

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Peter's Services 3
Centre ID:	OSV-0004904
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	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 April 2017 09:30 To: 06 April 2017 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to Inspection:

The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The previous inspection took place on 5th July 2016, where a number of non compliances were found. The aim of this inspection was to determine if appropriate measures had been taken by the provider in addressing these issues to bring about compliance and improve the quality of service being delivered to the residents.

How we Gathered Evidence:

The inspectors met with six staff members and interviewed four of them (both staff nurses and health care assistants) about the service being provided to the residents. The community services manager, who was a person participating in management

was also spoken with at length. The assistant director of nursing and staff from the centre attended feedback at the end of this inspection process. The person in charge was on leave on the day of this inspection.

The inspectors also met with ten of the residents over the course of the inspection process and had the opportunity to speak with three of them in their sitting room.

Two of those residents discussed their person centred plan with the inspectors and told the inspectors that they liked living in their home, what their hopes were for the future and had no issues with any of the staff members. The residents took an interest in their home, personal belongings and outlined how they chose to spend their time throughout the week.

Policies and documents were also viewed as part of the process including a sample of the residents' health and social care plans, complaints policy, the contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the Service:

The statement of purpose outlines that this designated centre provides residential support including nursing support to both male and female residents on a 24 hour, seven day a week basis to individuals with an intellectual disability. The designated centre comprised of two bungalows and each house could accommodate 5 residents. It was operated and run by the Health Services Executive (HSE).

Overall Judgment of our Findings:

This inspection found some improvements had been made since the last inspection and that some actions had been addressed by the provider. These improvements included the management of positive behavioural support, residents were more connected with their community and training in the area of life skills had been facilitated for some residents which contributed to the overall improvement in their quality of life.

Staff and residents knew each other well and residents were observed to be relaxed and happy in the company of staff. Residents told the inspectors that they enjoyed their life in the centre and that they were very supported by the staff.

However, this inspection found that some areas of non-compliance with regulations from the previous inspection had not been addressed by the provider.

Of the ten outcomes assessed; residents' rights, admissions and contract of services, social care needs, safeguarding and safety, healthcare and documentation were found to be fully or substantially compliant.

However, inspectors found non-compliance in the areas of safe and suitable premises, health and safety and risk management, medication management, governance and management and workforce were identified during the course of this

inspection. These were further discussed in the main body of this report and in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Overall the inspectors found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' individual choice was supported and encouraged.

The inspectors observed that policies and procedures were in place to promote and ensure residents were consulted with, and participated in decisions about their care and about the organisation of the centre.

These were to ensure that residents' rights were upheld and that their dignity, autonomy and individual choice were respected. This was achieved in a number of ways. For example, residents held weekly meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to partake in.

The inspectors viewed a sample of the minutes of these meetings and found that residents made choices about what outings to organise and to participate in, planned weekly menus and discussed housekeeping issues in the centre.

The inspectors were satisfied that access to advocacy services and information about resident rights formed part of the support services made available to each resident. The identity and contact detail of an external advocate was made available to residents and was on display in the centre. There was evidence that an advocate was assigned to residents as required, information pertaining to this advocate was on the residents' files in the centre.

A complaints policy on the management of consumer feedback to include comments, compliments, and complaints was available in the centre. The purpose of this policy was to ensure that any complaint could be brought to the attention of the service and would be investigated promptly with the aim of finding a satisfactory resolution. However, the policy stated there would be a monthly review of all complaints in the designated centre, however, these reviews had not taken place since November 2016.

The complaints procedures were displayed on the notice boards and an easy to read version was also available to residents. A dedicated log book for recording complaints was also available in the centre. However as per the previous inspection, the inspectors observed that complaints were being logged and recorded but some complaints remained unresolved on this inspection.

For example, where a complaint was written by residents' relatives to the person in charge the complaint was logged, recorded, investigated and resolved. However, there were examples where residents made a verbal complaint and this was recorded and logged but not resolved. The person in charge documented that a discussion was held with residents and some complaints remained open and it was not documented if residents were satisfied with the resolution of the complaints or not.

Inspectors spoke with three of the residents during this inspection. All were able to verbalise and indicate what they would do and who they would go to if they were not happy about any aspect of the service.

The inspectors viewed a small sample of residents' personal finances. All residents had a financial passport in place which informed the inspectors that where required staff support in managing their personal finances was provided.

From the sample viewed, it was observed that all monies could be accounted for and there were robust systems in place to ensure the safeguarding of residents finances. The inspectors had some queries about some of the purchases and services bought by some of the residents.

Staff informed the inspectors that residents had a financial assessment completed in March 2017 and this resulted in a reduction in the weekly statutory charge for residents in the centre. However, this change in the statutory charge for residents was not reflected in the documentation and is discussed in Outcome 4 of this report.

Judgment:

Substantially 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.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and the temporary absence of residents.</p> <p>Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.</p> <p>A residential agreement document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. Each written agreement was signed by the provider's representative and residents and/or their representatives.</p> <p>These written agreements stated the services to be provided and the fees to be incurred by residents for such services. In March 2017, residents had their fees reassessed and direct debits were changed accordingly, however this was not reflected in the current written agreements which requires to be updated.</p>
<p>Judgment: Substantially Compliant</p>

<p>Outcome 05: Social Care Needs <i>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.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall the inspectors found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found</p>

to be meaningful and supported the residents to have valued social roles in the community.

The inspectors found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place.

Residents had end of life care plan in place, identifying their own preferences and details of arrangements with appropriate family involvement.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from the sample viewed by the inspectors, it was observed that goals were being documented and a plan of action in place to support their achievement.

For example, an outreach community service was linking in with some of the residents. These residents were facilitated to engage in swimming, reflexology and community classes. Other residents were facilitated by a dedicated community team employed by the provider that enabled residents to participate in leisure activities, trips away, holidays and community engagement with local services such as tidy towns and the local credit union.

Staff of the centre also supported residents to frequent local amenities such as pubs, shops, cinema, swimming pools and restaurants. Some residents were also members of local clubs.

The inspectors observed residents documented goals had been achieved or where in the process of being achieved at the time of this inspection. Some residents engaged in music classes and staff were assessing if other residents could participate in different activities as part of their own personal care plans.

However, it was observed that the centre needed to review how it was managing the process of transition from the service. While the supports and resources in place to facilitate a transition to a new centre were found to be substantial, the consultation process with residents required review. The inspectors found that a resident had not been kept updated about changes in the process of their transition from the centre.

Judgment:

Substantially 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

Theme:

Effective Services

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

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

Findings:

The inspectors found that the location, design and layout of the centre was suitable for its stated purpose and met most residents' individual and collective needs.

However, some issues were identified on the previous inspection which were not implemented regarding the communal space for residents, maintenance of the centre, outstanding works to make a bathroom wheelchair accessible and works to be completed to carryout adaptations for residents as recommended by members of the multi-disciplinary team.

The centre comprised of two bungalows in a town in Co. Westmeath and was in close proximity to a large nearby town where residents had access to a range of community based facilities such as shopping centres, shops, restaurants, hotels, pubs, leisure centres and parks.

Accommodation comprised of 10 single occupancy bedrooms, across the two bungalows. There were also equipped communal bathrooms available to residents in both bungalows. However, works recommended by health and social care professionals following assessment with regard to adaptations to be installed in the bathroom to assist residents with mobility, were not implemented.

Arising from the previous inspection, management of the centre outlined approval had been granted for an en-suite bathroom to be amended and adapted to make it wheelchair accessible for one resident. There was also a plan that residents would transfer rooms and this had not taken place to date. There was an assessment carried out by an occupational therapist, plans in place and quotes received for the works, however there was no implementation of these works by the provider to date.

Both bungalows had well equipped kitchens inclusive of a small dining area, both had separate sitting rooms. However, there was no communal space for residents to meet visitors in private outside their bedrooms. There was inadequate communal space for residents in one of the bungalows.

As with the previous inspection, in one bungalow there remains a staff computer and work station along with filing cabinets. There is an outside chalet used as a office space for the person in charge in the running of one bungalow. In the other bungalow, there remains a staff computer and workstation in a sun room.

The centre was warm, well ventilated, had adequate lighting and found to be clean on

the day of the inspection. Bedrooms were personalised to residents' individual taste and there was storage space available to residents in the centre. Additional furnishings and decorations were provided for at the request of residents. For example, some residents had their own furnishings, family photos and storage for hobbies such as knitting.

The bungalows also had gardens to the back and front with adequate private parking space available to the front. The garden spaces in both bungalows had not been developed that facilitated their use by the residents. The grounds and gardens were maintained by the provider.

It was observed that there were adequate arrangements in place for the disposal of waste.

The inspectors observed that a maintenance system was in place in the centre however, some issues regarding the modernisation, upkeep and maintenance of the house required attention.

For example, in one bungalow there was a large damp stain in the living room following a water leak. While the water leak was repaired, the paint work required attention as residents used the living room on a daily basis.

That said, the inspectors found that the house was very much a home and was personalised to the residents' style and taste. There were pictures of the residents on the walls and each resident had pictures of their loves ones and family members on display in their bedrooms.

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):

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

Findings:

The inspectors found that staff had measures in place to promote and protect the health and safety of residents, visitors and staff. While some risks had been addressed from the previous inspection, this inspection found that there was not adequate measures in place to identify, assess and manage all risks in the designated centre.

The centre had policies and procedures relating to incidents where a resident goes

missing. Inspectors observed that missing person profiles had been completed for all residents and these contained specific identifying information.

The inspectors reviewed fire safety procedures during the inspection. There were up to date servicing records which indicated that the fire alarms were serviced quarterly. Regular fire evacuation drills took place involving all residents. In addition, there was a personal emergency evacuation plan on file for each resident.

Inspectors reviewed fire safety equipment in the designated centre. The annual servicing records for fire extinguishers and blankets were up-to-date on the day of inspection.

The inspectors viewed training records that indicated that all staff had received up to date training in fire safety in this centre. Internal checks of fire safety systems were in place, such as, daily checks of fire alarms, and these were recorded. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

There was a fire evacuation plan and emergency plan to guide staff in the management of other emergencies.

There was a risk management policy and a risk register for the centre and for each resident, including an individual falls risk assessment. There was a scheduled monthly incident review where the person in charge and an assistant director of nursing would review incidents. However, the monthly incident review was not updated on a scheduled monthly basis since November 2016.

During the inspection, inspectors identified risks that had not been managed in line with the designated centre's policies and procedures. As a result preventative measures had been identified but some control measures were not implemented for some risks in the risk register.

For example, the risk register identified a risk of residents falling in the kitchen due to chairs sliding on the floor tiles. Staff outlined there was a previous incident of a resident falling and as a control measure an occupational therapist had undertaken a risk assessment and recommended the installation of rubber leg caps for the kitchen chairs.

However, on the day of inspection this control measure was not implemented and inspectors observed a resident leaning on a chair and the chair began to slide. The resident was being supervised by staff at this time and staff intervened to prevent the chair from sliding on this occasion.

While there were some control measures in place, actions to mitigate or remove this risk had not been completed as per the timeframe outlined by the provider.

Inspectors observed that cleaning chemicals, unused syringes and a sharps disposal box were stored in unlocked presses in the kitchen. These presses were fitted with locks. The risk register outlined a risk of injury to residents, staff and visitors in relation to these items stored in the centre. The existing control measures specified these materials

must be secured and locked away in the centre.

The inspectors noted that the risk control measures were not being implemented in the designated centre. The inspectors spoke with the staff on duty, who outlined that there was a current risk to residents and the risk assessment and control measures had not been implemented on a regular basis. Staff on duty outlined that residents were left unsupervised in the kitchen and acknowledged this was not in line with the risk register. Staff outlined there had been no adverse incidents involving residents and materials stored in the kitchen.

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 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 all staff had training in the safeguarding of vulnerable adults.

Of the staff spoken with during inspection, they 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.

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 a policy in place for the provision of positive behavioural support. This was to ensure a collaborative and integrative consistent approach in supporting individuals with behaviours of concern. All staff were trained in the management of assessed needs of the residents that included de-escalation and intervention techniques as required.

Of the staff spoken with by the inspectors, they were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to manage problematic behaviour 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, list of triggers of behaviours of concern and these issues documented in residents' personal risk assessments.

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.

For example, there was one physical restriction in use in the centre and some residents were prescribed as required (PRN) medication. It was observed that this was used only if required and there were very strict protocols in place for its administration.

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 inspectors found that there were arrangements in place to ensure that residents' health care needs were supported and regularly reviewed with appropriate input from multidisciplinary professionals as and when required.

Staff on duty on the day of the inspection informed the inspectors that arrangements for residents to have access to a GP and a range of allied health care services were available.

From a sample of files viewed, the inspector observed that residents had access to a GP as and when required, and a range of other allied health care professionals. There was an annual nursing assessment and it was observed there was a review for each resident. For example, appointments with dentists, dental hygienists, clinical nurse specialists, speech and language therapists, occupational therapists, speech and language therapists, chiropodists, and mental health professionals were arranged and facilitated if required.

The designated centre supported residents with other health issues. Where required residents had access to psychiatry supports and a clinical nurse specialist in behaviour to support positive mental health and wellbeing.

The inspectors also observed that residents with epilepsy were regularly reviewed by a neurologist and in-depth care plans were on file to support these residents. Where relevant residents' had an epilepsy care plan and there were strict protocols around the administration of medications associated with epilepsy.

Of the staff spoken with they were able to demonstrate their knowledge of these plans and where required all had training in the safe administration of medication. Hospital appointments were also supported and provided for residents.

Where residents required assistance with eating and drinking there was a specific care plan in place. Inspectors observed there was a sufficient number of trained staff when meals and refreshments were being served. Where required residents had an eating and drinking care plan in place.

The inspectors observed that residents were supported to eat healthily, make healthy choices with regard to meals and where required were reviewed by a clinical nurse specialist in health promotion.

Residents were involved in the planning and preparation of some of their meals with the supervision of staff. Mealtimes were also seen to be relaxed and a positive social experience for residents in the centre.

Residents' weights were also recorded and monitored on a regular basis.

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):

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

Findings:

The inspectors found that the medicines management policies were not satisfactory and practices in relation to the storage of medicines management as described by the staff and observed by inspectors required urgent review.

There was a medicines management policy in place in the centre. The overall aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked medication press was in place for each resident in their own room, which promoted person centred care and also supported residents to have control over their own medicines. However, the staff on duty outlined there was no medication prescription sheets available that included sufficient detail to ensure safe prescription, administration and recording of medicines. Staff also outlined there was no space to record comments on withholding or refusing medication and staff reported they were unable to ensure the time of administration matched the prescription sheet. Staff informed inspectors the prescription sheets were not held in the centre but in the pharmacy.

It was observed that the storage of medicines required immediate attention as at times the practices in place were not safe or secure. The inspectors also noted that out of date medicines were not being disposed of as required by regulations and in line with best practice.

However, persons participating in management of the centre had made interim arrangements in relation to the storage of medicines that had been delivered to the centre prior to completion of this inspection. It was outlined to inspectors this practice and others identified would be urgently reviewed.

There was a system in place to record any medication errors in a separate notebook in the designated centre. The inspectors observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure. The inspectors observed that there had been no recent medication errors on record in the centre.

The staff regularly audited all medicines kept in the centre and from viewing a sample of these audits, the inspectors observed that all medications in use could be accounted for at all times.

From speaking with staff members the inspectors were not assured that they were familiar with and could vocalise the protocols for the use and administration of as

required (PRN) medicines. Staff outlined they were not aware of the maximum dosage stated for PRN medications for one resident. On review of the individual resident's documentation for prescribed PRN medications, there was no maximum dosage stated within the documentation. Once this was brought to the attention of management and staff, inspectors were assured immediate measures were put in place to review and address the issue.

Documentation was submitted to the inspectors after the inspection that indicated that PRN protocols for each PRN medication used in the designated centre were now in place and there was a space for recording medicines errors on the prescription sheet.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors were concerned that the provider had not put effective management systems in place to ensure the ongoing safety and quality of care and support.

There was a named and appointed person in charge of the designated centre who met the regulatory requirements and was suitable qualified, skilled and experienced.

Inspectors spoke with residents and they could identify who the person in charge was.

The person in charge and the clinical nurse manager employed in the centre were on rostered days off on the day of inspection. There were two agency staff members on duty in charge of the day of the inspection, one in each bungalow. When issues in relation to outcome 12 medication management arose on the day of inspection, staff on duty were unsure of who to contact. Staff also outlined that as they were agency staff members they were unsure of whom to contact in the event of a critical incident, when there was no manager on duty and persons participating in management were not contactable for support and advice. This in turn informed the inspectors that the on-call systems in place required review.

Issues were found with the staff supervision process which required review and there were gaps identified in staff training.

There was no copy of the annual review of the quality and safety of care in the designated centre on the day of inspection.

The provider nominee visited the centre in the last six months and produced a report on the safety of the services that they are delivering. However, there was a report of an unannounced visit by the provider or provider nominee in only one of two bungalows of the designated centre.

Judgment:

Non Compliant - Major

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 was sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents however, some gaps were identified in staff training.

There was a team of registered nurses and health care assistants working in the centre. The person in charge divided their time equally in the two houses of the centre. In the absence of the person in charge, there was a clinical nurse manager in one bungalow of the designated centre.

There was an actual and planned staff rota for the designated centre.

From a sample of files viewed, all nursing staff had up to date registration with their relevant professional body. The inspectors spoke with nursing staff and health care assistants. Inspectors found staff to have an intimate knowledge of the residents needs and they spoke very positively about the residents they supported.

It was also observed that health care assistants held relevant qualifications in a health

discipline. However, one health care assistant outlined they were not supervised on an appropriate basis and there was no documentation found on the day of inspection in relation to supervision for two staff members.

Other 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 reviewed a sample of staff files and found that records were maintained and available in accordance with 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 care and supports needs required by the residents.

The person in charge met with most staff on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspectors. While gaps were identified in staff supervision, it was found 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 viewing a sample of staff files the inspectors observed that some staff required training in positive behavioural support and dysphasia training. The assistant director of nursing assured the inspectors that this training would be prioritised for the staff members in question and dates were identified prior to the end of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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', were out of date for more than 3 years. The inspectors found there was no adverse impact with residents during the course of the inspection, as a result of policies and procedures not being reviewed within a 3 year interval.

The requirements of schedule 4 were met regarding information on residents' needs.

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-0004904
Date of Inspection:	06 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:

There was an inconsistent approach to the management of complaints as not all complaints were fully addressed in line with the complaints policy.

1. Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for

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

improvement in response to a complaint.

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

A full review of all complaints in the designated centre will be undertaken by the PIC in order to ensure that all complaints have been fully addressed in line with the complaints policy.

Proposed Timescale: 31/07/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents had their fees recently reassessed and revised fees were being charged, however this was not reflected in current written agreements.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All residential agreements will be updated to reflect the new fees to be incurred by residents in the designated centre.

Proposed Timescale: 31/07/2017

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:

Residents were not provided with information on the services and supports as they transitioned between residential services.

3. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

A full review will be undertaken of the transition plan in consultation with one individual residing in the centre who is moving to a new center

in order to ensure that their transition from the service is managed effectively.

The individual will be consulted with on an ongoing basis with regard to any developments in the transition plan. Records of discussions have commenced on 16/06/2017 and all consultation will be included in the transition plan.

All updates will be documented in the individuals' transition plan.
Recent updated information has been inserted into the Transition plan on 16/06/2017.

Proposed Timescale: 31/07/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

All parts of the centre were not fully accessible for residents, and did not take due consideration for the changing mobility needs of residents living there. Following assessment of needs of residents by an allied health professional, works were outstanding for a bathroom to be amended and adapted to make it wheelchair accessible.

4. Action Required:

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

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

A plan has been drawn up for the installation of a wheelchair accessible en suite bathroom for one individual in the designated centre.

Funding has been secured and the building contract has gone out to tender.
Complete 20/06/2017

A building contract has been awarded and the building contractors have visited the centre. Complete 12/06/2017

The Local Authority will arrange a date for the site inspection in relation to grant application. 31/07/2017

The recommendations of the Occupational Therapist report for wheelchair accessible adaptations will be implemented in the centre. 31/12/2017

A plan will be drawn up by the PIC in collaboration with all stakeholders to progress the transferring of resident's rooms and the facilitation of the development works in the centre. 31/08/2017

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Some areas for upkeep and redecoration of the designated centre were identified.

5. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The kitchen will be upgraded in one bungalow in the designated centre.

The ceiling in the living room will be painted in one bungalow in the designated centre.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Communal space for residents was inadequate; space available for the communal use of residents was imposed upon. For example, the staff workstation including filing cabinets remained in the living room of one bungalow and the sun room of another.

6. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The filing cabinet in the living room in one bungalow will be removed from the area.
Complete 20/06/2017

There is a plan in place to upgrade the kitchen area in one bungalow to include additional secure storage which will eliminate the need for the work station in the sunroom. 31/12/2017

The desktop computer has now been replaced with a laptop.
Complete 20/06/2017

Proposed Timescale: 31/12/2017

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:

There was a lack of appropriate oversight to identify, assess and manage all risks in the designated centre.

7. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

All monthly incident reviews will be completed by the PIC/PPIM and made available in the incident folder in the designated centre.
Complete 20/06/2017

The PIC will review and update all risk assessments in the designated centre.
16/08/2017

A review was undertaken of the kitchen chairs in the centre by the PPIM. Following this review new heavy weight dining room furniture was recommended and has been purchased for one bungalow in the designated centre.
Complete 20/06/2017

All cleaning chemicals, unused syringes and sharps disposal boxes will be stored in a locked secured presses.
Complete 06/04/2017

Proposed Timescale: 16/08/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The designated centre did not have appropriate and suitable practices relating to the out of date or returned medicines being stored in a secure manner that is segregated from other medicinal products in accordance with relevant national legislation or guidance.

8. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

A protocol will be put in place to ensure that out of date medicines are stored securely in a separate location to medicines currently in use and returned to the pharmacy and disposed of in accordance with national legislation or guidance.

Complete 07/04/2017

Proposed Timescale: 07/04/2017

Theme: Health and Development

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

The designated centre did not have appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medications. There was no system in place for reviewing and monitoring safe medication management practices.

9. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Each individual residing in the centre has a medication administration recording sheet (MARS) which outlines the prescription and administration of medicines in the centre.

Complete 06/04/2017

The medication administration recording sheet includes space and a code for use to record the withholding or refusal of medication.

Complete 06/04/2017

The medication administration sheet includes space for the times of medication administration.

Complete 06/04/2017

A protocol will be put in place to ensure that any out of date medicines are stored securely in a separate location to medicines currently in use and returned to the pharmacy at the earliest possible time.

Complete 07/04/2017

All PRN medication prescribed will include the maximum dosage within a 24 period on the medication administration record sheet.

Complete 07/04/2017

A protocol will be put in place to ensure the medication is checked immediately on receipt from the pharmacy.
Complete 07/04/2017

A medication audit will be carried to review and monitoring safe medication management practices in the designated centre.
Complete 20/06/2017

Proposed Timescale: 20/06/2017

Theme: Health and Development

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

The arrangements for p.r.n. (as required) medicines was not satisfactory.

10. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A review will be undertaken of all PRN medication in the designated centre. PRN protocols which will include the maximum dosage stated will be put in place.
Complete 07/04/2017

All staff will be made aware of the PRN protocols inclusive of the maximum dosage stated within the protocols.
Complete 07/04/2017

Proposed Timescale: 07/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no copy of the annual review of the quality and safety of care in the designated centre on the day of inspection, when requested by inspectors.

11. Action Required:

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

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

A copy of the annual review of the quality and safety of care carried out in 2016 will be made available in the designated centre.

Complete 07/04/2017

A report of the unannounced visit carried out on behalf of the provider nominee will be made available in the second house.

Complete 07/04/2017

Proposed Timescale: 07/04/2017

Theme: Leadership, Governance and Management

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

While there was a management structure in place, lines of accountability and responsibility were not clear on the day of inspection.

12. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

There is a person in charge identified on the roster on a daily basis in the designated centre. Complete 06/04/2017

There is an manager on duty/PPIM and manager on call management structure in place and the manager on duty/on call schedule is made available on a weekly basis in the designated centre.

Complete 06/04/2017

A review of the manager on duty/on call structure will be undertaken to include a system for dealing with unexpected absences.

31/07/2017

The PPIM will ensure that all staff inclusive of agency staff are fully aware of the management structure and on call arrangements for the designated centre.

23/06/2017

Proposed Timescale: 31/07/2017

Theme: Leadership, Governance and Management

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

There was a lack of effective management systems in place to ensure monitoring of quality of care and safety of residents living in the centre on a daily basis.

13. Action Required:

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

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

There is a CNM1 in place in one of the houses in the designated centre Complete 06/04/2017

The PPIM/ADON will call to the designated centre weekly and will maintain daily contact with the staff working in each house. Complete 06/04/2017

A newly appointed ADON/PPIM has commenced working in the designated centre to replace the PPIM currently on leave.

A PPIM/ADON on duty will be available to staff daily for support and advice. Complete 08/05/2017

A PIC will be recruited and commence working in the centre on 17/07/2017 to ensure monitoring of quality of care and safety of residents living in the centre on a daily basis.

Proposed Timescale: 17/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff in the designated centre were appropriately supervised, as required by regulations.

14. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

A supervision schedule will be developed in the designated centre to ensure that all staff working in the designated centre are appropriately supervised. Complete 07/04/2017

All staff will be receive formal supervision in the designated centre. 30/10/2017

Proposed Timescale: 30/10/2017

Theme: Responsive Workforce

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

Some staff required training in the area of positive behavioural support and dysphasia training.

15. 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 training in in positive behaviour support.
Complete 14/06/2017

All staff in the designated centre will receive training in in dysphasia
Complete 14/06/2017

Proposed Timescale: 14/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The designated centre had not reviewed written policies and procedures as contained within schedule 5 of the regulations, within a 3 year period.

16. 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:

A policy review group will be established up to review all schedule 5 policies within the service. Complete 31/05/2017

A plan will be developed 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. 31/12/2017

Proposed Timescale: 31/12/2017