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:	The Lodge
Centre ID:	OSV-0005324
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Shane Kenny
Lead inspector:	Louise Renwick
Support inspector(s):	Ann-Marie O'Neill
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
16 March 2017 10:00	16 March 2017 22:00

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 centre was inspected once previously as part of the provider's application to register as a designated centre in 2016. This was the first inspection of the centre since it became registered and residents had moved in. The purpose of the inspection was to monitor compliance with the Regulations.

Description of the service:

As per the written Statement of Purpose dated June 2016 this centre caters for five residents both male and female over the age of 18 years old under the headings of intellectual disabilities and mental health issues. On the day of the inspection, there were five male residents living in the centre. Residents described the centre as a place to help them improve their life skills and rehabilitate them back into more independent living. The centre is a large house which provides each resident with their own en-suite bedroom as well as numerous communal rooms for residents' use. The centre is located in a quiet area outside of a small town. Residents living in the centre can avail of a multidisciplinary team consisting of psychiatry, psychology, behavioural therapy, counselling psychotherapy and forensic services.

How we gathered our evidence:

Inspectors briefly met all five residents and spoke directly with two residents about their experience of living in the centre. Inspectors spoke with two staff members and the person in charge. As part of the inspection documentation was reviewed such as risk assessments, personal plans, financial records, policies, incident and accident records and minutes of meetings with allied health care professionals and the wider multi-disciplinary team. Inspectors did a walk around of the premises to observe the accessibility and fire safety precautions in place.

Overall findings:
In general, inspectors found the centre to be meeting the care and support needs of the five residents living there. Residents expressed satisfaction with their living environment and the support they were getting to achieve their personal goals and to regain as much independence as possible. The centre was well maintained and homely and each resident had their own private rooms. There was a full time person in charge and a stable staff team of social care workers and assistant support workers. Residents were encouraged and supported to be active members of the community.

Of the seven outcomes inspected, evidence of full or substantial compliance was found in six outcomes, with one outcome evidenced as being moderately non-compliant and in need of review and address.

Areas of good practice were found in:
- social care needs and promotion of independence and community involvement
- medication management practices
- Promotion of a restraint free environment

Areas in need of some improvements were in relation to:
- the documenting and management of known risks,
- the monitoring of a particular health issue
- and the availability of the person in charge.

Findings are outlined under each outcome heading with areas in need of address highlighted in the action plan at the end of the report.

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

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
Inspectors found that the care and support offered to residents respected their needs and wishes.

Each resident had an assessment completed of their health, social and personal needs, along with a detailed personal plan to outline what supports were required under these areas. Inspectors reviewed a sample of assessments and personal plans and spoke with some residents about them.

Inspectors found that plans were focused on improving life skills, independence, personal safety and rehabilitation. For example, some residents were working on becoming more independent when in the community and this goal was broken down into smaller achievable and measurable targets with the support of staff. Other residents spoke of their interests and wishes, and outlined that staff were supporting and encouraging them to take control of their lives and improve their social skills.

Residents had access to day services operated by the provider if they wished to avail of these. Some residents spoke of the activities and courses that they took part in while attending day services. Staff told inspectors that they were supporting residents to improve their skills with the aim of seeking local employment.

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):
No actions were required from the previous inspection.

Findings:
The health and safety of residents, staff and visitors was promoted in the centre, with some improvements required in relation to the management of risk.

There were policies on infection control, health and safety, fire safety and risk management in the centre. Inspectors found there to be safe and effective fire prevention and management systems in place in the centre. There was a fire detection and alarm system, an emergency lighting system, fire fighting equipment, fire doors throughout the building and an identifiable assembly point. Equipment was routinely serviced and checked by a fire professional, along with local checks by the staff team on escape routes and the alarm panel. Fire drills were conducted regularly. Some improvements were required to ensure full information was recorded on the success of the drill and the times taken to evacuate the building, along with who participated. This was discussed with the person in charge who outlined improved documentation had been implemented in this regard. Staff had received training in fire safety.

Inspectors found there to be good practice in relation to infection control in the centre. For example, a colour coded mop system, staff training on hand hygiene and the provision of personal protective equipment and hand sanitizers. There was appropriate waste disposal services in place. The centre was observed to be clean and well maintained.

There was a system in place for the assessing, documenting and reviewing of risk in the centre. Inspectors found that in general, identified risks had been assessed and measures put in place to alleviate them. On discussions with staff, inspectors found the staff team had good and consistent knowledge of the risks in the centre and how they managed them during the course of their daily work.

However, some improvements were required in the recording of this. For example, documentation did not reflect the practical and effective control measures being utilised by staff to manage certain risks. Also, some of the risk assessments reviewed required more specific person-centred information to evidence the actual controls in place. For example, a control measure was recorded as "a staff nurse was on duty". However, this centre did not have nursing staff.

While the person in charge outlined how a specific risk in relation to sexualised behaviours was being locally managed, there was an absence of clear guidance from the multidisciplinary team to ensure the control measures being taken locally were appropriate. There was an absence of written risk assessments and guidance for all staff

in relation to this specific risk.

There was a system for recording and reviewing incidents and accidents in the centre. Inspectors noted the centre in general had a low number of incidents and accidents.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Inspectors found that residents were protected from harm or abuse in the centre.

There were polices and procedures in place for the protection of vulnerable adults, the provision of behavioural support, the provision of intimate care and if a resident goes missing.

Inspectors discussed any safeguarding concerns with the person in charge, and found that any issue or concern between residents had been recorded and managed in line with National policy. For example, the designated officer had been informed, necessary paperwork completed and the Health Services Executive informed. Interim safeguarding plans were drawn up to promote peers interactions in a safe manner. Residents who spoke with inspectors said that they felt safe living in the centre.

Inspectors found that residents had a variety of professionals available to them should they be required. For example, psychiatry, psychology, behaviour support and counselling psychotherapy. Residents who required then had behaviour support plans drawn up by the relevant multidisciplinary team member which were reviewed and updated routinely. Any unwanted behaviour was monitored by the staff team to assist the wider team to understand the underlying cause and put a plan in place to address it.

Staff had all received training in de-escalation techniques and the use of physical holds. Inspectors noted little requirement for the use of restraint in the centre, with only one use of a physical hold in the previous ten months. In general, the person in charge was

promoting a restraint free environment. For example, some residents knew the code to the keypad access lock on the main door.

Inspectors reviewed the systems in place for the monitoring and safeguarding of residents' finances and found some improvements were required. While residents' were encouraged and supported to manage their own finances, the mechanisms to ensure their vulnerabilities were not exploited required improvement. For example, while there was a daily ledger of spending maintained, money withdrawn from bank accounts was not transparently checked against statements to ensure all was in order and no gaps were apparent. There as an absence of support given to residents to learn how to check this themselves in case of card scamming or other persons accessing their finances.

Judgment:
Substantially 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:
Inspectors found that residents health-care needs were met in the centre, and positive health was promoted including preventative measures. For example, flu vaccinations and visual and hearing checks. Slight improvements were required in relation to the monitoring of a health issue which the person in charge endeavoured to address.

Residents' health care needs were assessed and planned for in the centre. Residents had access to a General Practitioner (GP). However, not all residents had a local GP available to them, this was something that the person in charge had referred to the Health Service Executive to be addressed.

Residents had access to opticians, dentists, physiotherapists, occupational therapists, dietitians, chiropodists and audiologists. Inspectors found evidence of timely access to these allied health-care professionals when the need arose, or routinely if required. Information was well documented, and plans put in place based on the advise given. Inspectors noted that in general, there was up-to-date monitoring of any health issue or concern. For example, food and fluid intake and sleep patterns. However, some areas that may pose as a health risk required further improvement and oversight. For example, the monitoring of a known side effect, and the need for a detailed plan regarding possible other negative effects of a long-term medicine.

Inspectors were told by residents that the food and snacks available in the centre were nice. Residents were encouraged to be involved in learning about good food choices and how to prepare meals, and some took an active role in this.

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:
Inspectors found that there were systems in place to ensure safe medicines management in the centre.

The processes in place for the handling and storage of medicines was safe and in accordance with current guidelines and legislation. There were appropriate procedures in place for the handling and disposal of unused and out of date medicine. A medication management policy was in place and in date. There were secure cupboards for the storage of all medicines. A medication fridge was also available. Inspectors reviewed a sample of prescription and administration sheets and found that they had been appropriately completed. Staff interviewed had a good knowledge of appropriate medicines management practices and medicine was administered as prescribed. The management and use of particular medicine was done appropriately in line with guidelines for its use.

There were some system in place to review and monitor safe medicine management practices. Medication audits were undertaken and where issues were identified appropriate actions had been taken. Staff had received training in the safe administration of medicine which was competency based. Incidents of errors were low, and staff were retrained in safe administration should an error occur as a measure to prevent re-occurrence.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an

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

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found that there was a management structure in place in the designated centre.

The person in charge was suitably skilled, experienced and qualified and met the requirements of the Regulations. The person in charge held the role full time, and was solely responsible for this designated centre. The person in charge reported directly to a regional manager who inspectors were told visited the centre once or twice a month. The regional manager was provided with a weekly report about the centre from the person in charge which covered areas such as any safety issues, incidents and accidents and details on the budget. Some of these reports were shown to inspectors.

The provider had ensured an unannounced visit had occurred in the centre on their behalf. Inspectors discussed the manner in which these visits were conducted with the person in charge, as the review indicated that the visit mainly assessed the documentation systems and didn't include meeting staff or residents. This could be improved upon for the next unannounced visit.

Inspectors found that some review was required and further improvement in relation to the management systems in the centre. While the person in charge worked full time from 9am to 5pm Monday to Friday, these hours were at times when the centre was generally quiet and residents were engaging in day services and activities outside of the centre. While formal documented supervision was found to be in place for staff, the 9am-5pm hours limited the person in charge's ability to provide direct supervision of care and support on offer to residents.

Staff outlined that in the evenings and weekends there was not always a deputy team leader on shift in place of the person in charge. Inspectors found that some measures in place to monitor and alleviate risk were the sole responsibility and knowledge of the person in charge, with staff outlining that they did not take on this responsibility should the person in charge be off duty, or on leave. There was disconnect evident which was in need of further review.

As this centre was not yet operational a year, there had not been an annual review. The provider had templates available to carry this out once the timeframe had lapsed.

Judgment:
Non Compliant - Moderate

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

Theme:
Responsive Workforce

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

Findings:
Inspectors found that the numbers and skill mix of staff was suitable to the assessed needs of residents living in the centre. There was a planned and actual roster in place which showed an appropriate level of staffing available to residents in line with their needs.
Residents told inspectors that staff were nice and helpful. Interactions seen and heard were respectful and warm on the day of inspection.

Inspectors reviewed documents and spoke with staff and found that a suite of mandatory training was made available to them. For example, manual handling, fire safety, protection of vulnerable persons and basic first aid. Some staff had previous training or education in areas relevant to the role. For example, social care and addiction studies.

There was a documented supervision system in place for staff. Inspectors reviewed a sample of staff files and found that to be in line the requirements of Schedule 2 of the regulations. For example, proof of Garda Vetting and a complete employment history.

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:

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Action Plan

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

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-0005324
Date of Inspection:	16 March 2017
Date of response:	31 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:
- There was an absence of written risk assessments and guidance for all staff in relation to a specific risk discussed with the PIC during inspection.
- Local control measures to manage the specific risk were not based on advise from the multidisciplinary team or documented effectively.

[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 (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:
1.The individual risk identified during the inspection has been reviewed in full and a Risk Assessment/SOP has been implemented in the Centre. The SOP in place is guidance for all staff in relation to a specific risk identified. This specific risk was written and based on advice from the multidisciplinary team [Complete: 09 May 2017].

2.All Risk Assessments in the Centre will be reviewed to ensure that all control measures are implemented into practice while ensuring staff are fully briefed with all risks.

3.All residents are being reviewed on an ongoing basis by a Clinical Team to ensure their clinical and behavioural needs are being met.

4.All of the above points will be discussed at the staff team meeting on the 22 June 2017

Proposed Timescale: 30/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Procedures for cross checking residents' finances were not robust enough to ensure any potential gaps or exploitation would be captured. For example, teaching residents to check that all money taken from their bank account was accounted for in their documentation.

2. Action Required:
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Please state the actions you have taken or are planning to take:
1.All residents' finances to be consistently managed in line with the Centre's policy - Daily checks are in place to ensure double signing is being completed for resident's finances. The PIC has overall responsibility to ensure resident's finances are in line with the Centre's policy, excel ledgers completed, balance signed off each day and receipts double signed.

2.The key-worker will ensure a weekly check on residents' finances and report any discrepancies to the PIC or Deputy Team Leader.

3.All Personal Plans are being reviewed in their entirety to ensure that services and supports provided reflect the current needs of the resident; to achieve a good quality of life and to realise their goals, including Life Long learning and development.

4.All residents' finances are to be audited by the Quality Assurance team to ensure compliance with the Centre's Policy.

5.The results will be shared with the PIC, Middle and Senior Management Team following the audit.

6.All of the above points will be discussed at the staff team meeting on the 22 June 2017

Proposed Timescale: 30/06/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
- The monitoring of a health issue as a side effect of long term medicine required improvement.
- Further detail was needed within the support plan for the use of a medicine to ensure all side effects and how they present are included.

3. 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:
1.All residents Healthcare Plans will be reviewed and updated to include all supports required on medication and side effects and how they present.

2.Specific Health Management Plans such as, a Medication Management Plan and Health Relapse Plan have been developed in consultation with the resident identified by the inspector and their Clinical Team to ensure all side effects are monitored.

3.Monitoring charts are in place for the resident identified and will be reviewed weekly by the key-worker and any issues reported to the PIC or Deputy Team Leader.

4.All residents are reviewed regularly by the Clinical Team ensuring medication is monitored.

5.All of the above points will be discussed at the staff team meeting on the 22 June 2017

Proposed Timescale: 30/06/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The rostered hours of the person in charge, along with nature of responsibilities of the person in charge were not ensuring a consistent monitoring of the care and support on offer to residents. This required review.

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

Please state the actions you have taken or are planning to take:
1. A Second Deputy Team Leader has been appointed since April 2017. This is to ensure that there are adequate managerial supervision levels in place on a continuous basis, 7 days a week, in as far as is reasonably possible to support the Centre, its residents and staff team.

2. An application for the Deputy Team Leader to become PPIM for the Centre is being processed. In the absence of the PIC, the deputy would, if approved as PPIM, step into the role and assume the authority of the PIC and have the ability to request/allocate resources based on the assessed needs of the residents.

3. The PIC working rota is being reviewed to ensure he provides direct supervision of care and support to residents at different times throughout the rostered month.

4. All of the above points will be discussed at the staff team meeting on the 22 June 2017

Proposed Timescale: 30/06/2017