

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ard Rí and Ard Carrig
<b>Centre ID:</b>	OSV-0005446
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Resilience Healthcare Limited
<b>Provider Nominee:</b>	Sinead Butler
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	6

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From:	To:
23 November 2016 10:00	23 November 2016 16:30
24 November 2016 09:30	24 November 2016 15:30

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 the first inspection of the centre by HIQA as it was a new application to register a designated centre for individuals with a disability. It was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the services manager (person representing the provider), the recently appointed operations manager and the person in charge. There were no service users availing of the service at the time of inspection. The inspector reviewed the premises, policies and procedures, staff files and a suite of templates which had been presented for use in the centre.

#### Description of the service:

According to the provider's statement of purpose, the centre would consist of two units, Ard Rí located on the ground floor and Ard Carraig located on the first floor. Ard Rí would provide transitional support services for a maximum of four residents, male or female, from 18 to 40 years. Ard Carraig would provide a respite service for a maximum of two residents, male or female from 18 to 40 years. The service had not identified any specific service users at the time of inspection, although it was reported that a number of referrals had been received.

#### Overall Judgment of our findings:

Overall, the inspector found that the management team had completed significant work on templates and systems to ensure that the majority of regulations were being met. There were arrangements in place to promote service users' rights and safety and to provide a good quality of life for the service users while meeting their needs. The person in charge demonstrated adequate knowledge and competence during the inspection, and the inspector was satisfied that she was a fit person to participate in the management of the centre.

#### Good practice was identified in areas such as:

- There were arrangements in place to assess service users' individual needs and choices and to put in place personal plans to meet the needs identified. (Outcome 5)
- Arrangements were in place to support and facilitate service users to have opportunities for new experiences, social participation, education, training and employment (Outcome 10)
- Arrangements were in place to support service users on an individual basis to achieve and enjoy the best possible health. (Outcome 11)
- There were arrangements in place to monitor the quality and safety of care and support once the centre opened. (Outcome 14)

#### Areas of non-compliance with the Regulations and National Standards were identified in areas such as:

- There were some areas for improvement in relation to the risk management policy, emergency planning and infection control. (Outcome 7).
- Improvements were required regarding arrangements for the management of behaviour that challenges and restrictive practices. (Outcome 8)
- Suitable arrangements for the storage of medicines in the residential unit had not

yet been put in place and procedures for the safe disposal of medications required some improvement. (Outcome 12)

- There was a statement of purpose in place, but it did not meet all of the requirements of schedule 1 of the Regulations.(Outcome 13)

- The full staffing complement for the centre had not yet been recruited. (Outcome 17)

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were systems in place to support service user's rights. However, some improvements were required in relation to the management of complaints.

There was a template for undertaking a rights assessment which it was proposed would inform person-centred support planning. There was a residents' information guide in place which provided a good level of information about the centre and the complaint process, although it didn't specifically refer to service users' rights. The inspector found that the admission process was focused on service users' rights and needs. The person in charge demonstrated a satisfactory knowledge of service users' rights and her responsibility to uphold them. It was proposed that rights would be discussed at service users' meetings on a weekly basis. There was a personal property, finances and possessions policy in place, dated October 2016 which promoted service users' rights.

It was proposed that service users and their families would be consulted with regarding the planned service and would have an opportunity to choose paint colour and soft furnishings for their bed-room and other areas of the centre. It was also stated that they would be provided with an opportunity to visit the centre before being admitted. However, service users to attend the service had not yet been identified.

Arrangements were in place for service users to have access to advocacy services. The inspector observed that the contact details for a community advocate identified for the centre were on display in the centre. It was proposed that each service user would have an identified key worker who would advocate on their behalf.

There were proposed procedures in place for managing complaints. However, arrangements to log complaints required improvement. There was a compliant policy in place, dated October 2016, which included details of the appeal process. There was a user-friendly version of the complaint procedure on display in the centre. A named complaint officer had recently been put in place. There was a complaint log template in place, but it did not include adequate space to record all of the required detail regarding outcome of the complaint or dates.

There were arrangements in place to promote service users being treated with dignity and respect. There was an induction template and checklist in place for new staff which included providing them with an outline of what was expected of them in terms of treating the service users with dignity and respect. There was an intimate care policy in place and templates for the provision of intimate care. There was ample space in the centre for service users to have time on their own, or to have private contact with family and significant others as required. The centre comprised of two separate living arrangements. It was proposed that all service users would have their own bedroom with en-suite facilities, and there was ample other communal space in the centre.

There were appropriate arrangements in place to keep service users' personal belongings, including monies, safe. There was a personal property, finances and possessions policy in place, dated October 2016 which promoted service users' rights. The inspector found that proposed practices were in line with the centre's policy. There was a secure press in the staff office which the person in charge reported would be used to store service users' pocket money within individual envelopes.

Opportunities for the service users to participate in activities within the local community had been considered. These included a theatre, a nearby tourist attraction with scenic views and walks, local park, community Gaelic and soccer club, musical groups, swimming pool, cinema and local community college. The inspector reviewed template records to record activities that would be undertaken.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The service had put some systems and processes in place to support and assist service

users to communicate effectively.

There was a communication policy in place, dated October 2016, and a provision of information policy dated November 2016. The person in charge proposed that service users' communication needs and support requirements would be assessed through the admission process. Subsequently, a support plan would be developed to meet the assessed needs. No service users had yet been identified to use the service, but it was anticipated that some or all of them may have communication needs and support requirements. The inspector reviewed templates for a detailed assessment on admission and personal support plan templates which included a section on the individual communication needs and support requirements for service users availing of the service. The service had access to a speech and language therapist who would be available to the service users if so required. A radio was available in the centre. It was proposed that a local paper would be made available to the service users on a regular basis. The inspector observed that televisions for both the respite unit and the residential house had been purchased, although these had not yet been installed. The person in charge reported that internet access was in the process of being secured for the centre. It was also proposed that a computer for use by service users use would be purchased for the residential unit.

Picture reference cards for diet and food menu options had been developed. However, communication aids for activities, daily routines and journey destinations had not yet been developed. The person in charge reported that these would be developed once service users for the centre had been identified and their needs and support requirements had been assessed.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were arrangements in place to support service users to maintain positive relationships with families and friends and to develop some links with the community.

There was ample space within both living areas for service users to meet with their respective families in private. The service had a visitor policy in place, dated October 2016. There was a visitors log in place and a template to record family contact. The



person in charge told inspectors that there would be no restrictions on family visits. Funding had been secured to purchase a car for the centre and it was proposed that staff would facilitate, where possible, service users to meet family members and friends. The person in charge outlined that family members would be invited to social events in the centre and to personal planning meetings for each of the service users.

A number of local amenities had been identified. These included a local theatre, shop, restaurants sporting clubs and community college which were in the local town and a short distance from the centre. Other activities identified in a neighbouring town included a cinema, swimming centre and park. There was also a church within a short distance from the centre.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Procedures for admissions to the centre were adequate, but arrangements for discharges from the centre and contracts for the provision of services required some improvement.

There was an admission policy in place, dated October 2016, which included a section on temporary absences. However, the centre did not have a policy on discharges and or transfers. The admission of service users was to be determined on the basis of transparent criteria in accordance with the service's statement of purpose and admission policy. This would consider the wishes, needs and safety of the individual service user and the safety of the other service users who might live in the centre. It was proposed that any service user identified to avail of the service would have an opportunity to visit the centre before admission, and be consulted with regarding soft furnishings for their bedrooms and other areas of the centre.

Contract templates were in place outlining the level of services to be provided. However, the templates in place referred to a different centre's name and clarity was required in the contract regarding what activities or other personal items service users would be asked to pay for. The person in charge reported that no fees were applicable for the service.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were arrangements in place to assess service user's individual needs and choices and to put in place personal plans to meet the needs identified.

There was an assessment of need template in place and a guidance document for staff on assessment of need dated August 2016. It was proposed that a full assessment would be completed as part of the admission process and that this would be used to inform individual support plans for service users.

There was a template personal plan in place with adequate space to detail individual needs and choices. There was also a separate template to record personal goals, actions required to achieve and timelines. The person in charge reported that once admitted each service user's key worker would be responsible to put in place a written personal plan within 28 days as per the requirement of the regulations. It was proposed that each person-centred plan would have a multidisciplinary input and that the service user and their family representative would be involved in developing plans put in place.

There were processes in place to formally review service users' personal support plans on a yearly basis. The inspector reviewed templates for multidisciplinary team and personal care plan reviews. The person in charge reported that each plan would be reviewed annually or more frequently if there is a change in need. It was proposed that the multidisciplinary team and each service user's family would be consulted and involved in reviewing plans

**Judgment:**

Compliant

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**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The design and layout of the centre was fit for purpose and reflected the layout as described in the centre's statement of purpose. However, there were some areas for improvements.

The centre had been refurbished into two separate living arrangements. It was proposed that the first floor area would be used to accommodate two service users availing of respite, while the ground floor area would provide accommodation for four service users availing of the full time residential service. Overall, the centre was observed to be homely and suitably decorated. There was suitable lighting and ventilation in place. The inspector found that both separate living arrangements would promote service users' safety, dignity and independence. It was noted that each service user would have their own bedroom with an en-suite facility. There was adequate communal accommodation in both living areas. There was a large garden to the rear of the centre, which provided a suitable outside area for residents' enjoyment.

In the majority of rooms, there were sufficient furnishings, fixtures and fittings. However, a number of items had not yet been put in place. These included a bed and bed-side locker in one bedroom, a wardrobe in one bedroom, a window blind in an en-suite toilet and curtains in a number of bedrooms. The kitchen in the residential unit was found to have sufficient cooking facilities, and while the respite kitchen had facilities, cooking utensils had not yet been put in place.

As no service users had been identified to live in the centre, specialist equipment requirements were not known at the time of inspection.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were arrangements in place to promote and protect the health and safety of service users and staff. However, there were some areas for improvement in relation to the risk management policy, emergency planning and infection control.

There was a health and safety statement policy, dated November 2016, which was specific to the centre. Site specific risk assessments had been undertaken and appropriately recorded. The person in charge proposed that individual staff team members would be identified as the health and safety representative, fire marshal and lead first aider for the centre. There were templates in place for health and safety checks which it was proposed would be completed by an identified staff member. There was a local risk register in place which it was reported would inform the corporate risk register.

The service had a risk manager in place who would be accessible as a resource for the centre. Vulnerability assessments for emergency and natural occurring events had recently been undertaken. Templates for individual risk assessments for service users, on admission and as required thereafter, were in place. There was a risk management policy, dated October 2016. However, it did not meet all of the requirements of Regulation 26. For example, it did not specify the measures and actions in place to control the following specified risks: unexpected absence of a residence; accidental injury to residents, visitors or staff; aggression and violence and self harm.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a template, for incident and near miss reporting, which included a section to record action taken and further actions required. A procedure for completing incident forms was in place to guide staff. It was proposed that all incidents would also be recorded on a separate incident log which was computer based. This would then be reviewed by the service's risk manager and senior management team on a regular basis to identify trends of incidents and near-misses, and learning for the centre and wider service. It was proposed that all individual incidents would be reviewed and discussed at team meetings scheduled to occur on a monthly basis.

There were procedures in place for the prevention and control of infection. However, suitable colour-coded cleaning equipment had not been put in place at the time of inspection. There were template cleaning schedules in place and sign-off sheets. The centre had infection control guidelines in place. The inspector observed that there were facilities and equipment for hand hygiene available. Posters were appropriately displayed, which demonstrated the correct hand-washing technique. The person in

charge proposed that appropriate training for staff would be provided.

There were adequate precautions in place against the risk of fire. The inspector found that there were adequate means of escape and that all fire exits were unobstructed. A procedure for the safe evacuation of service users and staff, in the event of fire, was prominently displayed in both units. The fire assembly point was identified with appropriate signage in the front garden. A fire risk assessment had been undertaken. The inspector reviewed templates for personal emergency evacuation plans which referred to the mobility and cognitive understanding of service users. There was documentary evidence to show that fire-fighting equipment, fire alarms and emergency lighting were appropriately installed and serviced by an external company. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits, emergency and other safety precautions. Fire drill templates were in place which included space to record those attending, time required for full evacuation and issues encountered.

Funding had been secured for the centre to purchase a road-worthy vehicle to transport service users to school, work or other social outings. The person in charge proposed that appropriate service records, insurance certificates and tax documentation would be maintained in relation to same.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were measures in place to safeguard service users who would avail of either the residential or respite service. However, improvements were required regarding arrangements for the management of behaviour that challenges and restrictive practices.

The service had a safeguarding vulnerable persons policy in place, dated October 2016. The inspector noted that the responsibilities and contact details for the designated

person for care and protection were detailed in the policy. The person in charge was knowledgeable about what constituted abuse and how she would respond to any suspicions of abuse. There was a protected disclosure policy in place, dated October 2016, to ensure that there were no barriers for staff or families disclosing abuse. It was proposed that appropriate safeguarding training would be provided for all staff. The centre had intimate care policy in place, dated October 2016. The inspector reviewed templates for intimate care assessments and plans.

Arrangements were in place to provide service users with emotional and behavioural support that would promote a positive approach to managing behaviour that challenges. The centre had a behaviour that challenges policy, dated June 2016. It was proposed that all staff would receive appropriate training in a recognised behavioural management approach. The person in charge was familiar with the management of challenging behaviour, with de-escalation techniques and had attended appropriate training. There were no templates for behavioural support plans in place. The centre did not have a restrictive practice policy in place. The inspector noted that some but limited guidance in relation to restrictive practices was referred to in the behaviour that challenges policy. There were no template logs in place for recording restrictive practices. In addition, there were no proposed procedures in place for approval, review or monitoring of restrictive practices.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

A system was in place to record all incidents in the centre and to make notifications to HIQA in line with regulatory requirements.

The inspector reviewed templates for reporting incidents. The person in charge and service manager were knowledgeable about the regulatory requirements for notifications to HIQA.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Arrangements were in place to support and facilitate service users to have opportunities for new experiences, social participation, education, training and employment

There was an education, training and development policy in place, dated October 2016. It was proposed that each service users' education, training and development needs would be fully assessed on admission and at regular intervals thereafter. The person in charge outlined that support plans would be devised to meet assessed needs of individual service users. It was proposed that a close working relationship would be developed and maintained with service users' educational placements or places of employment. There was a community college in the local town which provided a number of adult educational courses which service users could avail off.

A number of activities internal and external to the house were proposed for the service users to engage in. These included a local theatre and musical group, local well-known tourist attraction for walks and to enjoy the scenery, local sports and GAA club, swimming pool, cinema in a nearby town and the local Tidy Towns Committee.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Arrangements were in place to support service users on an individual basis to achieve

and enjoy the best possible health.

There was a comprehensive assessment template in place which required information relating to the health needs of service users. The person in charge reported that service user's health needs and strengths would be assessed as part of the pre admission process in consultation with the service users and their families. The personal plan template included space for information relating to the service users' health needs and care requirements.

There were a suite of templates in place for health monitoring. A hospital passport template was in place and included space and prompts to record all relevant information. There were template contact sheets to record contacts with GPs and a range of other health professionals. The person in charge proposed that each of the service user would have their own GP (general practitioner). The service had access to a number of therapeutic supports which would be available to service users in the centre. These included: speech and language therapy, occupational therapy, physiotherapy and psychology. There was a folder with health promotional material in a user-friendly format available in the centre.

There were arrangements in place for service users to be involved in choosing and assisting in preparing meals in the centre. Each of the two self-contained living areas in the house had an equipped kitchen and a dining area with adequate seating to allow meal times to be a social occasion. The service had a nutritional management policy, dated October 2016. The inspector reviewed template weekly menu planners with picture choices of menu options. There were picture recipes for service users' use for cooking and baking. The person in charge proposed that service users would be supported to buy and prepare their own meals. It was proposed that should service users from a different ethnic background avail of the service, a diet to reflect their ethnicity and taste would be considered.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were systems in place to support staff in protecting residents in relation to medication management. However, suitable arrangements for the storage of medicines



in the residential unit had not yet been put in place, and procedures for the safe disposal of medications required some improvement.

The service had a medication management policy in place, dated October 2016. The person in charge reported that all staff, once secured, would receive appropriate training in the safe administration and management of medications. The inspector reviewed template medication prescription and administration records and found that they provided adequate space to record the required information. There were also templates in place for: individual medication management plans, staff signature banks, medication stock control log, medication order receipt form and for self-administration of medication assessment. A medication fridge and secure storage press were available in the respite unit. However, a suitable secure cupboard and or fridge had not yet been put in place in the residential unit.

There were arrangements in place to review and monitor safe medication management practices. The inspector reviewed templates for undertaking medication audits which it was proposed would be undertaken on a regular basis by the person in charge. The operations manager reported that the output from these audits would be reviewed by the senior management team with any learning identified shared across the wider service. There were a number of pharmacists available in the local area whom service users would be able to choose from.

The procedures for the handling and disposal of unused and out-of-date drugs required some improvements. The person in charge reported that all unused and out-of-date drugs would be returned to the pharmacy for disposal. However, a template form to record all medication returned, with space to record the signature of the receiving pharmacist and the staff member returning the medication, had not yet been put in place. A separate designated and secure area for the storage of out-of-date medications had not been identified in the residential unit.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a statement of purpose in place, but it did not meet all of the requirements of

schedule 1 of the regulations.

The statement of purpose set out the aims and objectives of the centre. It also stated the facilities and services which were to be provided for service users availing of the service. However, the staffing complement for the centre was not specified, the age range for service users was not outlined and the document was not dated. The statement of purpose stated that televisions would be provided in each bedroom, but these were not in place or planned.

The service had applied to HIQA for registration as providing a residential and respite service for service users from 17 years upwards. However, during the course of the inspection, the provider outlined his intention to amend its application and apply for registration for the service to accommodate over 18 year olds.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

There was a clearly defined management structure. There were arrangements in place to monitor the quality and safety of care and support once the centre opened.

It was proposed that the national operations manager would undertake the annual review and six monthly unannounced visits in the centre in line with the regulatory requirements. There were a number of audit templates in place, including for medication, hand hygiene and health and safety. It was proposed audits would be undertaken in the centre on a regular basis so as to ensure that the service provided was safe and appropriate to service users' needs.

There was a clearly defined management structure that identified lines of authority and accountability for the service. The centre was managed by a suitably skilled and experienced person. The person in charge had worked in the service for a short period but had more than 10 years management experience. She was a qualified nurse in

intellectual disability and had completed a management diploma. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear vision for the proposed service. The inspector noted that the person in charge had a full-time post. It was proposed that she would not be responsible for any other designated centre once the centre opened. The person in charge reported to the national operations manager who in turn reported to the chief executive officer.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were suitable arrangements in place for managing the designated centre in the absence of the person in charge.

At the time of inspection, the service manager was the identified person to deputise for the person in charge during times of absence. It was reported that on the days that the person in charge was off duty that a staff member would be assigned to the role of shift leader and that this would be identified on the duty roster. The inspector found that the services manager was knowledgeable about requirements to notify the Authority of any absence of the person in charge in accordance with regulatory requirements.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the facilities and services in the centre reflected those stated in the statement of purpose. However, there were some facilities and resources which had not yet been put in place.

There was evidence to show that there were sufficient financial resources in place to support service users to achieve their individual plans and to meet their needs. It was reported that the centre would have its own budget allocation which would be controlled by the person in charge. Funding had been secured to purchase a car for the centre when the centre opened. A building to the rear of the centre had been identified for use as a sensory room and this was referred to in the statement of purpose. However, the room had not yet been refurbished. As outlined under Outcome 6 (Safe and suitable premises), a number of pieces of furniture, fixtures and fittings were required in a number of rooms. The inspector noted that games, books or craft materials had not yet been purchased for the centre.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were recruitment procedures in place, which were managed centrally by the provider. However, the full staffing complement for the centre had not yet been recruited.

The inspector reviewed the provider's recruitment and selection policy and procedure, dated January 2015. The inspector reviewed a sample of staff files for four staff who were in the final stages of recruitment to take up posts in the centre. Not all of the information as required in Schedule 2 of the regulations was available in the files reviewed. The full staffing levels required for the centre, as assessed by the provider, had not yet been secured. The person in charge and services manager told the inspector

that the required staffing level for the centre was 12 whole time equivalent (WTE) staff. However, at the time of this inspection, a total of eight WTE staff were in the final stages of recruitment. There was a proposed template staff roster in place.

There was a training and development policy in place, dated October 2016. It was proposed that a training programme would be put in place and coordinated by the provider based on a training needs analysis for all new staff. Templates to record training attendance were in place. The inspector noted that copies of the standards and regulations were available in the centre.

Formal supervision arrangements for staff were proposed. This meant that staff performance would be formally monitored in order to address any deficiencies that might exist and to improve practice and accountability. There was a supervision policy in place and a template for supervision. There was a template induction checklists in place which detailed matters that new staff were to be inducted on.

The person in charge told inspectors that there would be no volunteers working in the centre when it opened.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall, arrangements were proposed to meet regulatory requirements in relation to records and documentation. However, there were a small number of policies as required by schedule 5 of the regulations that were not in place.

The provider had a record retention and destruction of records policy in place, dated April 2015. The inspector found that records were kept securely but were easily retrievable. There were a suite of templates and documents in place which would

facilitate records to be maintained in respect of each resident as required by schedule 3 and 4 of the regulations. A copy of the statement of purpose and information guide for residents was available in the centre.

The majority of the policies and procedures as required by Schedule 5 of the regulations had been put in place. However, the centre did not have a discharge and or transfer policy nor, a restrictive practice policy, while food safety was not included in the health and safety policy. The person in charge had a good knowledge of the policies in place and how they were applied in practice. The inspector noted that a template was in place to maintain a signature bank for staff to sign once policies had been reviewed.

The provider had a contract of insurance against injury to service users, staff and visitors. The inspector reviewed the statement of liability which was deemed adequate.

**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:***

Maureen Burns Rees  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Resilience Healthcare Limited
<b>Centre ID:</b>	OSV-0005446
<b>Date of Inspection:</b>	23 and 24 November 2016
<b>Date of response:</b>	27 January 2017

### Requirements

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

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

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

There was a complaint log template in place but it did not include adequate space to record all of the required detail regarding outcome of the complaint or dates.

**1. Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The complaints template log has been reviewed and adapted to include adequate space to record all of the required detail regarding outcome of the complaint including investigation details, outcome, actions and whether the complainant was satisfied with the outcome. This is available on SharePoint.

**Proposed Timescale:** 20/01/2017

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Televisions for both the respite unit and the residential house had been purchased, although these had not yet been installed.

The person in charge reported that internet access was in the process of being secured for the centre.

**2. Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

New televisions will be installed and internet access will be secured for both the Respite and Residential service

**Proposed Timescale:** 31/01/2017

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The template contracts in place referred to a different centres name.

Clarity was required in the contract regarding what activities or other personal items service users would be asked to pay for.

**3. Action Required:**



Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The contract of care has been reviewed and now includes information relating to fees to be charged and the correct service name.

**Proposed Timescale:** 20/01/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

A number of items had not yet been put in place. These included a bed and bed side locker in one bedroom, a wardrobe in one bedroom, a window blind in an ensuite toilet and curtains in a number of bedrooms.

The kitchen in the respite unit kitchen had some cooking facilities but cooking utensils had not yet been put in place.

**4. 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.

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

All items which were not in place will be purchased and in place prior to any resident moving into the service.

Cooking utensils for the respite service will be purchased.

**Proposed Timescale:** 28/02/2017

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

There was a risk management policy, dated October 2016. However, it did not meet all of the requirements of Regulation 26. For example, it did not specify the measures and actions in place to control the following specified risks: unexpected absence of a residence; accidental injury to residents, visitors or staff; aggression and violence and self harm.

**5. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The risk management policy now has all requirements stipulated in regulation 26 which includes:

Unexpected absence of a resident

Accidental injury to resident:

Accidental injury to staff or visitor:

Aggression or violence

Self-Harm: Management of Self Harm Policy

Restrictive Policy and Procedure.

**Proposed Timescale:** 13/01/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Suitable cleaning equipment had not yet been purchased for the centre.

**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:**

All suitable cleaning equipment has been purchased for the residential and respite service.

**Proposed Timescale:** 13/01/2017**Outcome 08: Safeguarding and Safety****Theme:** Safe Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were no templates for behavioural support plans in place.

The centre did not have a restrictive practice policy in place.

There were no template logs in place for recording restrictive practices.

There were no proposed procedures in place for approval, review or monitoring of restrictive practices.

**7. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The positive behaviour support policy and procedure is currently under review and will be finalised by the 13th February 2017.

Restrictive Practice policy and procedure is currently under review and will be finalised by the 13th February 2017 this includes restrictive practice register and the procedures for approval, review and monitoring of restrictive practices.

**Proposed Timescale:** 13/02/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

A medication fridge and secure storage press was available in the respite unit. However, a suitable secure cupboard and fridge had not yet been put in place in the residential unit.

**8. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Medication Fridge and secure storage press will be purchased for the residential service.

**Proposed Timescale:** 20/01/2017

**Theme:** Health and Development

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

A template form to record all medications returned to pharmacy, with space to record the signature of the receiving pharmacist and the staff member returning the medication, had not yet been put in place.

A separate designated and secure area for the storage of out of date medications had

not been identified in the residential unit.

**9. Action Required:**

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The Safe Administration of Medication Policy and Procedure includes a template for the return of medications to the pharmacy which includes date, number of medications returned, name of medication returned, returned by(staff), and received by(pharmacist).

A separated designated secure storage area for out of date medication has been identified

**Proposed Timescale:** 31/01/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The staffing complement for the centre was not specified, the age range for service users was not outlined and the document was not dated.

The statement of purpose stated that televisions would be provided in each bedroom but these were not in place or planned.

**10. Action Required:**

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

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

The statement of purpose and function has been updated which identifies age range for service users.

Staff compliment for service at full capacity is outlined in the Statement of Purpose and Function.

The statement of purpose and function is dated.

Televisions will be available on request for individual bedrooms.

**Proposed Timescale:** 30/06/2017

### **Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

A building to the rear of the building had been identified for use as a sensory room and this was referred to in the statement of purpose. However, the room had not yet been refurbished.

As outlined under outcome six, safe and suitable premises, a number of pieces of furniture, fixtures and fittings were required in a number of bedrooms.

The inspector noted that games, books or craft materials had not yet been purchased for the centre.

**11. 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:**

All items which were not in place will be purchased and in place prior to any resident moving into the service.

The assessment of need will identify service users interests and hobbies and items which will support and encourage these interests will be purchased in consultation with individuals.

The sensory room will be fitted with sensory and relaxation equipment. Additional equipment will be purchased as required and identified in the assessment of need.

**Proposed Timescale:** 28/02/2017

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The full staffing levels required for the centre had not yet been secured.

**12. Action Required:**

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

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

The full WTE staff levels have been determined and budgeted for the centre. Recruitment is in progress. The service will develop on a phased basis with residents transitioning to the service on an incremental basis. The staff levels will be rostered according to the assessed needs of the service users. As there are no service users currently accessing the service recruitment is continuing to take place on a phased basis.

**Proposed Timescale:** 30/06/2017

**Theme:** Responsive Workforce

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

The inspector reviewed a sample of staff files for four staff who were in the final stages of recruitment to take up posts in the centre. Not all of the information as required in Schedule 2 of the regulations was available in the files reviewed.

**13. Action Required:**

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

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

The final stage of the initial recruitment for the four staff has been completed, all relevant information as required in Schedule 2 is placed in staff files.

**Proposed Timescale:** 17/01/2017

**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 centre did not have: a discharge and or transfer policy, a restrictive practice policy and food safety was not included in the health and safety policy.

**14. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The risk management policy now has all requirements stipulated in regulation 26 which includes:

Unexpected absence of a resident

Accidental injury to resident:

Accidental injury to staff or visitor:

Aggression or violence

Self-Harm: Management of Self Harm Policy

Restrictive Policy and Procedure

Food Safety

The Admissions discharge and transfer policy is currently being reviewed and will be referred for approval.

**Proposed Timescale:** 31/01/2017