

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sarshill House
Centre ID:	OSV-0005469
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Health Service Executive
Provider Nominee:	TJ Dunford
Lead inspector:	Julie Pryce
Support inspector(s):	Gary Kiernan
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 May 2017 10:00 To: 18 May 2017 19:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to this inspection:

Following five inspections during 2015 and 2016 of this designated centre which had been operated by the Irish Society for Autism, all of which found sustained high levels of non-compliance with the regulations, HIQA issued a notice of decision to cancel and refuse the registration of Sarshill House on 17 June 2016. In accordance with Section 64 of the Health Act the Chief Inspector made alternative arrangements with the Health Service Executive (HSE) to take over the running of the centre.

This was the second inspection of the centre following the HSE taking over the operation of the centre, and was conducted to ensure that the actions undertaken by the new provider were sustained and resulted in continued improvements to the safety and quality of life of residents.

How we gathered our evidence:

As part of the inspection, the inspectors met staff members, the regional and area managers, and the person nominated to represent the provider. The inspector observed practices and reviewed documentation such as personal plans, healthcare plans, behaviour support plans, accident logs and risk assessments. The inspector spent time with four residents who appeared to be comfortable in their home, and well supported by staff who were familiar with their needs, their behaviour and their preferred ways of communicating.

Description of the service:

The centre was a detached two story house in a rural setting which provided a residential service for five residents with disabilities.

Overall findings:

The inspectors were satisfied that significant improvements had been made across all outcomes, and that this had resulted in an improved quality of life for residents.

Good practice was identified in areas such as:

- personal plans and the facilitation of meaningful activities (outcome 5)
- positive behaviour support (outcome 8)
- management structures and processes (outcome 14)
- consistency of staffing (outcome 17)

Some improvements were still required in:

- the storage of some medicines (outcome 12)
- fire drills (outcome 7)
- the implementation of unannounced visits to the centre (outcome 14)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 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):

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

Findings:

Significant improvements had been made in the provision of personal plans for residents, and in facilitating meaningful activities.

Personal plans were in place for all residents, based on a detailed assessment for each. Plans included clear directions for staff in providing care, and detailed goals in relation to maximising the potential of each resident.

Goals were clearly documented, including the current situation, the achievement hoped for by the resident, and the plans to support the achievement of the goal.

Goals were clearly being implemented, and aids to achievement were evident throughout the centre. There was a clear record of implementation of plans maintained, which included details of interventions, for example the introduction of new activities, and the outcome of the intervention.

Plans also included detailed behaviour support, and the implementation of these plans was clearly recorded.

Various activities had been introduced, and where residents had difficulties with new situations and activities, detailed plans were in place to support a gradual introduction. All activities and introductions to new activities were recorded, and scheduled had been developed in formats which assisted residents to understand them, and to be clear as to what was happening next.

Various methods of communicating with residents were clearly in use in the centre, including augmentative forms of communication, and visual information.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

There were systems and processes in place in relation to the assessment and management of risk, and in relation to fire safety. Significant work had taken place in identifying any issues for each individual resident in the event of an emergency requiring evacuations, however there had been no fire drills involving all residents.

Individual personal evacuation plans were in place for each resident, and significant work had gone into ensuring that each resident could exit the centre in the event of an emergency. For example, social stories had been developed to assist residents with understanding what was required in the event of an emergency, and their progress in safe evacuation was recorded and reviewed monthly. All staff were familiar with the individual needs of residents.

Fire safety equipment had been tested regularly and appropriately serviced. Fire safety training had been provided to staff. Regular fire drills had taken place, and a record was kept including a description of the drill, and any changes which were required. However, there had not been a fire drill under night time circumstances, when staff numbers were lower, some staff were on sleepovers, and residents might all be in their rooms and asleep.

Risk assessment and management plans were in place for various risks, both environmental and individual, for example in relation to road safety, and to self injurious behaviour. A risk register was in place and was kept under regular review which included a risk rating for each risk identified, and control measures required to mitigate the risk. A risk action plan had been developed, and all identified required actions had been implemented.

There was a system for the recording and reviewing of accidents and incidents. Any incidents were recorded in detail and included statements from witnesses. The records were thorough, comprehensive and outlined corrective actions required and provided for follow up and learning.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Each resident had a detailed behaviour support plan in place, the incidence of behaviours of concern had significantly reduced, and a robust system of managing residents' personal finances had been implemented.

There was a behaviour specialist available to residents, and a comprehensive assessment had been conducted for each resident. Behaviour support plans were detailed and clear, and included various skills building programmes, strategies to increase activities for residents together with direction as to how incidents of behaviours of concern should be managed.

Any incidents were recorded and reported, and risk assessments were reviewed. Various strategies were in place, and aids to these strategies were in place and in use. There were thorough and regular reviews of behaviour support plans and their implementation.

Restrictive practices, such as the locking of doors to some areas of the centre, had been reduced and were at a minimum to ensure the safety of resident. Where any restrictive practices were in place they were risk assessed, reviewed and recorded.

There was a robust system in place to ensure the safe management of residents' finances. Residents each had their own bank account, and where staff supported them to use these accounts, documents were maintained securely. Transactions were clearly recorded with a receipt and two staff signatures. Balances checked by the inspector were correct. Balances were checked by staff three times a week.

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:

Residents' healthcare needs were met, and there was evidence of a varied and nutritious diet being offered to residents.

An annual health check was undertaken for each resident, and an annual medical check was conducted by the residents' general practitioner (GP). There was an on-call GP service available, and the GP visited the centre on occasions to review residents.

Residents had access to other members of the multi-disciplinary team in accordance with their needs, for example, speech and language therapy, occupational therapy and behaviour support. There was evidence that the recommendations of these healthcare professionals were being implemented and reviewed.

Where residents were on restricted diets, they had been reviewed by various healthcare professionals in relation to their diets, including dietician, allergy specialist and speech and language. There was evidence of a wide variety of alternatives being offered to residents, and various aids to ensure that their choices were communicated.

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:

There were systems in place to ensure the safe administration of medications, although some improvements were required in the storage of some medicines.

Medications were supplied, for the most part in blister packs. All the required information was included in prescriptions, including for 'as required' (PRN) medications. Medication recording sheets were well maintained, and where PRN medications were administered a detailed record was kept.

Medication audits were conducted, and there were two medication checks carried out each day on the administration of the correct medications.

While medications were stored securely, and a stock check was maintained, topical applications were not dated when opened, and a record of the temperature of the medications fridge was not kept.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a clear management structure in place and all staff were aware of this structure. The person in charge was not present at the time of this unannounced inspection, however it was clear that improvements had been sustained since the previous inspection agreed actions and activities were underway.

A system of audits had commenced, and included audits of medication, health and safety, positive behaviour support and activities programmes. However, although a comprehensive audit tool had been developed in relation to personal plans, these audits had not yet commenced.

In addition there had been no unannounced visits on behalf of the provider resulting in a written report on the safety and quality of care and support as required by the regulations. Therefore the provider did not meet with the requirement to ensure the

centre was adequately monitored as set out in the regulations.

A series of meetings were held within the management structure, including fortnightly meetings between the person in charge and the area manager and bi-monthly staff meetings. Various issues were discussed at these meetings, and staff were required to sign that they had read the minutes and agreed actions.

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):

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

Findings:

There were sufficient staff to meet the assessed needs of residents, including the social needs.

Improvements had been made in the consistency of staff to ensure continuity of care. There was now a core team of staff, and if extra staff were needed they were drawn from a pool of staff known to the residents.

Staff training had been provided in mandatory courses, and in person centred planning and positive behaviour support, and in communications systems. All staff had received a two day course in the safe administration of medication.

Performance development and formal supervisions had commenced, and a schedule of supervisions was in place.

All staff engaged by the inspector were knowledgeable about the assessed needs of resident, and any interventions required for their support.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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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-0005469
Date of Inspection:	18 May 2017
Date of response:	06 July 2017

Requirements

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

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Fire drills had not taken place under night time circumstances

1. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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:

Night time evacuation will be carried out on a quarterly basis. This will commence in July 2017

Proposed Timescale: 31/08/2017

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:

Improvements were required in the storage of some medicines.

2. 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:

All topical application will be labelled and dated when opened. This will commence by the 14th of July 2017.

Daily Record of fridge temperatures will commence on the 14th of July 2017.

Proposed Timescale: 31/07/2017

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:

No unannounced visits and report thereof had been conducted.

3. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An unannounced inspection by the registered provider was carried out on the 13th April 2017 however a written report was not provided. The registered provider will carry out

an unannounced inspection before the 21st July 2017 and will provide a written report on safety and the quality of care and support being provided within the home.

Proposed Timescale: 22/07/2017