

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Phoenix House
Centre ID:	OSV-0005561
Centre county:	Dublin 3
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Gheel Autism Services Limited
Provider Nominee:	Siobhan Bryan
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
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: 24 November 2016 09:30 To: 24 November 2016 14:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an announced registration inspection following an application to HIQA by Gheel Autism Services to register the centre as a new service for adults with an intellectual disability. The centre was not operational at the time of inspection as it is awaiting registration with the Authority. The provider had submitted an application to register the centre for three residents. However, initially the centre would only support one resident who presently requires individualised supports. In response to this the provider agreed to submit a revised application form and statement of purpose to HIQA reflecting this.

Description of Services:

The intended property is a four bedroom two storey property situated in North Dublin. It is located close to transport links and community facilities.

How we gathered information:

The resident was not present on the day of the inspection. However, the inspector did meet this resident at a previous inspection in another designated centre, where this resident resides. A more individualised support service had been identified as a goal for this resident at this inspection. The inspector was informed that there had been difficulties in progressing this goal due to the poor availability of suitable

properties and that the current placement for this resident was not meeting their needs. The inspector was also informed that the intended transition had been discussed with the resident's representative but had not been discussed with the resident in line with their own assessed needs. However, once the centre was registered, the provider and person in charge intended to plan the transition with the resident. The inspector was shown a template that had been developed to assist the resident with the transition and this is discussed in the report. As part of the inspection the inspector met with the person in charge and the provider nominee. The inspector reviewed the governance structures in place and reviewed other documentation that included policies and procedures, risk management processes, personal plans and inspected the premises.

Overall judgment of our findings

Overall the inspector found that the provider was meeting the requirements of the regulations under 6 of the outcomes inspected against. Substantial non compliances were found in two outcomes under health and safety and workforce.

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):

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

Findings:

The inspector found that from reviewing the documentation that there were arrangements in place to meet the residents assessed needs.

The person in charge was aware of their responsibility to ensure that the assessment of need was updated to reflect residents changing needs, 28 days after admission to the centre if required.

Personal plans were in an accessible format and contained an assessment of need that included records to reflect the resident's potential social care and healthcare needs. Supports would be set out in a daily routine for the resident to ensure consistency and guide practice for staff.

The inspector was informed that an annual review will take place for the resident, which will be attended by the resident, their representative and appropriate allied health professionals.

A template of a transition plan was viewed by the inspector. This had been developed into a user friendly format for residents and included details of what the resident would like to happen and details of a phased transition for the resident in line with their wishes.

Once the transition had been completed, the person in charge intended to review the residents care initially weekly and then as required to review the transition process for the resident.

Day services would be provided from the centre and the resident would be supported to develop their plan to participate in community activities on a daily basis in line with their personal preferences. The inspector also viewed templates of documents that would be incorporated into the residents schedule to teach new skills in order to improve their independent living skills. A review process template was also included in this.

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):

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

Findings:

Overall the inspector found that the layout and design of the centre were suitable for its stated purpose. Some minor improvements were required to the property, however the inspector found that these had already been highlighted by the person in charge and a maintenance list had been drawn up prior to the inspection to address these.

This designated centre was located in North Dublin and is located close to local transport links and community facilities.

The property was partially furnished. Bedrooms had not been furnished as this would be done in line with the residents' preferences and formed part of the transition plan for the resident. In addition two of the bedrooms were being used as office space for staff employed by the service. These staff were due to be relocated to other premises in two weeks. The inspector found that the premises had:

- Adequate private and communal accommodation, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout
- Adequate space and suitable storage facilities for the personal use of the resident
- Adequate ventilation, heating and lighting
- A kitchen/ dining area with suitable space for a large dining table and sufficient cooking facilities and a small seating area.
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of the resident

- Suitable arrangements for the safe disposal of all waste as and where required
- Adequate facilities for residents to launder their own clothes if they so wished
- Suitable outdoor space

The inspector found that the property was generally well maintained and clean.

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):

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

Findings:

Overall the inspector found that the person in charge and the provider had systems in place in order to protect the health and safety of visitors, residents and staff in the centre.

The inspector found that there was adequate means of escape and exits were unobstructed. Adequate fire fighting systems had been installed, including a fire alarm, emergency lighting, fire extinguishers and fire blankets. There were records in place to indicate that the equipment had been serviced appropriately, with the exception of the emergency lighting which had not been serviced within the recommended timeframe. The person in charge agreed to submit records to HIQA confirming that this had been rectified with the action plan.

Measures were in place for the containment of fire, as all doors in the centre were fire doors. However one area required improvement in relation to the location of the dryer in the centre. This was discussed with the provider after the inspection.

The person in charge informed the inspector that residents would have a personal emergency evacuation plan in place. This would be completed once the resident transitioned to reflect the practice. Fire drill templates were viewed, along with fire safety checklists that would be completed by staff.

There was policy in place on risk management in the centre along with a health and safety statement. The inspector was informed that incidents would be recorded on a computer generated form, from which reports would be generated on incident stats in the centre. This would form part of the review process for incidents in order to identify trends and minimise risks in the centre.

A risk register would be maintained in the centre, to include all risks associated with the centre. Individual risk assessments would also be included on residents personal plans.

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):

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

Findings:

Overall the inspector found that there were systems in place to protect the resident suffering abuse or being harmed.

The person in charge was clear about what to do in the event of an allegation of abuse and aware of the procedures to follow. The person in charge was also the designated liaison officer for the service and was knowledgeable of the requirements under the regulations

The inspector was informed that there would be no restrictive practices in the centre. However, there was a policy in place on the use of restrictive practices in the centre in order to guide practice in the centre.

There was policy in place on behaviour support. There was access to a psychologist in the centre. A review of the resident's behaviour support plan would form part of the transition plan for the resident.

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:

The inspector viewed the proposed assessment of need in place for the resident. It included provisions to record assessed needs and templates were available to show how health support plans would be developed in order to guide practice.

Allied health professionals will be available in line with the residents assessed needs. Some of which will be available through the service and some will be available through community facilities. The resident will be facilitated to remain with their current GP or be supported to access a new GP in the area.

The person in charge informed the inspector that menus and food will be agreed with the resident on a daily/ weekly basis. The resident will be supported to buy groceries in line with their personal preferences.

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:

Overall the inspector found that the person in charge intended to have medication management systems in place in the centre.

There was a medication policy available in the centre. The inspector was shown where the medications would be stored in the centre and found that this was in line with best practice.

A copy of the proposed medication administration sheets and prescription sheets were available and the inspector found that appropriate procedures were in place.

The inspector was shown records to support that the person in charge intended to audit

medication practices in the centre. Medication errors would be completed on a computer generated form and reported to a senior manager on duty.

The inspector also viewed a template of the assessment form in place should the resident decide to self administer medication.

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):

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

Findings:

Overall the inspector found that the provider intended to have effective governance and management systems in place to support and promote the safe delivery of care in the centre.

The person in charge is responsible for one other designated centre in this service and in addition to this supports other residents who are supported to live independently in the community. It is intended that the location manager from the other designated centre will be available in this centre in order to support the person in charge and have oversight over the provision of services in the centre.

The person in charge will attend staff meetings monthly. They also intend to visit the centre two to three times a week. In addition to this they will carry out audits in the centre on practices to include medication management and health and safety.

The person in charge will meet with the provider every two weeks and will also facilitate meetings with the location coordinator every month.

The provider has nominated a person who will complete two unannounced quality and safety reviews of the centre yearly.

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):

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

Findings:

The inspector was informed that the provider intended to have adequate staff to support the resident. However, a staff rota had not been completed for the centre as yet. This was to be submitted to HIQA once completed for review.

The inspector was informed that the resident would be supported initially by waking night staff and one staff during the day. It was intended to review this once the resident had transitioned to the centre. Staff employed in the centre will be redeployed from the other designated centre that the person in charge is responsible for and the current centre where the resident resides.

The inspector was informed that no agency staff will be employed in the centre. Gheel services employ a relief panel to cover staff leave or vacancies in order to ensure consistency of care for residents.

The person in charge informed the inspector that they intended to have a schedule in place in order to ensure staff had appropriate supervision in place. This supervision would be facilitated by the location coordinator.

There will be no volunteers employed in the centre.

Staff files were not reviewed as part of this inspection, but will be reviewed at a later date by HIQA.

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:

Anna Doyle
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 Gheel Autism Services Limited
Centre ID:	OSV-0005561
Date of Inspection:	24 November 2016
Date of response:	06 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 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:

The location of the dryer in the centre posed a potential fire risk.

There were no records to indicate that emergency lighting had been appropriately maintained in the centre.

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

1. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

1: The Dryer will be removed from the house altogether – thereby eliminating the potential fire risk.

2: The emergency lighting will be fully serviced by Friday 20th January and we will source the relevant corresponding paperwork.

Proposed Timescale: 20/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no staff rota in place in the centre.

2. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

We will submit a sample staff rota to you by Thursday 12/01/17 as discussed by email.

Proposed Timescale: 12/01/2017