Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Glenview House & Cottage
Centre ID:	OSV-0005180
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Danika McCartney
Lead inspector:	Mary Moore
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	2

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:	To:
26 April 2017 09:00	26 April 2017 19:00

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

Outcome 05: Social Care Needs
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

Summary of findings from this inspection

Background to the inspection:
This inspection was the fourth inspection of this centre by the Health Information and Quality Authority (HIQA); the last inspection was undertaken in March 2016. This current inspection was carried out to monitor ongoing regulatory compliance and, the quality and safety of the care and supports provided to residents.

How we gathered our evidence:
Prior to the inspection the inspectors reviewed the previous inspection findings and the provider's response to the action plan. Inspectors also reviewed any information received by HIQA from the provider since the last inspection, for example any notice received of incidents, accidents or adverse events that had occurred in the designated centre and the actions taken in response to these.

The inspection was facilitated by the person in charge, the deputy team leader and the regional manager. Inspectors met and spoke with some of the frontline staff on duty.

Over the course of the inspection, inspectors met with five of the six residents living in the centre. Some residents were able to express their views of the house and staff, and were interested in the presence and work of inspectors. Residents told inspectors that they were fine and that all was good in the house. Residents

discussed their plans for the day and events that they enjoyed such as a weekend spent away supported by staff, recent social outings, and ongoing contact from friends and family. Inspectors saw that the house was busy but calm and inspectors observed positive staff and resident interactions.

Description of the service:
In this designated centre, established in late 2015, the provider provides accommodation, support and care to a cohort of residents who individually and collectively have complex needs that require a high level of support.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspectors found that the service to be provided was as described in that document.

Overall judgment of our findings:
Overall inspectors were satisfied that the provider and staff were committed to providing residents with a homely environment and routines but also the supports that they required to maintain their safety and wellbeing.

There was a clear management structure and systems for the review on an ongoing basis of the quality and safety of the care and services provided to residents.

Improvement was noted in the systems in place for meeting and monitoring resident's healthcare needs.

Improvement was noted in the review and management of incidents, accidents and adverse events.

All staff spoken with while acknowledging the challenges posed, articulated a commitment to supporting residents to enjoy new experiences, personal development and social integration; this was supported by a culture of positive risk enablement. There were residual challenges particularly due to behaviours of concern and risk including risk of harm and injury to staff; staff spoken with told inspectors that they were supported by the provider so as to meet these challenges as they presented.

The staff spoken with on inspection articulated their commitment to reporting any concerns so as to protect residents from harm and abuse. Based on these inspection findings and correspondence and communication with the provider, inspectors were satisfied that the provider exercised its statutory responsibility to safeguard residents once concerns were known. However, it was of concern to inspectors that all staff had not at all times exercised their responsibility to immediately report in line with the provider's policy and national safeguarding policy known concerns and alleged abusive behaviour towards residents. This failure meant that residents were not protected in a timely manner. There was evidence of responsive action from the provider once this failure was made known to them retrospectively by staff.

There was evidence of actions taken by the provider in response to deficits identified by it, in medicines management practice. The HIQA medicines management

inspector did find evidence of good medicines management practice, however, an action did issue as a medication related incident was identified on inspection.

Overall inspectors were assured by the controls that the provider had for identifying and managing risks; however, the controls outlined by staff were not always included in the individualised risk assessment.

Improvement was required in the planning, completion and recording of simulated fire evacuation drills.

Seven regulatory Outcomes were inspected and the provider was judged to be in compliance with four and in moderate non-compliance with the remaining three. Outcome 7: Health & Safety and Risk Management; Outcome 8; Safeguarding and Safety and Outcome 12: Medication Management.

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 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
There was a suite of documentation maintained for each resident; this included the resident's medicines management folder, a daily information folder, a life skills folder and the resident's personal plan. Inspectors saw that the latter was based on a detailed assessment of the health, personal and social care needs of the resident. From this assessment both strengths and areas requiring support were identified; the required plan of support was then put in place. Assessments and plans seen were person-centred and respectful in tone and content. The personal plans folder addressed core areas such as residents' social care needs, health needs, daily occupation, communication, the management of behaviours of concern and risk, safeguarding, community inclusion and personal goals and objectives.

There was documentary evidence that the resident, their needs, their plan and their required supports were regularly reviewed by their multidisciplinary team (MDT) so as to evaluate ongoing appropriateness and effectiveness of the plan. Recommendations and actions were followed up on at each meeting. There was evidence that families as appropriate were consulted with, and their views were respected and considered by the MDT.

Each plan seen by inspectors incorporated the process for agreeing and progressing residents' personal goals and objectives; responsible persons and completion timeframes were identified and progress was monitored monthly. Notwithstanding the challenges and risks that were regularly encountered by staff, inspectors saw that staff were committed to supporting positive outcomes for residents.

It was clear from the plan, from inspectors observations and residents and staff spoken with, that the objective of the plan was to meet the assessed needs of the residents, keep them well and safe but also support their personal and general development. Residents engaged in activities such as swimming, shopping and socialising in the local community; residents were supported to maintain contact with peers and family. For residents who enjoyed the sensation and diversion of "drives" staff incorporated a purpose to these so that they were meaningful. The provider's plans to open an off-site day service were nearing completion; it was planned that initially three residents would attend the service; on the day of inspection one resident confirmed that he was going to visit the facility with staff.

Where appropriate the resident's participation in the plan was evidenced in records of meetings with their key-worker and their signing of plans of support.

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

Findings:
Given the complex needs of residents, there were ongoing challenges and risk to the health and safety of staff and residents; however, overall the provider had measures and controls in place to manage the identified risks.

Records were maintained of incidents, accidents and adverse events; the records seen indicated that incidents predominately related to the complex needs of the residents. Each incident was reviewed and risk-rated locally and incidents were collectively reviewed each fortnight by the clinical multidisciplinary (MDT) team; trends were monitored as was the rationale for any increased incidence and the adequacy of the existing supports and controls. Any further controls required were identified and agreed and set out in an action plan with responsible persons and timeframes; the action plan was followed up at the next meeting; for example the person in charge was to prepare and present an overview of seizure activity and incidents for one resident at the next meeting. Core to the promotion and protection of the safety of staff and residents was the therapeutic and practical management of residents' needs and behaviours of concern and risk as discussed in Outcome 8.

Risks assessments were seen in resident’s individual files and in the centre-specific risk

register; common identified controls included the agreed staff support ratio for resident and staff safety, clinical review and support, adherence to the behaviour support plan, activity and engagement and staff training; all staff spoken with clear on these controls. Risk assessments included the risks as specified by Regulation 26 both generically and as they pertained to individual residents; that is, the risk of aggression, self-harm or a resident missing from the designated centre.

However, the controls outlined by staff were not always included in the individualised risk assessment. For example, staff outlined a number of controls in place to reduce the incidence and severity of a fall such as parking close to the destination and carrying aids to cushion a fall. However, these controls were not outlined in the individualised risk assessment. There was another identified potential safeguarding risk and while staff again described the controls to be implemented, the risk and the controls were not set out in an explicit risk assessment.

Inspectors saw that the centre was equipped with an automated fire detection system, emergency lighting and fire fighting equipment. Inspectors saw that since the last inspection an external fire escape had been provided from the first floor as required by the local fire safety office.

Records seen stated that the fire detection system, emergency lighting and fire fighting equipment had been inspected and tested at the prescribed intervals; most recently in April 2017 and February 2017 respectively. Staff also undertook internal checks of fire safety measures and maintained a log of fire detection system events.

Staff undertook simulated evacuation drills with residents; however, further review was required of how simulated evacuation procedures in the centre were undertaken and recorded. For example up to the 4 April 2017, the names of those that had participated in the drills were not recorded; a new template in use addressed this now but one staff member spoken with, confirmed that they had never participated in a fire drill. It was possible that more staff had not participated as there was no record of participation prior to April 2017. It was not clear from the records seen if the 24 hour clock was consistently used by staff for recording the times of the simulated evacuations, or that the drills were scheduled to reflect and recreate as was reasonably safe and practicable to do so a variety of possible evacuation scenarios.

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

Findings:
There were measures in place to safeguard residents from harm and abuse; these measures included policies and procedures referenced to national guidance, staff training, a designated safeguarding person, risk assessments and safeguarding plans. However, there were confirmed failings in these measures in the months prior to this inspection.

All staff had attended safeguarding training. Staff spoken with confirmed this and told inspectors that the training incorporated an evaluation of learning and knowledge. The staff spoken with on inspection articulated their commitment to reporting any concerns so as to protect residents from harm and abuse. Based on these inspection findings, correspondence and communication with the provider, inspectors were satisfied that the provider exercised its statutory responsibility to safeguard residents once concerns were known. Records seen indicated that there were clear policies and procedures for supporting residents to raise any matters of concern to them in relation to their safety and there was unequivocal guidance to staff on the management of these concerns including notification to HIQA and the designated person.

There was evidence that in response to any alleged abuse that the provider invoked protective measures without prejudice, initiated an investigation and informed as appropriate other stakeholders including HIQA, the national safeguarding office and legal authorities.

However, it was of concern to inspectors (as confirmed to them post this inspection following further reconciliation of notifications received and information gathered on inspection) that all staff had not, at all times, exercised their responsibility to immediately report in line with the provider's policy and national safeguarding policy, known concerns and alleged abusive behaviour towards residents. This failure meant that residents were not protected in a timely manner. There was evidence of responsive action from the provider once this failure was made known to them; these actions included staff re-training on safeguarding and whistle-blowing, an internal safeguarding audit to ensure all concerns were known and safeguarding as an agenda item at all team meetings. The provider must however ensure that residents are at all times proactively protected from all forms of abuse.

The majority of residents did present with behaviours of concern and risk that required intervention so as to both reduce the risk of occurrence and the risk of harm and injury to the resident themselves, staff and other residents.

Staff had completed training in the management of actual and potential aggression (MAPA) and did at times have to implement intervention techniques for their safety and

the safety of others. Interventions were recorded in the centre, notified to HIQA, and reviewed by the provider on a regular basis as part of its review of the quality and safety of care and services provided to residents.

Residents were seen to have comprehensive multi-element behaviour support plans that profiled each resident, the potential behaviour, known triggers, therapeutic and reactive strategies. Overall, inspectors were satisfied that a holistic, multidisciplinary approach to behaviours and their management was taken, that is, communication, routine, activation, physical and mental health and psychological well-being were all considered in the preventative approach. When behaviour manifested there were therapeutic steps for staff to follow. Each resident and their plan was supported by regular, ongoing input from psychiatry and psychology.

Some residents were prescribed 'as required' psychotropic medicines as an adjunct to the management of behaviour. Records reviewed indicated efforts were made to identify and alleviate the cause of the resident's behaviour. Alternative measures were considered and implemented before the medicine was administered. The resident was monitored following the administration of the medicine and the monitoring was recorded. The use of 'as required' psychotropic medicines was reviewed by the psychiatrist at each consultation. The standard operating procedure did include 'as required' psychotropic medicines as an intervention. However, the more comprehensive and detailed management plans did not include 'as required' psychotropic medicines as an intervention and did not give guidance to staff in relation to the appropriate and timely administration of these medicines.

Overall however, notwithstanding the complex needs of residents, inspectors noted an environment that was homely and minimal in its restrictions, the atmosphere was relaxed, and staff and residents engaged in normal routines and social engagement.

Judgment:
Non Compliant - Moderate

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 were satisfied that residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. The staffing complement included two registered nurses who supported social care workers in

meeting residents' healthcare needs which included epilepsy, diabetes, elimination difficulties, mental health and osteoporosis.

Residents' healthcare needs were appropriately assessed and met by the care and support provided in the centre. The assessments informed the development of individual healthcare plans for each resident. Healthcare plans were comprehensive and contained adequate information to guide staff in supporting residents. The plans reviewed were current and reflected the residents' current status. Staff were familiar with the content of plans and their implementation. Where actions emanated from healthcare plans, inspectors saw that these actions were completed in a timely manner.

There was evidence of regular monitoring and assessment of health and wellbeing. Residents' body weight was measured regularly to identify any loss or gain that may require intervention. Regular monitoring of blood pressure and blood sugar levels, where appropriate, was undertaken in line with each resident's assessed needs and healthcare plan.

The management of epilepsy was in line with evidence based practice. Residents had access to a specialist neurology outreach service. The service offered telephone access to a neurology nurse specialist and details were available in the resident's individual file. Residents were supported to attend regular appointments with a consultant neurologist. Comprehensive and individual plans were developed in relation to the administration of emergency medicine in the event of seizure activity. The plans outlined clear guidance to staff on appropriate administration of emergency medicine, recovery times and when the assistance of emergency services may be required. Staff demonstrated understanding of the plan and had completed training in the administration of the emergency medicine.

Residents reported that they attended their general practitioner (GP) regularly. The GP service facilitated was flexible and timely. An "out of hours" service was available if required. There was evidence that their treatment was recommended and agreed with residents and this treatment was facilitated.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had access to allied healthcare professionals including psychiatry, dietetics, chiropody, audiology, optical, speech and language, occupational therapy, physiotherapy, dental and psychology.

Residents’ right to refuse medical treatment was respected. Where residents refused healthcare interventions, this was recorded and was monitored by nursing staff. Where refusal was ongoing and may have a potential negative impact, this was discussed with the multidisciplinary team and successful measures were put in place to assist residents to understand the impact of such refusals.

Residents were encouraged and enabled to make healthy living choices. Residents were encouraged to remain active. Activity planners indicated that activities such as swimming and walks were facilitated for residents on a daily basis.

On the day of inspection, lunch was prepared in the centre. The dishes prepared were

nutritious and appetising. The menu plan reviewed was varied. The advice of the dietitian was incorporated into the resident's healthcare plan and reflected in the menu plan. An ample stock of food was kept and hygienically stored and residents had access to snacks and drinks when required. Residents were supported to participate in meal preparation or baking.

Residents and their representatives were consulted about and involved in the meeting of health and medical needs. Health information specific to residents' needs was available in an easy read format.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
The medicines management outcome was examined by a medicines management inspector.

Medicines for residents were supplied by a local community pharmacy. The inspector noted that the pharmacist was facilitated to meet their obligations to residents in accordance with relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Many medicines were supplied in compliance aids and resources were available to confirm prescribed medicines in the compliance aid. Stock levels of medicines not supplied in compliance aids were reconciled after each administration to identify any errors or discrepancies in a timely manner.

A medicines management policy was in place which detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. The inspector spoke with nursing and care staff who demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Staff who administered medicines had received blended initial training which comprised online theoretical training and three practical competency assessments before being deemed competent to administer medicines. Staff maintained their competency through regular blended refresher training.

The inspector noted that medicines were stored securely throughout. Medicines requiring refrigeration were stored appropriately. Medicines requiring additional controls

were not in use in the centre at the time of the inspection.

A comprehensive and individualised assessment had been completed for each resident which took into account the resident's understanding, literacy and dexterity. The resident's ability to collect, transport and store medicines safely and securely was assessed. The assessment took into account the resident's ability to manage medicines during absence from the centre. Four levels of support were outlined in relation to medicines management. At the time of the inspection, all residents required support with medicines management (level 3). A personalised medicines management plan had been developed for each resident which outlined the resident's prescribed medicines, frequency of review and the resident's preferences in relation to medicines administration.

A robust system was in place for the safe ordering and receipt of medicines. Medicines were delivered weekly from the pharmacy. Two staff members checked the medicines delivered against the prescriptions. Any discrepancies or queries were immediately addressed with the pharmacy before medicines were used. The person in charge outlined that medication administration records were checked daily for accuracy.

The inspector saw that medication related incidents were identified, reported on an incident form and there were arrangements in place for investigating incidents. The inspector noted that there had been a recent increase in the number of medication related incidents in the centre, particularly in relation to administration of medicines. A number of measures had been implemented to prevent recurrence of medication related incidents. The inspector saw that staff were supported to complete refresher training and practical competency assessments, where appropriate. The regional manager and person in charge outlined that a number of changes had been introduced to the medicines management system including revised storage of medicines and a 'do not disturb' tabard to prevent distractions during medicines administration.

A sample of medication prescription and administration records was reviewed. Medication prescription records were current and contained the information required by legislation. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, the inspector identified a medication related incident which had occurred on the evening before the inspection. Medicines prescribed for 22:00 had been recorded as administered at 18:00 and again at 22:00. The medicines prescribed included treatment for epilepsy and to lower cholesterol. This was brought to the attention of the person in charge and the regional manager immediately.

Staff outlined the manner in which medications which were expired or dispensed to a resident but were no longer needed are stored in a secure manner, segregated from other medicinal products and were returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail. However, the inspector noted that the date of opening was not recorded for two medicines that had a reduced expiry date when opened. Therefore, staff could not identify when the medicines would expire.

When residents left the centre for holidays, social outings or days out, a documented

record was maintained of the quantity and medicines leaving the centre. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A system was in place for reviewing and monitoring safe medicines management practices. An audit of medicines management was completed on a weekly basis. The audit examined the aspects of the medicines management cycle including administration, documentation, storage and disposal of medicines. The audit identified pertinent deficiencies and actions were completed in a timely fashion. However, the incident as described above indicates that a review was required so as to identify any learning from the incident.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
There was a clear management team and systems for monitoring and ensuring the safety and quality of the care, support and services provided to residents.

The local management team consisted of the deputy team leader, the person in charge and the regional operations manager; all were clear on their respective roles and responsibilities, their reporting relationships and the operational management of the centre.

The person in charge worked full-time and was responsible for two designated centres. The person in charge was confident that she had the skills and the supports required to ensure the effective management of each centre and allow her to meet her statutory responsibilities. The person in charge divided her working week between both centres.

On a day-to-day basis the person in charge was supported by two deputy team leaders, one of whom was on duty for this inspection. Both the deputy team leader and the person in charge confirmed for inspectors that the rota was managed so as to ensure

that either a deputy team leader or the person in charge was present in the centre and available to staff and residents. The person in charge and the deputy team leader demonstrated accountability for the service and the quality and safety of the supports and services provided to residents

Frontline staff attended regular team meetings with the person in charge; the regional operations manager also attended some of these local team meetings. Minutes of these meetings reflected comprehensive discussion of residents, their needs and required supports.

The person in charge attended team leader meetings that were convened monthly; the provider's representative attended these meetings.

The provider had systems for the ongoing review of the adequacy, safety and quality of the care, support and services provided to residents. These systems included the meetings cited above, regular multidisciplinary (MDT) reviews of residents and their changing needs, the monitoring and review of incidents and accidents and a schedule of unannounced visits to the centre. There was evidence of good practice and good inter-disciplinary working, for example, the local GP attended and participated in the MDT reviews.

Inspectors reviewed the reports from some of the provider's own unannounced reviews of the centre; the most recent of which had been undertaken in March 2017. The reports indicated that reviews were detailed and set clear organisational benchmarks for the required standard of quality and safety. Compliance in core areas such as medicines management, residents' personal plans, health and safety, restrictive practice and governance was measured. There was evidence in the internal reports of both good practice and where failings were identified.

Overall, a satisfactory to high level of compliance was found and where concerns were noted, for example in medicines management practice these areas were re-audited to establish if improvement measures had been implemented with effect.

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:
Based on their observations, a review of the roster and these inspection findings, inspectors was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents living in the centre at the time of this inspection.

This inspection was unannounced and staffing arrangements evidenced were as described in the planned staff rota and as committed to by the provider on previous inspections.

The designated centre consisted of the main house and a separate self-contained apartment; each was staffed at all times. Overall night-time staffing consisted of three waking staff and one sleepover staff. By day, there were generally six staff on duty; four in the main house and two in the apartment; these levels reflected residents' assessed needs and identified risks.

Staff spoken with, told inspectors that the provider had contingencies that ensured that staffing levels were maintained, for example in response to unexpected absence. There was an on-call resource management system available if a staffing issue could not be resolved locally.

Relief staff were employed but were employed by the provider and a core group worked consistently in the centre. Relief staff were on duty with members of the regular staff team. This provided continuity of care and support. Residents were familiar with staff on duty on the day of inspection and relationships were observed to be relaxed and positive.

The staffing skill-mix reflected the holistic needs of the residents and the support's that they required. Staff employed were qualified either in social care, intellectual disability nursing and mental health nursing. The adequacy of staff skills, arrangements and competencies was seen to be reviewed by the provider, for example in response to and in the context of the review of incidents.

A sample of staff files were made available to inspectors and the files were found to contain all of the information required by Schedule 2 of the regulations, for example previous employer references and evidence of Garda Síochána vetting.

Staff training records were maintained and on review by inspectors evidenced that all staff working in the centre, both on a fulltime and relief basis, had attended all required mandatory training. Additional training seen to be completed by staff included food safety, infection prevention and control, first-aid, and supporting persons with specific disabilities.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary Moore
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0005180
Date of Inspection:	26 April 2017
Date of response:	30 May 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some controls implemented to reduce the incidence or severity of a risk were not outlined in the individualised risk assessment. An explicit risk assessment was not in place for one identified potential risk.

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

1. Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
The PIC will complete a full review of all individualised risk assessment within the designated centre taken into account to ensure all controls which are implemented are reflective in the Risk Assessments and SOP's

Proposed Timescale: 30/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Further review was required of how simulated evacuation procedures in the centre were undertaken and recorded.

2. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
There is new fire evacuation form in place in the centre which addresses all issues raised in the report in terms of staff participation in fire drills in the centre. The PIC is monitoring this new revised document to ensure all staff participate in fire evacuation drills on a regular basis.

Proposed Timescale: 30/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The management plans did not include 'as required' psychotropic medicines as an intervention and did not give guidance to staff in relation to the appropriate and timely administration of these medicines.

3. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
A full review of the management plans regarding PRN medication will be compiled

Proposed Timescale: 30/08/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff had not at all times exercised their responsibility to immediately report in line with the provider's policy and national safeguarding policy known concerns and alleged abusive behaviour towards residents. This failure meant that residents were not protected in a timely manner from abuse and harm.

4. 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:
PIC will complete further training with the staff team surrounding the responsibility of reporting all concerns in line with the providers Policy on Vulnerable Person's.

Proposed Timescale: 30/06/2017

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 date of opening was not recorded for two medicines that had a reduced expiry date when opened.

5. 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:
PIC will implement control measures to ensure that all medication is managed in line with Regulation 29 (4) (c) and that regular checks are completed on all medication with reduces expiry dates.

Proposed Timescale: 30/06/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A medication related incident was identified during the inspection

6. 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:
The PIC is confident that the internal checks as outlined to the inspector addresses these issues and is carrying out these checks on a daily basis in the centre to ensure that the centre complies with regulation 29 (4) (b)

Proposed Timescale: 30/06/2017