

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Upper Woodlands Close
Centre ID:	OSV-0005313
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bernadette Donaghy
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
28 August 2017 10:00	28 August 2017 19:30
29 August 2017 09:00	29 August 2017 14:30

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

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

Summary of findings from this inspection

Background to the inspection:

The purpose of the inspection was to inform a registration decision and to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with eleven residents, six staff members, two clinical nurse managers, the person in charge and the provider's representative during the inspection. Two residents spoke directly with the inspector during the inspection process. A number of practices and documents were reviewed as part of this inspection including eight residents' files, four staff files, risk assessments, social care schedules, activity logs, restrictive practice protocols, improvement plans, staff rosters and staff training records.

Description of the service:

This centre is managed by the Health Service Executive (HSE) and is part of a campus setting, located close to Sligo town. The centre comprised of three units providing residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service is nurse-led and can accommodate male and female residents, from the age of 18 years upwards. At the time of inspection, there were male and female residents living in the centre. Two of the chalets provided accommodation for six residents and one chalet provided accommodation for five residents. Each unit had a communal kitchen and dining area, sitting room area, bathroom facilities and bedroom spaces for residents. There were no vacancies at the time of inspection.

The person in charge had the overall responsibility for the centre and was based in the campus on a full-time basis. They were supported by two clinical nurse managers and the provider nominee. The person in charge held an administrative role and regularly visited each unit to meet with residents and staff.

Overall judgment of our findings:

Overall, the inspector found that since the last inspection, the provider continued to put systems in place to monitor the service being provided to residents. Each unit was found to be clean, well maintained and provided a homely environment for the residents living there. The inspector found staff to be very knowledgeable and respectful of residents' preferred routines. During the inspection, all information required by the inspector was made available by staff working in each unit.

There was one action required from the last inspection; however, this action was not due to be completed at the time of this inspection. The inspector found that of the 18 outcomes inspected, eight were in compliance, four were substantially-complaint, five were in moderate non-compliance and one outcome was in major non-compliance.

The findings and their actions are further outlined in the body of the report and 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):

No actions were required from the previous inspection.

Findings:

The inspector found residents' rights were promoted within the centre. Residents were supported to manage their financial affairs and they were frequently consulted about how they wanted to spend their time. Although there were no gaps identified in the management of complaints, some improvements were required to the centre's complaints procedure. In addition, improvements were required to the privacy arrangements for residents within shared bedrooms.

Where residents' money was maintained by the centre, staff supported residents to manage their own finances as much as possible. A spot check of personal balances was completed by the inspector and the clinical nurse manager and no errors were found. Records were in place to show all transactions and lodgements made by residents to their personal accounts, and copies of receipts from residents' purchases were also maintained. Residents accounts were regularly audited to ensure all transactions and lodgements to residents' personal accounts corresponded with the records available. Financial competency assessments were completed for each resident to assess their ability to look after their own finances. Money management plans were in place which informed staff on the level of support they were required to give where residents wanted to make a purchase.

Monthly residents' meetings were held in the centre, where residents were able to discuss various topics with staff such as complaints, up-coming social events, safeguarding and other topics of interest. Residents had access to advocacy services and a photograph of the advocacy officer, with their contact details, was displayed in the centre. The clinical nurse manager informed the inspector that additional advocacy

support was recently provided to residents who were preparing to transition to the community. Residents' morning, evening and night time routines were well documented in the centre and staff who spoke with the inspector were very aware of these preferred routines.

The clinical nurse manager informed the inspector that plans were in place to register all residents to vote. In addition, the person in charge was in the process of scheduling a workshop on residents' rights to be held with residents in the coming weeks. Staff were found to interact very well with residents throughout the inspection, and were aware of residents' right to privacy and dignity. However, the inspector found that the privacy and dignity of residents within shared bedrooms was compromised. Although bed screening was provided in these bedrooms, it did not provide adequate privacy for residents.

There was a complaints policy in place for the recording, response and management of complaints. There were no active complaints being responded to at the time of this inspection. The clinical nurse manager informed the inspector that a recent complaints management audit showed that the centre were not capturing or recording all complaints, in line with the complaints policy. Since this audit, a complaints recording form had been placed in each residents' file to ensure complaints specific to residents living in the centre were recorded, in accordance with the complaints policy. Staff who spoke with the inspector were aware of the findings of this recent audit and of their responsibility in the local management of complaints received. However, the inspector found that not all units in the centre had their complaints procedure prominently displayed. In addition, while an easy-to-read version of the complaints policy was available to residents it failed to inform residents how their complaint would be responded to and managed by the centre or the appeals process should they be dissatisfied with the outcome of the complaint.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Some residents living in the centre had specific communication needs. Overall, the inspector found effective communication systems were in place to meet these needs.

Residents communication skills were assessed on at least an annual basis, and individual communication profiles were in place for residents who were assessed as having communication needs. These profiles were found to guide staff on how to effectively communicate with these residents, and included various circumstances such as communicating with individual residents if they were upset or unhappy. In addition, these communication profiles detailed residents' preferred communication styles and included suggested verbal cues to help staff engage with residents who had limited verbal communication skills. Staff who spoke with the inspector were found to be very knowledgeable of residents' communication needs. Speech and language therapy support was available to residents, as required.

No residents were in use of assistive technology at the time of this inspection; however, assistive technology assessments had been completed recently for all residents, to identify if they would benefit from such aids. Easy-to-read versions of written agreements, the complaints policy and statement of purpose were available to residents. Pictorial references were also available to residents in relation to their personal goals and daily menu options.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain strong personal relationships with their family and to have frequent contact with the local community.

Residents were able to receive visitors in private, with one unit recently renovating an unused room into a visitors room. Residents had regular visits to their families and were supported to have regular overnight stays at home. A number of residents had just returned back to the centre from holidays with their families. One resident told the inspector that they had regular visits from their family and likes to have them call to see their home.

Residents were facilitated to display personal photographs of their family and friends in the centre, and one resident brought the inspector to their bedroom to show the inspector the various activities they were photographed participating in with their family. Residents' family members are invited each year to participate in residents' annual

reviews, and regular communication was maintained between families and staff members in between the annual reviews.

Residents had regular opportunities to engage with the local community. Residents who spoke with the inspector told of recent trips to various local attractions, weekly mass, regular visits to their friends and of their involvement in local community groups.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in the centre's previous inspection. Upon this inspection, it was identified that some improvements were required to the details of fees charged as outlined in residents' written agreements.

Revised written agreements were recently issued to all residents and their families, and at the time of this inspection, the provider was still awaiting some signed written agreements to be returned. The inspector reviewed a sample of written agreements and found that although these stated a maximum fee that residents would be charged each week, it did not indicate the exact amount residents would be required to pay. Furthermore, it was unclear from the written agreements reviewed what services residents were receiving for the fee charged.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Since the last inspection, no further residents had transitioned from the centre to the community. Overall, the inspector found the provider continued to put arrangements in place to ensure residents' needs were assessed and that personal plans were developed and reviewed in accordance with these assessed needs.

A sample of residents' annual assessments, personal plans and personal goals were reviewed by the inspector. No gaps were found in the revision of these documents. The inspector found the provider continued to ensure residents' personal goals were reviewed and updated in accordance with personal goal progression. Action plans were found to be regularly updated by those responsible for supporting residents to achieve their goals. Where residents were preparing for transition, the inspector noted that their personal goals were more focused on the development of skills and knowledge in areas such as cooking and recycling. Residents' personal plans and goals were available in each residents' bedroom, and one resident showed the inspector photographs of a recent goal they had achieved.

Residents social care needs were still supported through the additional social care support which been allocated to the centre since June 2017. This additional support was allocated between the three units in the centre, with a timetable available within each unit to indicate when this support would be available to residents. Residents were still consulted weekly about what activities or outings they wished to participate in. Staff who spoke with the inspector stated that residents were benefiting from this additional support as they were getting out more and had more opportunities available to them for one-to-one support. Activity records were in place to demonstrate how often each resident used this additional support and of how they responded to it.

The person in charge and clinical nurse manager told the inspector that the centre was still awaiting dates to be confirmed for all residents to begin transitioning from the centre to the community. The inspector found that compatibility assessments had been completed and transition plans were in place for residents. Residents' preferences for transition were recorded and regular meetings were being held with the transition team, residents and staff to ensure all were updated on the progress made towards transition.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found all three units in this centre were clean, nicely decorated and were well maintained. Regular maintenance works were carried out to residents' equipment and records of this was available for review. However, some improvements were required to shower rooms and to the external grounds.

The inspector visited each unit during the inspection. Two units accommodated six residents each and one unit accommodated five residents. Each unit had a kitchen and dining room, shared bathrooms with shower and bath facilities, a staff room and residents' bedrooms. Two of the units had shared access to an enclosed garden area which was accessed from the back door of these units. Each bedroom had wardrobe space and hand basin facilities. Of the 17 residents living in this centre, 15 residents had their own bedrooms, while two residents shared a bedroom. Bedrooms were found to be nicely decorated and residents could personalise their bedrooms with their own furniture and personal items as they wished, with some residents choosing to have a television in their bedroom.

Some refurbishment works were completed at the time of this inspection including the removal of moss from external walk-ways, provision of level access shower rooms and internal handrails. However, the inspector observed some work still required completion including:

- a level access shower room to one unit
- external ramps and handrails from the backdoor exit of two units

The inspector observed that in the unit that required the level access shower to be provided, three out of the five residents living in this centre were assessed as being at high risk of falls. Staff who spoke with the inspector said that these three residents were currently using a low level shower that they had to step down into, which posed a risk to of falls to these residents. The person in charge informed the inspector that although this works to the units had been brought to the attention of senior management, no date for completion has been agreed.

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):

No actions were required from the previous inspection.

Findings:

This outcome was inspected as part of the centre's previous inspection and no actions were required. During this inspection, the inspector found the provider had continued to ensure fire safety management systems were in place. However, some gaps were identified to the centre's falls management system.

Day-time and night-time fire drills were still occurring within the centre on a monthly basis, and included the participation of all residents and staff. A sample of fire drill records were reviewed by the inspector which demonstrated staff were able to evacuate residents from the centre in a timely manner. All fire exits were found to be maintained clear of obstructions during the inspection, and regular checks were still occurring to ensure all emergency lighting and fire equipment were maintained in working order. Emergency lighting was available outside fire exits and inside each of the centre's units. Residents' personal evacuation plans were available within each residents' file and at the main entrance into each unit. The inspector found these plans informed staff on how they were required to support residents to evacuate, and included the evacuation arrangements in place where the main fire exits were inaccessible to residents in the event of a fire. Staff who spoke with the inspector advised how they would respond to the fire alarm should they be lone-working in the centre or had no additional staff support available to them. Staff also knew how to alert the emergency services in the event of a fire and where they were required to evacuate residents to. Fire procedures were displayed in each of the centre's units; however, the inspector observed these did not adequately inform how staff were to respond if the fire alarm was raised. This was brought to the attention of the person in charge and clinical nurse manager, who rectified this by the end of the inspection. All staff had up-to-date training in fire safety at the time of this inspection.

A health and safety and risk management folder was held in each unit within the centre. The management of this system was overseen by the clinical nurse manager and person in charge. The inspector reviewed a sample of organisational risk assessments, and some were found to not clearly identify all control measures which were being practiced by staff to mitigate risk in the centre. This was brought to the attention of the clinical nurse manager who rectified this before the close of the inspection.

A number of residents living in the centre were assessed as being at high risk of falls. Staff who spoke with the inspector could identify residents who were assessed as being at high risk of falls, were aware of recent falls prevention control measures put in place for individual residents and were aware of the level of supervision they were required to give these residents. Although falls risk assessments were in place and up-to-date for

these residents, gaps were identified in the assessment and monitoring of residents who were observed to hit their head during a fall. In one instance, the inspector identified two recent falls, where it was indicated on both incident reports that these residents hit their head during a fall. As per the centre's falls management policy, such falls require neurological observations to be completed for 24 hours following the fall. However, it was unclear from the records available if these residents were assessed and monitored in accordance with this policy. In addition, support plans in place for residents assessed at high risk of falls reviewed by the inspector, did not adequately inform staff on the additional control measures put in place to mitigate the risk of residents' falls within the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Since the last inspection, the inspector found the provider continued to put measures in place to safeguard residents and the monitoring and review of restrictive practices. However, some improvements were required to the guidance available to staff in the management of specific residents' behaviours that challenge.

The clinical nurse manager told the inspector that since the last inspection, the number of restrictive practices in use had reduced following a multi-disciplinary review. Some environmental restrictive practices were still in place including locked wardrobes and the use of protective gloves. These restrictive practices were found to have up-to-date risk assessments in place with protocols to guide staff on their appropriate application. Records were maintained by staff which demonstrated when these restrictions were applied and removed. During the inspection, the inspector identified that a resident was prescribed a chemical restraint. Although this was not being used a risk assessment and protocol had not been developed to guide staff on its appropriate application should this be required. This was brought to the attention of the clinical nurse manager who ensured these procedures were put in place for this resident by close of the inspection.

No active safeguarding plans were in place at the time of this inspection. Staff who spoke with the inspector were aware of their responsibility to report any safeguarding concerns to the person in charge. All staff were found to have up-to-date training in safeguarding.

All staff had up-to-date training in the management of behaviours that challenge. Residents who were assessed with behaviours that challenge had behavioural support plans in place. A sample of these were reviewed by the inspector and were found to provide comprehensive overview of residents' behaviour types, proactive strategies to be implemented by staff and of the involvement of the multi-disciplinary team in the on-going review of residents' behaviours. However, some behavioural support plans reviewed by the inspector did not adequately guide staff on the reactive strategies to be applied as required. For instance, one behavioural support plan identified that the resident may present with behaviours that challenge while in use of the centre's transport; however, the support plan failed to inform staff what they were to do to support the resident in such circumstances.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained. Each month, these incidents were reviewed by an incident group and any actions required following these reviews were communicated to staff. The inspector found that although notifiable incidents of any safeguarding concerns were being submitted to the authority, some were not provided within three days of the occurrence.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were engaged in social activities internal and external to the centre and that arrangements were in place if residents wished to seek employment or undergo training.

Some residents living in the centre had completed training programmes in computer skills and arts through local training centres. The inspector observed that some residents' goals gave consideration to the enrolment of residents in further up-coming courses. Some residents held employment through weekly workshop programmes. Residents regularly engaged in day-services which provided them with an opportunity to participate in table top activities and community based activities.

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:

Annual assessments were completed for all residents, which identified any healthcare needs that residents had. Staff who spoke with the inspector were found to be very knowledgeable of these needs. However, some improvements were required to personal plans available for residents with specific elimination needs.

Overall, the inspector found that residents had timely access to allied healthcare professionals and health services such as nutritional specialists, behavioural specialists and occupational therapists. Residents had access to a General Practitioner (GP) service and a record of all correspondences from these health professionals was maintained by the centre. The inspector reviewed a sample of assessments and personal plans in place for residents who presented with neurological healthcare needs. These assessments were found to be up-to-date and protocols were in place to guide on the administration

of emergency medication.

Some residents living in the centre had specific elimination needs, which staff were required to monitor and support the residents with daily. Staff who spoke with the inspector were very aware of these specific healthcare needs and of what they were required to do on a daily basis to support these residents. However, the inspector found that personal plans did not adequately guide staff on how they were required to support these residents with these healthcare needs.

Residents were consulted regularly about their preferred food choices, and residents food likes and dislikes were found to be well documented within the centre. Kitchen and dining spaces were available to residents within each unit, and residents' meals were delivered from a centralised kitchen based on the main campus. Residents were provided with a choice of meals from this kitchen and where they wish to choose a different option, it is prepared in the unit. An audit was recently completed of the centre's meals and mealtime options, which informed that residents were happy with the meal options available to them. Residents were also supported to regularly dine out if they wished to do so.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The provider had policies in place for the prescribing and administration of medications. All medications in the centre were administered by a registered staff nurse.

Medications were found to be locked away in each unit with the keys maintained by a staff nurse at all times. Medications were dispensed from the pharmacy to the centre on a monthly basis and medications were administered from their original packaging. A spot check of residents' medication stock was completed by the inspector and a staff nurse, and all prescribed medication was found to be available and was clearly labelled with residents' details. A sample of prescription and medication administration records were reviewed by the inspector. Prescription records were signed by the prescribing practitioner and clearly outlined the name of the medication to be administered, the route of administration, the dose to be administered and the time the medication was to be given. Upon review of administration records, no gaps in the administration of

medication was found by the inspector.

No residents were taking responsibility for their own medications at the time of this inspection. However, medication competency assessments were completed for all residents to assess residents ability and capacity to self-administer their own medications.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider had a statement of purpose for the centre and an easy-to-read version of this was available to residents in the centre.

However, the inspector found some gaps in the information available within the statement of purpose including:

- the specific care and support needs that the centre intended to meet
- the facilities to be provided by the registered provider to meet the support needs of residents
- the management arrangements in place in the absence of the person in charge.
- the criteria for emergency admissions to the centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Since the last inspection, the provider had continued to put arrangements in place to support the person in charge in the management of the centre. The person in charge was supported by two clinical nurse managers to oversee the care delivery of residents in all three of the units. One clinical nurse manager worked directly in one unit, while the second clinical nurse manager worked in a supernumerary capacity. The person in charge was based on the campus and visited the units on a minimum weekly basis. Regular meetings included weekly staff meetings which were chaired by clinical nurse managers, fortnightly person in charge meetings, monthly governance meetings and monthly incident review meetings. One clinical nurse manager told the inspector that since the re-configuration of the centre earlier this year, members of the management team now had the capacity to meet the requirements of their role.

Further audits of the service provided to residents were completed since the last inspection. These included medication management audits, complaints management audits, regular audits of residents' and audits of residents' meals and mealtimes. Action plans were put in place following these audits. The annual review of the service and six monthly unannounced provider visits were completed, with many actions arising from these completed. Actions which were still outstanding were monitored through the centre's capital works action plan. These were reviewed by the inspector and person in charge during this inspection. The person in charge was able to demonstrate to the inspector the progress being made towards meeting completion of these works. The person in charge informed the inspector that these overdue actions had been escalated to senior management and that they were being reviewed through a weekly management team conference call.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Since the last inspection, the person in charge has not been absent from their duties for more than 28 days.

The provider had arrangements in place for the management of the centre should the person in charge be absent for more than 28 days. The inspector was told that should this occur, a clinical nurse manager would deputise.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was resourced to meet the assessed needs of residents living there.

The person in charge told the inspector that arrangements were being finalised to provide additional vehicles to transport residents to various services. In the interim, the provider was arranging taxi services for residents' use. Staff who spoke with the inspector stated that taxi services were readily available to them to book on the residents' behalf.

Where residents were identified as being at high risk of falls, the provider had put in place bathroom hoists to ensure these residents could safely bathe if they wished to do so. In addition, all residents were recently assessed for assistive technology to identify if such aids would enhance their communication skills and quality of life.

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):

No actions were required from the previous inspection.

Findings:

This outcome was inspected as part of the centre's previous inspection, with one action required. The provider had provided a response to this action in the centre's previous action report, however; this was not yet due at the time of this inspection. Overall the inspector found the staffing arrangements were still not adequate to meet the social care needs of residents. In addition, gaps were also identified in the maintenance of schedule 2 documents for staff.

The additional 39 hours social care support granted to the service in June 2017 was still in place. These hours continued to be available to residents each week between Monday and Friday and were shared between the three units. A weekly schedule was still in place to inform each unit of what time these support hours would be available to them. Residents' use of these hours was still recorded by the clinical nurse manager each month to demonstrate how many support hours were received by each resident.

Although it was evident to the inspector from the records maintained by the clinical nurse manager, that residents' requiring one-to-one support were availing of these additional support hours, there was still a gap in the social support hours required by residents who required a higher level of staff support to engage in social care. For instance, where residents required two-to-one staff support to engage in social activities, this level of staff support was not always available to them. In addition, where residents required nursing support to engage in activities external to the centre, this support type was not readily available. Staff who spoke with the inspector said that although the 39 hours additional social care support has made a positive impact on the social opportunities for residents requiring one-to-one support, residents who require increased staff support do not have the same opportunities available to them given the current staffing arrangement.

Staff supervision was completed for all staff and management at the time of this inspection. This process was overseen by the clinical nurse managers and the person in charge. The inspector reviewed the roster for the centre and found no gaps in the recording of start and finish times of those working in the centre. Upon review of the training matrix for the centre, the inspector observed that all staff had received up-to-date training in fire safety, safeguarding, management of behaviours that challenge, manual handling and hand hygiene. Dates for staff refresher training were also identified on the training matrix.

A sample of four staff files were reviewed by the inspector, which identified gaps in Garda vetting for staff members working in the centre.

Judgment:

Non Compliant - Major

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:

Overall, the inspector found documentation records were accessible, legible and well maintained.

The inspector reviewed a sample of Schedule 5 policies and procedures available at the centre during the inspection. These were found to be up-to-date, accessible to staff and met the requirements of Schedule 5 of the regulations.

There was a directory of residents in place; however, the inspector observed that the address of the authorities who organised resident's admission to the centre was not consistently recorded.

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:

Anne Marie Byrne
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-0005313
Date of Inspection:	28 and 29 August 2017
Date of response:	14 September 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:

The provider failed to ensure adequate bed screening was provided within residents' shared bedrooms.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Adequate bed screening will be provided within residents' shared bedrooms by the below date.

Proposed Timescale: 30/09/2017

Theme: Individualised Supports and Care

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

The provider failed ensure the easy-to-read complaints procedure informed residents how their complaint would be responded to and of the appeals procedure.

2. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

An effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure will be in place in each house by the below date.

Proposed Timescale: 30/09/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure a copy of the complaints procedure was displayed within the centre to ensure all staff, visitors and residents were guided on how to make a complaint.

3. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

A copy of the complaints procedure is now displayed in a prominent position in the designated centre for all staff, visitors and residents to provide guidance on how to make a complaint.

Proposed Timescale: 11/09/2017

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:

The provider failed to ensure written agreements clearly informed on the exact fee to be charged and the services which would be provided.

4. 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:

The agreement for the provision of services will include the exact fee that will be charged and the services which should be provided. This will be completed by the below date.

Proposed Timescale: 07/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to ensure the premises was adequate to meet the needs of residents who were assessed as being at high risk of falls.

5. 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:

Level access shower facilities will be completed in the one outstanding house requiring same. This house will also have repair works completed on ramp at front door with a handrail installed, and a ramp put in place at back door with handrails. A second house will also have a ramp installed at the back door with handrails. This work will be completed by the below date.

Proposed Timescale: 30/11/2017

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:

The provider failed to ensure that the assessment, monitoring and review of residents assessed as being at high risk of falls were conducted in accordance with the centre's falls management policy.

6. 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:

The assessment, monitoring and review of residents assessed as being of high risk of falls will be conducted in accordance with the centres fall management policy. Same will be discussed at staff meetings in the month of September and an audit will be completed by Nurse Manager by 30th Oct 2017 to ensure compliance.

Proposed Timescale: 30/10/2017

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 person in charge failed to ensure residents' behaviour support plans provided staff with effective reactive strategies to respond with where residents present with behaviours that challenge.

7. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Behaviour support plans will be reviewed by psychology and behaviour support department to ensure that they provide staff with effective reactive strategies to respond with where residents present with behaviours that challenge.

Proposed Timescale: 14/10/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The person in charge failed to give notice to the Chief Inspector within 3 working days of the occurrence of any allegation, suspected or confirmed, abuse of any resident.

8. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The person in charge will give notice to the Chief Inspector within 3 working days of the occurrence of any allegation, suspected or confirmed, abuse of any resident.

Proposed Timescale: 30/09/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure that adequate personal plans were in place for residents with specific elimination needs.

9. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Personal plans for residents with specific elimination needs will be reviewed and updated to ensure they are comprehensive of all healthcare needs.

Proposed Timescale: 14/09/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that the statement of purpose contained all information as required by schedule 1 of the regulations.

10. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose will be updated to ensure that it contains all information as required by schedule 1 of the regulations

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge failed to ensure that all information as required by Schedule 2 were maintained for all staff

11. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The provider will ensure that all information as required of schedule 2 of the regulations will be maintained for all staff by below date.

Proposed Timescale: 20/10/2017

Theme: Responsive Workforce

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

The provider failed to ensure that adequate staffing arrangements were in place to meet the social care needs of residents.

12. Action Required:

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

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

The provider has submitted a business case for approval to the Social Care Lead in CHO1 highlighting the need for additional 39 hours staffing support to meet the social

care needs of residents in this designated centre.

Proposed Timescale: 30/09/2017

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 provider failed to ensure the directory of residents contained all information as set out in schedule 3 of the regulations.

13. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The directory of residents will be reviewed and updated to ensure that it contains all information as set out in schedule 3 of the regulations.

Proposed Timescale: 30/09/2017