

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Edencrest & Riverside
Centre ID:	OSV-0005487
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
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: 16 August 2017 08:55 To: 16 August 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As the centre had been previously inspected on the 22 June 2017 against five outcomes, the remaining 13 outcomes were inspected against on this inspection. In addition, a review of the actions the provider had undertaken to address the findings from the previous inspection was undertaken.

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

How we gathered our evidence:

During the inspection the inspector met eight residents and seven staff at the centre. In addition, the inspector interviewed both the person in charge and provider's representative as part of the inspection. The inspector also observed practices and reviewed documents such as personal care plans, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of two six bedded bungalows and was located in a town close to local amenities such as shops and leisure facilities.

Overall Findings:

The inspector found that residents were supported to access a range of activities which reflected their interests and personal goals. One resident told the inspector that they liked living at the centre and staff helped them to do the things they wanted to do like going to the cinema and doing their personal shopping. They also told the inspector that staff helped them with their finances and they were saving for a holiday. Where residents were unable to tell the inspector about the quality of service they received, the inspector observed that residents appeared comfortable, happy and relaxed with the support they received from staff on the day of inspection. The inspector found that the person in charge supported residents to be aware of their rights and involved them in decisions about the running of the centre such as menu planning and weekly activities during regular weekly residents meeting. The centre was well-maintained and its layout and design reflected residents' assessed needs.

The inspector interviewed the person in charge, who was suitably qualified and demonstrated knowledge of residents' assessed needs, as well as their role and responsibilities under regulation.

Summary of regulatory compliance:

The centre was inspected against 15 outcomes. The inspectors found compliance in 14 outcomes inspected, with a positive focus on the promotion of residents' rights, communication and healthcare needs. Moderate non-compliance was found in one outcome which related to submission of statutory notifications to the Health Information and Quality Authority outside of regulatory timeframes.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights were promoted and they were supported to participate in decisions about the running of the centre.

The inspector found that the centre's complaints policy was up-to-date and reflected staff knowledge. Where residents were able to express their views to the inspector they said that if they had any complaints they would speak to the person in charge or a member of staff. Furthermore, the inspector was told by a resident that they were asked if they had any complaints about the centre in their weekly residents' meetings, which was reflected in the meeting's minutes.

The inspector observed that the centre's complaints policy was prominently displayed alongside an accessible version for residents on the centre's communal notice boards. The notice boards also displayed the photograph and contact details of the centre's complaints officer. A record of all complaints received by the centre was maintained, in-line with the provider's policy, and included both actions taken and the complainants' satisfaction with the outcome of the complaint investigation.

Information on advocacy services was also displayed on the communal notice boards.

The weekly residents' meeting minutes showed that residents were involved in decisions about the running of the centre such as menu planning, shopping and weekly activities, which was reflected in discussions with staff and residents. Minutes further showed that the meetings were used by staff to support residents to be more aware of their right to complain, access advocacy services and to impart information on fire safety

arrangements and 'keeping safe'.

The centre had a visitor's policy and provided facilities for residents to meet family and friends in private. Staff told the inspector that there were no restrictions on visiting times and where able to residents said they were regularly visited by their families.

The inspector reviewed arrangements to support residents with their personal finances, and found they were maintained in-line with the provider's policies, with all transactions being receipted and recorded.

On the day of inspection, the inspector observed staff supporting residents' in-line with their assessed needs in a sensitive and timely manner. Where residents were able to speak to the inspector they said that they liked the staff and they were supported to do activities they enjoyed. Where residents could not tell the inspector about the service they received, the inspector observed that residents appeared relaxed and comfortable with all support they received from staff.

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:

The inspector found that staff supported residents' to communicate their needs.

The inspector reviewed personal plans which included information on residents' communication needs and was reflected in staff knowledge. The inspector was told that residents were supported to make choices and express their needs through the use of gestures, phrases, pictures, photographs, symbols and objects of reference, and these practices were observed on the day of inspection.

In addition, the inspector observed that easy-to-read versions of personal plans and written agreements were available to residents which used words, pictures, photographs and symbols. In addition, the centre's complaints policy and fire evacuation plan were available in accessible versions and displayed on the centre's communal notice boards

The inspector found that residents had access to radio, television and the internet at the centre.

Judgment: Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that residents were supported to maintain personal relationships and engage in activities in the local community.

The centre had an up-to-date visitor's policy and provided facilities for residents to meet family and friends in private in both of the bungalows.

The inspector spoke with residents and reviewed documents such as daily notes and the centre's visitor's books and found that residents were regularly visited by their families. In addition, residents were supported to have overnight stays with family which was reflected in personal plans and weekly activity schedules reviewed. In addition, relatives were invited to, and attended residents' personal plan annual review meetings as well as social functions at the centre.

The inspector reviewed resident's activity records and found that residents were supported to access a range of activities both at the centre and in the local community, which reflected their personal goals and interests. Activities included swimming, experiencing sailing, visiting places of interest, going on holiday and having meals out in local cafes.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents had had up-to-date written agreements in place.

The centre had an up-to-date admissions and discharge policy which was reflected in their statement of purpose. No new admissions had occurred at the centre prior to the inspection.

Residents had easy-to-read pictorial written agreements in place, which included information on the total fees and any additional charges to be met such as the cost of community activities, holidays and clothing.

Written agreements had been signed by the provider as well as the resident or their representative.

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):

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

Findings:

The inspector found that residents' progress towards achieving their personal goals was recorded and updated in-line with the provider's policies.

The inspector did not look at all aspects of this outcome and focused on actions taken by the person in charge to address the findings of the centre's previous inspection.

Following the previous inspection, the inspector reviewed residents' annual goal documentation and found that was updated every three months in-line with the

provider's policy as well as more frequently, if progress had been made by the resident towards achieving their goals.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre's design and layout met residents' assessed needs.

The centre comprised of two six bedded bungalows within a campus setting which contained a further three designated centres and was located in a town close to amenities such as local shops, a leisure centre and cafes. The bungalows were well maintained and decorated to a good standard. The inspector observed that residents' bedrooms were individually decorated and personalised with family photographs, ornaments and other items which reflected their interests. All bedrooms provided suitable storage facilities for residents' possessions.

Each bungalow provided a sufficient number of bathrooms to meet residents' needs. The inspector found that communal rooms such as bathrooms, sitting rooms, kitchens and dining rooms were furnished to a good standard and reflected residents' needs. The inspector further observed that where residents required additional quiet spaces or facilities such as sensory areas, due to their assessed needs, these had been provided.

Suitable arrangements were in place for the safe disposal of general and clinical waste and residents had access to laundry facilities at the centre.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that although the centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA), not all notifications had been submitted within regulatory timeframes

A record of all notifications submitted to HIQA was kept at the centre including all notifications submitted under Schedule 4 of the regulations. However, the inspector found that not all notifications which related to allegations (confirmed or suspected) of abuse had been submitted in-line with the required timeframes.

Judgment:

Non Compliant - Moderate

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 inspector found that the centre supported residents to access social activities, which reflected their assessed needs and choices.

The centre had an up-to-date policy on supporting residents to access education and training. Residents' educational and training needs were assessed as part of their personal plan, although the inspector was told by staff on the day of inspection, that currently residents at the centre were not engaged in educational or training activities.

Some residents told the inspector that they were supported to participate in activities of their choice both at the centre and in the local community. Records showed that residents were supported to access the activities described in their personal plans such as the cinema, swimming pools, art therapy, shopping, multi-sensory facilities, holidays and visits to local events and places of interest.

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:
The inspector found that residents were supported by staff to achieve and enjoy the best possible health.

The inspector reviewed residents' healthcare records and found that they had access to a range of allied healthcare professionals including general practitioners (GP), psychiatrists and specialist consultants reflective of their needs.

Where residents were prescribed emergency epilepsy medication, the inspector found that protocols on its administering were up-to-date and reflected staff knowledge

Meals were provided at the centre through a centralised kitchen on the campus. In addition food records showed that two or three choices were available for each meal as well as staff telling the inspector that if residents did not like the choices offered, a further alternative would be provided. Food records showed that meals were varied and nutritious in nature. Residents also had access to snacks and drinks of their choice throughout the day.

Residents with assessed eating and drinking needs had been reviewed by dietitians and speech and language therapists, with any associated recommendations on dietary needs being reflected in residents' personal plans and staff knowledge.

The inspector observed the lunch time meal in one of the bungalows and found that residents who required assistance with eating and drinking were supported in-line with professional recommendations and in a sensitive and dignified manner by staff.

Residents were involved in meal preparation, with some residents being supported to do baking and others helping to clean up after meal times.

Judgment: Compliant

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Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
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Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector found that the centre's medication arrangements reflected the organisation's policies and procedures. The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on prescribed medications such as administration times, route and dosage. A signature bank of staff administering medication was maintained at the centre and was part of the residents' medication administration records. The inspector observed that medication was securely stored and that out of date medication was segregated from current medications. Out of date or discontinued medication was returned to a local pharmacy, and staff knowledge and records reviewed reflected this practice. Regular medication audits were carried out by nursing staff, which was reviewed by the person in charge to ensure that the centre's practices reflected good practice and the provider's policies.

Judgment: Compliant

Outcome 13: Statement of Purpose <i>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.</i>

Theme: Leadership, Governance and Management
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Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings:

The inspector found that the centre's statement of purpose reflected the services and facilities provided.

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

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

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The centre had suitable arrangements in place in the event of the person in charge's being absence.

The person in charge confirmed their understanding of the requirement under regulation to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found that there had been no instances to date of the person in charge being absent over 28 days.

Furthermore, staff were able to tell the inspector about the arrangements in the event of the person in charge's absence which was reflective of the centre's statement of purpose and discussions with the person in charge.

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

The inspector reviewed the centre's staffing levels and resources and found that they were sufficient to meet residents' needs and activities. Furthermore, staffing levels during the day and night at the centre reflected both residents' personal plans and risk assessments reviewed by the inspector as well as staff knowledge.

A vehicle was available at the centre as well as access to other transport within the campus to support residents to access local amenities such as leisure centres, shops, cafes and places of interest.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that staffing levels were sufficient to meet residents' needs and staff personnel records contained all information required under schedule 2 of the regulations.

The inspector did not look at all aspects of the outcome, and focused on actions taken by the person in charge to address the findings of the centre's previous inspection.

Following the previous inspection, the inspector reviewed a sample of staff files and found that they contained all information required under Schedule 2 of the regulations apart from copies of the staff members' vetting disclosures. However, copies of vetting disclosures for staff were made available to the inspector following the completion of the inspection for review.

The person in charge told the inspector that following the previous inspection, the centre's reliance on temporary workers had reduced, due to the recruitment of two staff members as well staff returning from leave. The inspector reviewed rosters and found that staffing levels reflected residents' needs and facilitated planned activities, which were further reflected in discussions with staff.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre maintained all records required under the regulations.

The inspector found that the centre maintained up-to-date records such as a directory of residents, restrictive practices log, healthcare records and incidents and accident reports as required under Schedule 3 of the regulations

The provider ensured that a copy of the statement of purpose and all notifications submitted to HIQA were available as well as residents' written agreements and records of food provided as required under Schedule 4 of the regulations.

The inspector reviewed the centre's policies and procedures and found that all policies required under Schedule 5 of the regulations were in place and reviewed in-line with regulatory timeframes.

The centre had an up-to-date insurance policy against accidents or injury to residents, staff and visitors.

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:

Stevan Orme
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-0005487
Date of Inspection:	16 August 2017
Date of response:	07 September 2017

Requirements

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

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

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The inspector found that notifications which related to allegations (confirmed or suspected) of abuse were not submitted to the Health Information and Quality Authority within the required timeframes.

1. Action Required:

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

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

As with immediate effect notifications which related to allegations (confirmed or suspected) of abuse will be submitted to the Health Information and Quality Authority within the required timeframes.

Proposed Timescale: 16/08/2017