCT) certificate.

Residents were also supported to attend weekly clubs, have days off from their day activation centres and to visit family members.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and

recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found that there were sufficient staff numbers with the right skill-mix, qualifications and experience to meet the assessed needs of the residents.

There was a team of registered nurses and health care assistants working in the centre. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. Some of the health care assistants also held relevant qualifications.

From a sample of files viewed, staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the complex care and supports needs required by the residents. Feedback from residents' relatives was very positive about the service provided.

The person in charge met with her staff team on a regular basis in order to support them in their roles, as did the clinical nurse manager. A sample of supervision notes were viewed by the inspectors. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

From reviewing the training matrix for the designated centre, the inspectors observed gaps in training for some staff. Some staff required refresher training in a number of areas including manual handling and epilepsy care. However, the person in charge responded promptly to address this and outlined to inspectors that dates had been identified prior to the end of the inspection.

Some members of staff required training in positive behavioural support and the person in charge outlined that training for staff in this area would be prioritised.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that the provider had ensured written policies and procedures were in place as required by Schedule 5 of the Regulations. However, a number of policies and procedures were out of date and management outlined these are in the process of being updated with staff involved in the management of the centre.

For example, policies and procedures for 'admissions, including transfers, discharge and the temporary absence of residents' and 'the use of restrictive procedures and physical, chemical and environmental restraint', had not been updated for more than three years.

However, the inspectors found there was no adverse impact on residents, as a result of policies and procedures not being reviewed

There was a maintained directory of residents which had all of the required information.

Inspectors found that records in respect of Schedule 2, 3 and 4 were in place and well maintained. For example, records relating to residents' needs and medicine. Some improvements were required to ensure all documents for transfer to other health services had the most up to date information included. The clinical nurse manager outlined that this document would always be verbally handed over but endeavoured to update the document also.

As part of the information submitted for registration, the inspectors found that the centre was adequately insured.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Declan Carey
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-0004903
Date of Inspection:	11 and 12 April 2017
Date of response:	20 June 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:

Verbal complaints were not clearly recorded to show that they had been adequately addressed and inform trends and patterns.

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

All complaints raised informally will be recorded formally as outlined in the centre's Policy and Procedures for the management of complaints. Complete 13/04/2017

All complaints will be recorded on a log of concerns and complaints which will outline that action taken, the investigation taken on foot of a complaint, the outcome of the complaint and whether the resident was satisfied. Complete 13/04/2017

All complaints will be reviewed monthly in the centre by the ADON/PPIM and the PIC in order to identify and to inform the PIC of any trends and patterns and to ensure that they have been adequately addressed. Complete 31/04/2017

Proposed Timescale: Complete 31/04/2017

Proposed Timescale: 30/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The way in which some supportive therapies were overseen required review to ensure residents were at all times protected.

2. Action Required:

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

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

The PIC will carry out a full review in relation to supportive therapies in the centre. This review will include the impact, benefits, recording, participation levels and payment methods. Once this review is complete the recommendations will be implemented in the centre. 30/06/2017

Benefits of therapies, records of appointments and participation levels will be recorded in individual resident's files. Complete 13/04/2017

All receipts for payments received will be documented in the centre. Complete 13/04/2017

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

From reviewing the training matrix in the designated centre, the inspectors observed gaps in training for some staff.

3. 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:

All staff in the designated centre will receive refresher Training in manual handling and MAPA.

Complete 20/06/2017

All staff in the designated centre will receive refresher Training in epilepsy awareness and the administration of emergency medication.

Complete 20/06/2017

Two staff who were identified as not having completed Dysphagia Training have been scheduled to attend Training on 22/06/2017.

22/06/2017

Proposed Timescale: 22/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the policies listed under Schedule 5 were in need of review and updating. Information included in the document for other health services required updating for residents.

4. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Action Timeframe

A policy review group has been established in the Service to review all policies listed under Schedule 5. Complete 31/05/2017

There is a plan in place to update and review all Schedule 5 policies. Complete 31/05/2017

The Policy Review Group will develop and update all Schedule 5 policies in the Designated Centre. 30/12/2017

All documents for transfer to other health services will be reviewed to include the most

up to date information for each resident. Complete 20/06/2017

Proposed Timescale: 30/12/2017