

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Earrach Services
Centre ID:	OSV-0005332
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bernadette Donaghy
Lead inspector:	Catherine Glynn
Support inspector(s):	Paul Pearson
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

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 1 day(s).

The inspection took place over the following dates and times

From: 28 August 2017 10:15 To: 28 August 2017 17:35

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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As the centre had been inspected on the 31 of May 2017 against five outcomes, the remaining 13 outcomes were inspected against on this inspection. In addition, a review of actions the provider had undertaken to address the findings which related to the five outcomes from the previous inspection was undertaken.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Sligo and provided full-time residential services to adults with a disability.

How we gathered our evidence:

During the inspection, inspectors met with ten residents and five staff, including the person in charge, area manager, and provider's representative as part of the inspection. The inspector observed practices at the centre and reviewed documentation such as personal care plans, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre comprised of two eight bedded two storey dwellings and was located in a town and was close to local amenities.

Overall findings:

Inspectors found that residents had a good quality of life at the centre and were supported to access a range of activities which reflected both their interests and personal goals. Residents who were able, told inspector's about their quality of service they received, and inspector's observed, that residents were comfortable, happy, relaxed with the support they received from staff. Inspectors found that the centre promoted residents' rights and they were supported to play an active role in the running of the centre through engagement at weekly residents meetings. The centre was well maintained and its layout and design reflected residents' assessed needs.

Summary of regulatory compliance:

The centre was inspected against 16 outcomes and inspectors found compliance in 14 outcomes. Two outcomes were found to be in substantial non-compliance in records and admissions,provisions of service and written agreements.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were consulted about how the centre was run with regular house meetings in place where activity choices and social outings were discussed. Each resident had the opportunity to participate in activities that were meaningful and purposeful to them. Inspectors reviewed a sample of activity plans and found that the activities suited the individual needs and interests of the residents.

Residents were informed of the advocacy service and complaints process available to them and this information was made available during the house meetings. Information on the advocacy service and complaints process was available in an accessible format in the centre.

There was a process in place for managing and recording complaints. Inspectors reviewed the complaints records and found complaints were managed in line with the centres policies. The complaints policy outlined an appeals process

Inspectors reviewed the system in place for managing resident's personal property and monies. Inspectors found that personal property of value was recorded. Receipts were kept for each resident to account for their personal spending on activities and personal items.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy in place on communication with residents.

Inspectors spoke with staff who were knowledgeable of each resident's communication needs. Each resident had a communication assessment completed and there was guidance available in care plans on each resident's assessed communication needs. Additional information on communication methods used by residents was available for new staff in the centre.

Residents had access to radio and television in the centre. During the inspections residents were watching television programmes of their choice.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that positive relationships between residents and their families were supported. Staff who spoke with inspectors were knowledgeable about resident's family and their involvement in residents' lives.

Staff were in regular contact with resident's families regarding the resident's wellbeing. Inspectors saw evidence that families attended meetings or were kept informed of developments regarding residents and their personal planning meetings.

Residents were supported to receive visitors. There was a policy in place in relation to visitors in the centre. Residents were supported to maintain links with the wider community in line with their interests and choices.

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:

There were policies and procedures in place to manage admissions, transfers and discharges from the designated centre. The resident's admissions were in line with the statement of purpose.

Inspectors reviewed the admission process and found that it took into consideration the wishes, needs and safety of the individual and the safety of the other residents living in the centre. The policy outlined how new admissions would be managed and set out a period for review of new admissions to ensure all residents were safe and appropriately placed in the service.

Each resident had a written agreements in place which outlined the services to be provided in the centre and detailed any additional charges. The agreement set out the services to be provided and details of any additional charges. Inspectors reviewed a sample of fees charged and found that these reflected the fees detailed in the residents agreements. Inspectors found that where a resident did not have the capacity to consent the agreements had not been countersigned by a relative or representative.

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 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:

Each resident had a social needs assessment in place. Inspectors saw evidence that these assessments were reviewed and updated as required. Each assessment was reviewed on an annual basis and in line with residents changing circumstances. Inspectors found that each resident and their family would be engaged in the assessment process. This allowed residents' needs and choices to be identified.

Inspectors reviewed a sample of personal plans in place. The personal plans were available in an accessible format for each resident. Each plan had goals set that were individual to each resident. There was an activity schedule in the centre which detailed each resident's daily activities, these were individual and in line with their goals. Goals were reviewed regularly with the date of achievement recorded beside each goal as they were achieved.

There was a system in place to support residents moving between services or from the service.

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:

The design and layout of the centre was in line with the centres statement of purpose. The provider promoted accessibility for the residents, there was a wheelchair accessible

lift installed in both houses. The centre had accessible bathrooms and showers for the residents use. Each house had a separate kitchen, dining area and living room with each resident having their own bedroom.

The centre was suitably decorated with bedrooms personalised for each resident. Residents showed the inspectors around their houses. The living and dining areas had sufficient furniture and seating for the residents to use. There centre had sufficient private and communal accommodation. Each resident had sufficient storage for their personal belongings in their rooms. The kitchen was well equipped with cooking facilities and equipment.

The residents had access to a garden at the rear of each house. There were suitable arrangements in place for the disposal of clinical and general waste.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

A record of all notifications were submitted to HIQA was kept at the centre including all notification submitted under schedule 4 of the regulations. The inspector found that all notifications were submitted to HIQA in-line with regulatory timeframes.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall, inspectors found that the provider supported residents to access social activities which reflected their needs.</p> <p>The provider had an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose and staff knowledge. Furthermore, residents' education and training needs were assessed as part of their personal plan.</p> <p>Staff told inspectors that residents were supported to access a range of activities both at the centre and in their local community which was reflected in personal plans and activity records reviewed. Documents reviewed showed that residents accessed activities such as shopping, day trips and holidays.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found that overall residents were supported to maintain their health.</p> <p>Inspectors reviewed residents' healthcare records and found that they had access to a range of allied healthcare professional including general practitioners (GP), psychiatrists, consultants, opticians, dentists and dieticians.</p> <p>Residents' personal plans included where required 'end of life' plans, which were discussed as part of the annual review with representatives and residents when identified.</p> <p>Meals were provided at the centre and residents were involved in meal planning, preparation and shopping as set out in the weekly house meetings. Inspectors found</p>

that residents had access to a range of healthy and nutritious meals from food records maintained at the centre. Furthermore, staff informed inspectors about residents' choice of meals and access to snacks of their choice during the day.

Where residents' had dietary needs, inspectors found that they were assessed by dietitians and speech and language therapists and recommendations were reflected in personnel plans reviewed. Staff spoken to were very familiar with dietary support required by all residents and how they monitored the residents well-being.

Inspectors observed residents who required assistance with eating and drinking at the centre. Inspectors found that residents were supported in a timely, and respectful manner.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that the centre's medication arrangements reflected organisation's policies and procedures.

Inspectors reviewed residents' medication records and found that they contained prescription records and included residents' personal details as well as information on prescribed medications such as administration times, route and dosage. The person in charge maintained an up-to-date signature bank of staff trained to administer medication as part of the residents' medication administration records.

Furthermore, inspectors observed that medication was stored securely at the centre, with out of date medication being segregated from current medications. Out of date or discontinued medication was returned to a local pharmacy, and staff knowledge and records reviewed reflected practice.

Regular medication audits were carried out by the person in charge and staff working in the centre. This ensured that the centre's practices were in-line with the provider's policies.

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:

Inspectors found that the statement of purpose reflected the services and facilities provided.

The centre's statement of purpose contained all information required under schedule 1 of the regulations and reflected the services and facilities provided at the centre on the day of inspection.

Furthermore, inspectors found that the statement of purpose was reviewed annually and available in an accessible version to residents.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, the inspector found that the centre's governance and management systems

ensured that actions identified in Health Information and Quality Authority (HIQA) inspection reports and provider audits were addressed in-line with agreed timeframes.

The inspector did not look at all aspects of this outcome and focused on the actions taken by the person in charge to address the findings of the centre's previous inspection. The previous inspections had found that the schedule two documents had not been maintained for the person in charge. During this inspection, the inspector found that the provider had ensured the documentation was maintained as required.

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:

The centre had arrangements in place in the event of the person in charge's absence over 28 days.

The person in charge confirmed their understanding of the requirement under regulation to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found no incidences where the person in charge was absent for a period over 28 days. Staff were also informed of the arrangements in place should this event occur which was also reflected in the statement of purpose.

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:

Inspectors found the services and facilities provided at the centre reflected the statement of purpose and residents' assessed needs.

Staffing levels and resources at the centre were found by inspectors to be sufficient to meet residents' needs and reflected the personal plans and risk assessments looked at during the inspection.

In addition, inspectors found that a vehicle was available at the centre as well as access to other transportation within the community. This provided residents opportunity to access local amenities of their choice such as cafes and places of interest.

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:

This outcome was not inspected in its entirety as there was a recent inspection of the centre that reviewed this outcome.

Inspectors found that the provider had implemented the required improvements from the previous inspection. Inspectors reviewed a sample of staff files and found that they met the requirements of Schedule 2 of the Regulations. All relevant staff member had up-to-date registration with the relevant professional body Garda Vetting was in place for all staff.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Complete records were maintained in the centre. Records were accurate and up-to-date. Resident could access their own records and there was an accessible guide to the centre available to residents.

The inspectors reviewed the directory of residents. Some details were absent from entries in the directory.

There were policies and procedure in place that reflected the centre practice. The provider had ensured all policies were reviewed within a three year time frame. Inspectors observed that each policy had a scheduled date for future review in place.

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:

Catherine Glynn
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-0005332
Date of Inspection:	28 August 2017
Date of response:	21 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 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 did not ensure that a relative or representative signed the written agreement for the provision of services where a resident was not capable of giving consent.

1. Action Required:

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

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

All contracts of care have now been signed by a relative or representative where residents did not have the capacity to consent.

Proposed Timescale: 21/09/2017

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 directory of residents did not include all of the information as required by the regulations for some entries.

2. 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:

All directory of residents have been reviewed all all missing information has been inputted as per requirements.

Proposed Timescale: 21/09/2017