

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dreenan
Centre ID:	OSV-0005490
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:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 August 2017 09:00 To: 15 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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As the centre had been inspected on the 8 February 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 which related to the five outcomes from the previous inspection was undertaken.

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

a disability.

How we gathered our evidence:

During the inspection the inspector met with four residents and four 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 further observed practices at the centre 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 a six bedded bungalow and was located in a town and was close to local amenities.

Overall Findings:

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

The inspector interviewed the person in charge, and found them to be suitably qualified and demonstrated both knowledge of residents' needs and their responsibilities under regulation.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspectors found compliance in all 18 outcomes inspected, with a positive focus on the promotion of residents' rights, communication and healthcare needs.

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 involved in the running of the centre.

The inspector found that the centre's complaints policy was comprehensive in nature and reflected staff knowledge. Furthermore, the complaints policy was prominently displayed alongside an accessible version for residents. The inspector observed that information on the centre's complaints officer, which included their photograph and contact details, was also displayed on the communal notice board. The centre maintained a record of all complaints received which included actions taken and complainants' satisfaction with the outcome.

Information on advocacy services was also displayed on the communal notice board

Residents were supported to access a range of activities both at the centre and in the local community, which reflected their interests and personal plan goals. For example, activity records and goal updates showed that residents accessed activities such as meals out in cafes, swimming, multi-sensory rooms and trips to places of interest.

Staff told the inspector that residents participated in the centre's weekly residents meetings. The inspector reviewed meeting minutes and found that residents were involved in decisions on the running of the centre such as menu planning, shopping and weekly activities. In addition, minutes showed that residents were also made aware through the meetings of advocacy services, fire safety practices and personal safety guidance.

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 at the centre and residents were regularly visited by their families, which was reflected in daily notes and the centre's visitor's book.

The inspector reviewed arrangements for supporting residents with their personal finances, and found that supports provided were in-line with the provider's policies with all transactions being receipted and recorded.

Throughout the inspection, the inspector observed staff supporting residents in a dignified and respectful manner in-line with their assessed needs. Furthermore, residents appeared relaxed and comfortable with the support 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 residents' communication needs were supported in-line with their personal plans.

The inspector found that residents' personal plans included assessments of their communication needs, which reflected staff knowledge and observed practices on the day of inspection. The inspector found that residents were supported to communicate their needs through the use of pictures, photographs, symbols and objects of reference. Furthermore, residents had access to easy-to-read versions of their personal plans and written agreements, as well as the centre's complaints policy and fire evacuation plan,

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. Staff told the inspector that residents' families visited regularly as well as attending annual personal plan reviews and social events, which was reflected in documents reviewed.

Residents accessed a range of activities in the local community such as personal shopping, restaurants and day trips which reflected their interests and annual personal plan goals.

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 the centre had up-to-date admissions and discharge policy and residents had 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 accessible written agreements in place, which included total fees for the centre and any additional charges such as community activities costs to be met. Furthermore, the inspector found that written agreements had been signed by both the provider and 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 personal plans were available to residents in an accessible version and they were supported to participate in their annual personal plan reviews,

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 from the centre's previous inspection.

Following the previous inspection findings, the inspector found that the person in charge had developed and made available accessible versions of personal plans and weekly activity schedules for residents at the centre.

Furthermore, following the previous inspection's findings, the person in charge had ensured that residents' attendance and participation in their annual review meeting was recorded in meeting minutes.

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 a six bedded bungalow within a campus setting which contained a further three designated centres. The centre was located in a town with access to amenities such as shops and restaurants.

The bungalow was well maintained and decorated to a good standard. The inspector observed that residents' bedrooms were individually decorated and personalised with family photographs and items which reflected their interests. All bedrooms provided suitable storage facilities for residents' possessions.

The centre had a sufficient number of bathrooms to meet residents' needs. The inspector found that communal rooms such as bathrooms, sitting rooms, kitchen and dining room were furnished to a good standard and reflected residents' needs.

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

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:

The inspector found that the centre had an up-to-date safety statement and all staff had received hand hygiene training.

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 found that an up-to-date safety statement had been made available at the centre. In addition, the inspector reviewed staff training records and found that since the previous inspection all staff had received up-to-date hand hygiene training in-line with the provider's policies.

Judgment:

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:

The inspector found that the person in charge ensured that the centre's restrictive practices were regularly reviewed and staff had received positive behaviour management training.

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 found that the person in charge had reviewed the centre's restrictive practices which related to the kitchen and a resident's bedroom. The inspector found that following the review, these practices had been revised to ensure they were the least restrictive in nature. For example, the kitchen was no longer locked and was accessible to residents.

The inspector reviewed staff training records and found that following the previous inspection, all staff had received up-to-date positive behaviour training 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 the centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

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

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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 needs.

The centre had an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose and staff knowledge. Furthermore, residents' educational and training needs were assessed as part of their personal plan; however, on the day of inspection residents were not accessing education or training.

Staff told the inspector that residents were supported to access a range of activities both at the centre and in the local community which was reflected in personal plans and activity records reviewed. Documents showed that residents accessed activities such as

swimming, shopping, day trips, multi-sensory facilities and holidays.

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 to manage their 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, consultants and dentists. Furthermore, residents had access to a GP who visited the centre weekly as well as a choice of GPs at their local medical practice.

Residents' personal plans included 'end of life' plans which were discussed with residents and their representatives as part of the annual personal plan review meetings.

Meals were provided at the centre through a centralised kitchen on the campus. The inspector found that residents had access to a range of healthy and nutritious meals from food records maintained at the centre. Furthermore, discussions with staff and records showed that residents had a choice of meals for lunch and dinner as well as access to snacks of their choice throughout the day.

Where residents had dietary needs, the inspector found that they had been assessed by dieticians and speech and language therapists and recommendations were reflected in personal plans reviewed and staff knowledge.

The inspector observed that residents, who required assistance with eating and drinking at the centre, were supported by staff in a dignified and timely manner. Furthermore, the inspector observed the centre's lunchtime meal and found that it was positive and social in nature.

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:

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. The centre maintained an up-to-date signature bank of staff trained to administer medication as part of the residents' medication administration records.

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

Regular medication audits were carried out by the person in charge to ensure that the centre's practices were in-line with the provider's policies.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

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 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that the centre's governance and management systems ensured that actions identified in Health Information and Quality Authority (HIQA) inspection reports and provider audits were addressed in-line with agreed timeframes.

The inspector did not look at all aspects of this outcome and focused on actions taken by the person in charge to address the findings of the centre's previous inspection. The previous inspection had found that actions highlighted from previous HIQA inspection reports and the provider's own internal audits had not been addressed within agreed timeframes. The inspector reviewed documents such as provider audit reports and examined progress made towards addressing previous inspection report actions and found that actions had been addressed by the person in charge and within agreed timeframes.

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 absence over 28 days.

The person in charge confirmed their understanding of the requirement under regulation to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found that there had been no instances to date of the person in charge being absent over 28 days; however, staff were aware of management arrangements in the event of this occurrence which was further reflected in the centre's statement of purpose.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

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

The inspector found that staffing levels and resources at the centre were sufficient to met residents' needs, and reflected personal plans and risk assessments looked at during the inspection as well as staff knowledge.

In addition, to sufficient staffing levels, the inspector found that a vehicle was available at the centre as well as access to other transportation within the campus to support residents to access local amenities of their choice such as 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 on the day of inspection reflected the centre's roster. Furthermore, formal staff supervision arrangements had commenced at the centre and personnel records contained all information as required under Schedule 2 of the regulations.

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

Following the previous inspection, the inspector found that the person in charge ensured that the centre's roster was kept up-to-date and reflected the staffing on the day of inspection. Furthermore, the person in charge told the inspector that they had commenced personal development plans (PDPs) with staff as part of formal supervision arrangements. The inspector found that staff PDPs were in place and included discussion on roles and responsibilities, training and career development which was further reflected in discussions with staff.

The inspector also reviewed a sample of staff files and found that they contained all information required by Schedule 2 of the regulations apart from a copy of the staff members' vetting disclosure form. Copies of staff members' vetting disclosure forms were made available to the inspector following the completion of the inspection for review.

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 regulation.

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

The provider ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available as well as residents' written agreements and records of food provided to residents, 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:

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Regulation Directorate
Health Information and Quality Authority
