

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Towerview
Centre ID:	OSV-0005397
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Declan Carey
Support inspector(s):	Louise Renwick
Type of inspection	Announced
Number of residents on the date of inspection:	9
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 1 day(s).

The inspection took place over the following dates and times

From: 28 March 2017 08:50 To: 28 March 2017 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 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:

This was an announced registration inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Health Services Executive (the provider) to register the centre.

The statement of purpose for the designated centre described the service as a positive environment enabling each individual to reach their full potential through engagement in purposeful activities, tailored to their specific needs and abilities. The service provided full time care and support to nine residents.

How we gathered our evidence:

Inspectors met all nine residents through the course of the day and spoke with six residents about their experience of living in the centre. Inspectors met with a family member, the person in charge, two staff nurses and three health care assistants. Inspectors also spoke with the assistant director of nursing. Documentation was reviewed such as policies and procedures, personal plans, risk assessments, complaints logs and records of accidents and incidents.

Description of the service:

The statement of purpose outlines that this designated centre provides residential support including nursing support to both male and female residents on a 24 hour, seven day per week basis to individuals with an intellectual disability. The centre comprises two semi-detached two-storey houses next door to each other in a housing estate in Westmeath. The centre is staffed with nursing staff on a 24/7 basis as well as care assistants.

Overall findings:

Overall good levels of compliance were found across most outcomes assessed. Of the 18 outcomes assessed 10 were found to be complaint including residents' rights, communication, healthcare needs, general welfare and medication management. Communication, contract for the provision of services, and general welfare and development were also complaint.

Social care needs, safeguarding, governance and management, use of resources, workforce and documentation were substantially compliant. However issues regarding premises and risk management were identified during the course of this inspection.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found there to be an effective complaints policy and procedure in place. Information on how to make a complaint was on display in an easy read and photographic format in the centre. There was a system of recording all verbal or written complaints with an aim for local resolution.

Records were maintained of steps taken to address any issue raised, and if the person making the complaint was satisfied with the outcome. There was also a formal complaints process in place if a person felt they were not satisfied with the outcome of a complaint.

Inspectors found that complaints were being addressed in a timely manner which had resulted in positive changes in the centre. For example, a vehicle allocated to the centre was not available to bring residents to a social event and residents complained. The use of taxi's was implemented as a short term measure and there was a plan by management in centre to rent a vehicle to meet the needs of residents.

Inspectors found evidence that where required residents had access to advocacy services to assist them in ensuring their rights were promoted and protected. Residents were on the voting register if they wished to be. Residents who spoke with inspectors said that they felt able to speak up for themselves and raise concerns or issues to staff. Family members were also found to be good advocates for the residents.

Inspectors were told by residents that they had regular meetings about the house. At these meetings they planned out the week, discussed things that were happening in the

week ahead and planned the meals. Residents felt involved and in control of their care and support and spoke about their personal plans and the meetings with staff and families to help to set goals for the year coming.

Residents were encouraged to be in control of their finances with financial assessments completed and information on supports required. Residents had adequate space for personal belongings and furniture. Each resident had their own bedroom and were encouraged to promote their privacy. Bedroom doors had signage.

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:

Inspectors found that residents were supported to communicate effectively.

There was a policy available in the centre on communication with residents and overall the inspectors found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

From a sample of files viewed the inspectors observed that personal plan documents captured individual communication preferences, abilities and support requirements for each resident. This information was captured in a communication passport kept on each residents file.

Some residents had their own computerised tablet devices and told inspectors that they used them to help communicate and to look at photographs of family or friends.

Inspectors found that the personal plans included clear information on any communication needs or supports regarding communication, as well as the use of validated tools to assess pain should it be necessary.

Residents also had access to television, internet, radio and news on local events.

Judgment:

Compliant

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Outcome 03: Family and personal relationships and links with the community <i>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.</i>

Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings: Inspectors spoke with some residents and family members and found that relationships with family and friends was encouraged and supported. Some residents visited their relative's home on a regular basis and enjoyed spending time with their families. Residents' family members were invited to attend meetings with members of the multidisciplinary team and meetings about the residents' goals and desires. Inspectors found evidence in the records reviewed that families were kept informed of events and things happening in their relative's lives. Residents spoke to inspectors about being friends with their house mates, with some residents having lived together for a long time. Families were welcome to visit the centre, and communication devices (such as tablets) were used by residents to look at photographs of important people in their lives.
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Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i>

Theme: Effective Services

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

Inspectors found that there was a policy in place regarding admissions, transfers and discharges and information on this was also included in the written statement of purpose.

Inspectors found that residents had written residential agreements in place. Information was clear and transparent and outlined what was covered and any associated fees. From a sample of files reviewed, written residential agreements were signed by residents or their representatives and on behalf of the provider.

Inspectors found that residents were paying rent and fees as outlined in their written agreements when cross referenced with financial records.

Judgment:

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:

Overall the inspectors found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and supported the residents to have valued social roles in the community.

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

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

The plans identified social goals that were important to each resident and from the sample viewed by the inspectors, it was observed that goals were being documented

and a plan of action in place to support their achievement.

For example, some residents chose not to attend a day activation service on a full time basis. It was observed that these residents chose the activities that they wished to participate in and also chose the staff member they wished to accompany them.

Residents' goals included trips away, holidays, learning new community based skills (such as independent travel), attending literacy classes and joining the local credit union.

The inspectors observed that all these goals had been achieved or were in the process of being achieved at the time of this inspection.

Residents also attended a range of various day services where they had the option to engage in activities such as exercise programmes, social skills development initiatives, gardening and various social outings.

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

Transitional plans were in place for some residents seeking to move to a more independent living arrangement independent of the centre. These plans were found to be robust with appropriate input as required by multi disciplinary professionals. Transition working committees were formed involving residents seeking a move, their relatives, staff and management from the designated, along with a multidisciplinary team.

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):

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

Findings:

The inspectors found that while residents and their family members were satisfied with

the premises, the layout and structural design of the centre required review going forward so as to continue meet the changing needs of some residents (and as outlined in the previous inspection report).

The centre comprised of two semi-detached two-story houses. In the first house there was a sitting room, kitchen cum dining room, with an upstairs containing three bedrooms and a small staff room. There was an extension to the downstairs area which had its own front door entrance and provided two additional bedrooms, a second living room and kitchenette, a wheelchair accessible bathroom and a utility room. This house catered for five residents.

The second house contained a sitting room, kitchen cum dining room, four bedrooms upstairs along with a small bathroom. It was observed that this house had no staff area; therefore the small kitchen was used as an office space containing large filing cabinets, notice boards and a computer area for staff in the living room. This house continued to support and care for four residents.

As outlined in the previous inspection report, some residents' bedrooms were small, with inadequate space for storage and mobility around the room. House two did not have a downstairs bathroom and risks were identified with some residents using the stairs in this house. The bathroom available was small in size and posed a challenge for staff supporting residents with personal care.

There was also limited storage in the house for resident files and documentation. This meant that the kitchen area contained large filing cabinets and other items which took away from the homely feel of the house and limited space and accessibility.

There was a shared garden to the back of the houses which offered a sheltered smoking area if residents chose to use it. Garden furniture was also available to the residents.

It was also observed that parts of the centre required updating and repair. For example, new patio doors were required for both houses as the doors were either missing or damaged.

Inspectors met with residents who again outlined a high level of satisfaction with this designated centre. As stated above in this report, family members expressed on residents' behalf that their relatives were very happy to remain in the centre as this was their home.

The inspectors found that while parts of the centre were dated and in need of updating and repair, it was clean and warm and there was a homely feel to it.

The centre was also decorated with photographs of residents and their friends and families over the years and residents had their own bedrooms. There was a plan to reduce the number of residents who lived in the centre.

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):

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

Findings:

The inspectors found that while the health and safety of residents, visitors and staff was being promoted, some risks were not being identified or adequately mitigated to ensure residents were safe at all times in this centre.

There was a Health and Safety Statement in place which was specific to the centre. The Health and Safety Statement made explicit reference to the duties of both staff and the provider regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which had been reviewed. The centre also had a risk register which was made available to the inspectors on the day of inspection. However, while some risks were being identified and steps put in place to mitigate them, other risks and associated hazards had not been identified or assessed.

For example, inspectors observed a staff member who tripped on a raised concrete border of the garden on to concrete paving. While the staff member was not injured on this occasion and there were no incidents involving residents documented, this trip hazard was not identified in the risk register of the centre.

The main front door to both houses had two steps with a small porch which created a falls risk for residents with mobility issues. Inspectors observed a telephone cable coming up at the base of one front door and this was brought to the attention of the person in charge. This created a trip hazard for residents and visitors to the centre that had not been previously identified.

In 2016, an occupational therapist recommended an additional handrail and works to correct a sloped floor in a bathroom in order to meet the needs of residents who use the bathroom daily. However, these works were not completed and there were no plans in place to complete these works on the day of inspection. Residents continued to use the bathroom on a daily basis, despite requiring adaptations to prevent a risk of falls.

The provider and management were made aware of these issues on the previous inspection, as well as some known risks as highlighted from the multidisciplinary team (MDT) and risks identified on this inspection regarding the impact on residents.

The risk register for the centre outlined a risk of injury to staff and residents on the safe storage and disposal of sharps in the designated centre. However, this inspection found

that the process in place to manage the storage and disposal of sharps required review as inspectors found an untagged and full sharps box in the garden shed which was not secured.

The garden shed was found to be unlocked and contained chemicals and clinical waste associated with the centre. It was observed by inspectors some residents were unsupervised in the garden and staff would be unaware if residents accessed the shed.

A fire register had been compiled for the centre which was up to date. From a sample of files viewed (both houses that comprised the centre had a fire register), fire equipment such as fire blankets and fire extinguishers were installed and had been checked/serviced by a consultancy company prior to inspection. There was also emergency lighting, smoke detectors and fire doors installed

Documentation read by the inspectors informed that staff did daily checks on escape routes and fire alarm panel. Weekly checks were also carried out on manual call points, smoke detectors, emergency lighting and fire doors.

Fire drills were carried out as required and all residents had individual personal emergency evacuation plans in place which were up to date.

There was also a missing person's policy in place for each resident, detailing relevant information. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home.

The inspectors also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of an adverse incident should it occur.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of household waste.

Of a sample of files viewed, all staff had the required training in fire safety and while some gaps had been identified in manual handling the inspector observed that this training had been scheduled to address those gaps.

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):

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

Findings:

Inspectors found that while there were arrangements in place to protect the residents from harm and abuse in the centre, some improvements were required to promote good internet safety and personal safety for residents when in the community and meeting unfamiliar people.

For example, it was identified on this inspection with regard to the systems and controls necessary to facilitate residents to safely access online platforms. The person in charge had not considered this as a possible safeguarding issue, or area in need of further skills teaching for self protection for residents.

Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation and all corresponding reporting procedures. They were also able to identify who the designated person was in the centre and make reference to the safeguarding policies and procedures.

There was also a policy in place for the provision of personal intimate care in each resident's personal plan. Personal intimate care guidelines were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

Staff spoken with were also able to verbalise how best to support the intimate care needs of each resident living in the centre and of a sample of files viewed, the inspector observed that intimate care plans were informative of how best to support the residents while maintaining their respect and dignity.

There was a policy in place for the provision of positive behavioural support. This was to ensure a collaborative and integrative consistent approach in supporting individuals with behaviours of concern. Staff were also trained in the management of behaviours of concern that including de-escalation and intervention techniques as required.

Of the staff spoken with by the inspectors, they were able to verbalise their knowledge of each residents positive behavioural support plan and knew how to manage behaviour in line with policy, standard operating procedures and each residents positive behavioural support plans.

There were also guidelines in place on the use of restrictive procedures. (These guidelines formed part of the policy on positive behavioural support). The inspectors observed that there some limited physical restrictions in use however, they were used to keep residents safe, promote their dignity and respect and were reviewed accordingly.

As required (p.r.n.) medicine was in use for some residents however, they were reviewed regularly and there were strict protocols in place for their administration. Of the staff spoken with the inspector was satisfied that they were knowledgeable of the protocols guiding the administration of p.r.n. medicines.

There was also a policy available on intimate care which was approved by the multidisciplinary team. Each resident also had intimate care guidelines in their personal files. The inspector found that they were informative of how best to support the residents while at the same time maintaining their privacy, dignity and respect.

The inspector observed that residents were being supported to manage their finances (after a financial assessment). There were also robust procedures in place to ensure residents' finances could be accurately accounted for at all times.

Judgment:

Substantially 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:

There were guidelines in place regarding to notifiable incidents occurring in the centre and the inspectors found that arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge and staff demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

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

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

No actions were required from the previous inspection.

Findings:

The inspectors found that arrangements were in place to ensure that the welfare, educational and development needs of each resident were promoted and residents were provided with social inclusion activities and social skills training experiences that were meaningful and based on their interests and assessed needs. Some residents' relatives took an active part in the general welfare and development in the centre.

The inspectors observed that where requested, residents were supported and facilitated to attend day services which were independent of the centre. A range of meaningful activities and community outings were offered to residents in these day services including mindfulness, music and craftwork.

The centre also provided an individualised day service to some residents that chose not to attend a day activation centre on a full time basis. While these residents attended on a part time basis, it was observed that these residents chose the activities that they wished to participate in and also chose the staff member they wished to accompany them.

One resident was engaged in life skills training and development with staff members including an occupational therapist. There was significant training provided both internally and externally to the centre. The provider has put resources in place to fund external training and development.

Some residents attended community based clubs on a weekly basis and one resident had been supported to engage work and training resulting in meaningful activities within the resident's local community.

Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, some residents attended weekly clubs supported by staff and all engaged in social activities and outings again with the support of the staff.

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:

Inspectors found that residents health-care needs were met in the centre by the promotion of positive health and appropriate assessments and plans.

Residents in the centre were supported by a team of nurses and health-care assistants. Residents had their own General Practitioner (G.P) along with access to a range of allied health-care professionals.

For example, speech and language therapy, occupational therapy, physiotherapy, psychology and psychiatry. Appointments were supported, and advice from health-care professionals incorporated into care plans. For example, epilepsy care plan, diabetes care plan, swallow care plan. Family members felt their relatives' health-care needs were well managed and met by the staff team.

Residents were supported and encouraged to have positive health. Inspectors found residents who smoked were encouraged to take part in cessation programmes and healthy diets were promoted. The advice of dieticians and speech and language therapist regarding residents' nutritional and dietary needs were followed. For example, modifying food consistencies to the prescribed level. Residents told inspectors that they enjoyed their meals, and sometimes assisted in the preparation of them. Residents decided upon the menu for the week ahead, and there was a balance between healthy eating, and occasional meals at restaurants and take away.

Health-care concerns or issues were monitored and regularly reviewed where required. For example, blood pressure monitoring and weight monitoring.

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:

Inspectors found safe practices in relation to the ordering, prescribing, administering and storing of medicine in the designated centre.

There were organisational policies regarding medication management dated December 2015 and medicine was administered by the nursing staff in the centre. Residents were assessed regarding their abilities to self-administer medicine, and inspectors found some residents were given appropriate supports to do this.

There were uniform documentation systems in place for the records related to prescribed drugs and their administration.

For example, all residents had a prescription record with individual medicine signed off by the prescribing doctor, and clear records were maintained regarding the administration of medicine by the nursing staff. Medicine was seen to be reviewed regularly by the prescribing doctor and the pharmacist.

There were measures in place for the safe storage of medicine. For example, securely locked presses and refrigeration for medicine that required it. Temperatures were checked daily.

Stock check and control measures were in place to monitor medicine coming in and out of the centre, and there was an adequate system in place to capture any errors should they occur across the cycle of medicines management.

The use of p.r.n (as required) medicine was monitored, with clear indication of the maximum dosage to be given in a 24 hour period. Emergency medicine for the response to epilepsy was carried with staff when supporting residents outside of the centre.

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 inspectors were satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspectors that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

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 while there were management systems in place and a set management structure, some improvements were required under this outcome.

There was a clearly defined management structure in place which residents, staff and families were aware of. Front line staff reported to the person in charge, who reported to the assistant director of nursing, the director of nursing and the general manager.

The general manager was the link to the provider nominee who held responsibility for the geographical area. There were clearly set out roles and responsibilities within the management structure.

Inspectors found there to be management systems in place however, some further improvements were required in relation to routine auditing and oversight of the centre. For example, the person in charge and assistant director of nursing met monthly to review any accident, incident, complaint or adverse event, however this was inconsistently carried out. This meant that management systems did not consistently review areas of care and support or issues that had arisen for residents.

Inspectors found there was documented communication in place in the centre between different levels of staff and management. Inspectors reviewed minutes of staff meetings held in January and March 2017.

While a variety of areas were discussed, clear actions and timeframes were required to ensure any issues raised were adequately planned out and addressed. Inspectors noted a new template was beginning to be used which would assist this.

Inspectors saw evidence of unannounced visits carried out on behalf of the provider, the most recent being in March 2017. The provider had also completed an annual review. However, inspectors found that the reports generated from these visits did not fully capture the changing needs of residents, and current issues in need of address.

The person in charge was a registered nurse and was suitably skilled, qualified and experienced for the role. The person in charge had responsibility for managing one designated centre and worked full time.

Judgment:

Substantially 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 person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

It was also observed that suitable arrangements were in place for the management of the centre in her absence.

There is a staff member working in one of the houses in the centre who has a social care qualification and this staff member had a good knowledge of each individual residents needs.

There was also on call system in place 24/7 for staff to avail of if and when required.

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 inspectors observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre; however the centre had only one vehicle between both houses for residents to avail of.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs and social care needs.

For example, where a resident (or group of residents) wanted to go to a late night music event, staffing arrangements could be adjusted to facilitate this.

Residents were also supported to attend weekly clubs, have days off from their day activation centres and to visit family members.

The inspectors also observed that there were required adaptations had been made in the centre. For example, ramps and handrails had been installed at the front and back of the centre in order to support some residents with their mobility needs.

The centre only had the use of one vehicle for nine residents. This was not deemed to be adequate to facilitate residents participating in activities that promoted social and training activities in their own community. The designated centre relied on the use of local taxi's to allow residents participate in local activities or leisure opportunities.

However, some residents were not able to participate in some activities at times were the centre had no transport or taxis were not available at the required time.

The vehicle in the designated centre was insured appropriately and had an up to date NCT certificate.

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:

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

There was a team of registered nurses and health care assistants working in the centre. The person in charge does work on the roster for the designated centre. In the absence of the person in charge, there is a person participating in management (a registered nurse) working within the service.

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

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspectors reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the care and supports needs required by the residents.

The person in charge met with their staff team on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspectors. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

From reviewing the training matrix for the designated centre, the inspectors observed that all staff required training in dysphasia. Some residents' required the support and supervision at meal times from staff and had swallow care plans in the designated centre. The person in charge assured the inspectors that this training would be prioritised for staff members.

Judgment:
Substantially 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:

The inspectors found that the provider had ensured written policies and procedures were in place as required by Schedule 5 of the Regulations. However, a number of policies and procedures were out of date and management outlined these are in the process of being updated with staff involved in the management of the centre.

For example, policies and procedures for 'admissions, including transfers, discharge and the temporary absence of residents' and 'the use of restrictive procedures and physical, chemical and environmental restraint', were out of date for more than 3 years.

However, the inspectors found there were no adverse impact on residents, as a result of policies and procedures not being reviewed.

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

As part of the information submitted for registration, the inspectors found that the centre was adequately insured.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Declan Carey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005397
Date of Inspection:	28 March 2017
Date of response:	10 August 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 06: Safe and suitable premises

Theme: Effective Services

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

Communal space for residents was not adequate.

1. Action Required:

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

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

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

One individual will be supported to progress their transfer to supported living accommodation. This Plan will reduce the number of residents in the centre.

Complete 01/04/2017

One individual will be supported to progress to alternative living accommodation specific to their individual needs. This Plan will reduce the number of residents in the centre.

Complete 09/08/2017

A review will be undertaken of the available space in the centre by the PIC in order to maximise communal space for residents.

- Large filing cabinets will be removed from the kitchen area
- The spare room upstairs will be utilised for storage
- The spare room upstairs will provide for a staff area
- Notice boards will be removed from the walls
- The computer will be relocated in the spare room upstairs.

Complete 31/07/2017

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

All parts of the centre were not fully accessible for all residents, and did not take due consideration for the changing mobility needs of residents living there. There was no downstairs bathroom for a resident who had risks associated with using the stairs.

2. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The mobility needs of an individual who had risks associated with using the stairs will be addressed through the facilitation of accessible accommodation within the centre.

Complete 09/08/2017

The gradient in the bathroom will be rectified by the removal of a 2.5mm section of the floor and the insertion of a new floor with a fall of less than 1.5mm.

30/11/2017

Grab rails and an additional drop down rail will be fitted in the main bathroom.

Complete 30/06/2017

Ramps and two new front doors will be installed in the two houses. The schedule of works outlined are: 28/02/2018

- Appointment of Architect to prepare scope of works and submit planning permission if deemed required. 31/09/2017
- Appointment of contractor to commence works on site. 31/10/2017
- Completion of construction works 31/10/2017

Proposed Timescale: 28/02/2018

Theme: Effective Services

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

Some residents were accommodated in bedrooms which were too small to provide adequate living space and storage for some residents in the designated centre.

3. 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:

One individual will be supported to progress to supported living accommodation. This will reduce the number of residents living in the centre

Complete 01/04/2017.

One individual will be supported to progress to alternative living accommodation specific to their individual needs.

Complete 09/08/2017

A review will be undertaken by the PIC of the existing living accommodation and storage space in the centre.

Recommendations following this review will be implemented.

Complete 31/07/2017

Proposed Timescale: 09/08/2017

Theme: Effective Services

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

Some areas for maintenance and repair were identified.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

There is a plan in place for the painting of the designated centre. 28-02-18

There is a plan in place for the installation of ramps and the replacement of two front doors in both houses. 28-02-18

The gradient in the bathroom will be rectified to ensure that the new floor will have a fall less than 1.5mm. 30-11-17

Proposed Timescale: 28/02/2018

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 were risks in the designated centre had not been identified or measures put in place to identify risks in the centre.

5. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

A full review of all potential risks in the centre will be carried out by the PIC and the staff team. All risks identified will be reflected in the risk register.

Complete 30/7/2017

A risk assessment has been completed in relation to the trip hazard associated with the raised concrete border. Control measures will be put in place.

Complete 30/08/2017.

A request has been sent to the Maintenance Department to review and eliminate the risk of fall from the raised concrete border in the front garden.

Complete 08/05/2017

The front garden will be landscaped to eliminate the risk of fall from the raised concrete border in the front driveway in the centre.30/06/2018

The loose telephone cable at the front door has been secured
Complete 15/06/2017.

All staff have received up to date Manual Handling Training
Complete 28/04/2017.

Proposed Timescale: 30/06/2018

Theme: Effective Services

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

The provider failed to adopt procedures consistent with the standards for the prevention and control of healthcare associated infections, with the disposal of a full, untagged sharps box located in an unlocked shed.

6. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

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

The PIC will inform all staff of the Policy Guidelines on the Disposal of Sharps and Clinical Waste in the centre at the next house meeting on 08/07/2017.

Complete 08/07/2017

.

All staff will complete Training on Infection control.

Complete 31/08/2017

All chemicals will be removed from the garden shed.

Complete 12/05/2017.

A request will be submitted to the Maintenance Department to have a lock fitted on the garden shed.

Complete 13/05/2017

.

A secure place will be identified by the PIC for storage of the keys of the Garden shed.

Complete 13/05/2017

Proposed Timescale: 31/08/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Systems to support residents to access on line platforms were not comprehensive and there was an absence of training and support in areas of identified need for example, life skills training and self protection.

7. 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:

Life Skills Training and Training in Self protection will be made available to all residents in the centre

A Guideline will be developed by the PIC for the centre for monitoring and supporting residents who access on line platforms.

Proposed Timescale: 31/12/2017

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:

Management systems did not consistently review areas of care and support, and ensure clear plans were in place to bring about change.

8. 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:

Incidents at the centre will be reviewed monthly by the PIC and the ADON from 08/05/2017.

Complete 08/05/2017.

Team meetings will be scheduled on a six weekly basis commencing on 01/06/2017.

Complete 01/06/2017.

A new template will be implemented to identify actions and timeframes for Issues identified in the centre.

Complete 30/06/2017.

A review of the Annual Review Report will be undertaken in order to include the

changing needs of the residents
Complete 30/08/2017.

A newly appointed ADON/PPIM has commenced working in the designated centre on 08/05/2017 to replace the PPIM currently on leave in the centre. The PPIM/ADON will regularly review the care and support of residents in the centre with the PIC.
Complete 08/05/2017

A CNM2/PIC has commenced working in the centre on 08/05/2017 and has submitted their documentation to the Authority as part of the Registration process. The PIC is working in a supernumerary capacity and will provide oversight of Governance and Management in the centre. The PIC will be supported by the ADON/PPIM in their role as PIC to ensure clear plans are in place and to bring about change.
Complete 08/05/2017

Proposed Timescale: 30/08/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

The designated centre did not have adequate resources for the transport of residents to activities in their own community.

9. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

A second vehicle will be made available to the centre after 5pm daily and all day Saturday and Sunday to support residents with activities in their community.

Complete 05/05/2017

A Business case will be submitted for the provision of an additional vehicle for the centre.

Complete 12/05/2017

Proposed Timescale: 12/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

From reviewing the training matrix for the designated centre, all staff required training in dysphasia.

10. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff at the centre will receive Training on Dysphagia.

Complete 23/05/2017

A review will be undertaken by the PIC of all staff Training needs in the centre.

Complete 30/06/2017

The PIC will monitor all staff Training requirements on an ongoing basis at the centre.

Complete 08/05/2017

Proposed Timescale: 30/06/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

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

11. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

A Policy review group has been established to review all Policies and Guideline.

Complete 30/05/2017.

A Plan will be developed to review all policies in the centre.

Complete 30/05/2017

All Policy/Guidelines in the centre will be reviewed and updated.

Complete 30/06/2018

Proposed Timescale: 30/06/2018

