

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Youghal Kilcoran and West Waterford Community Houses
Centre ID:	OSV-0005603
Centre county:	Cork
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Deborah Harrington
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	5

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: 09 May 2017 11:00 To: 09 May 2017 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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This inspection took place following an application by the Health Services Executive (HSE) to open a new house as part of the new centre located in east Cork and to facilitate the transition of a further four residents from the congregated settings of St Raphael's and Oakvale centres. This would increase the number of people living in the centre from 12 to 16.

The previous inspection was of the new designated centre to facilitate the move of 12 residents from St Raphael's Residential Centre and Oakvale Centre. On 6 November 2015, HIQA took the unprecedented step of applying to the district court under Section 59 of the Health Act 2007 for specific restrictive conditions to be placed on the registration of three centres for people with disabilities which were managed by the HSE. The centres were St Raphael's Residential Centre, Oakvale and Youghal Community Hostels, all located on the grounds of St Raphael's Campus in Youghal. As part of the conditions St Raphael's Residential Centre was to close.

Description of the service:

The new house, that was to be part of the centre, was based in a rural location but was very close to local amenities including the beach and a number of towns and villages. The house was a detached house that had been finished to a very high standard and was accessible to everyone. The new house could accommodate a

maximum a four residents. All residents were currently living in a congregated setting on a campus-style service.

The person in charge was suitably qualified and experienced to discharge their role. At present, he had responsibility for one additional designated centre, while the decongregation process was being completed. At an operational level, there had been the recent recruitment of two clinical nurse managers for the centre, with one of these managers having responsibility for this new house in addition to another house.

How we gathered our evidence:

There were no residents currently living in the new house that was proposed to be home to four people. However, the inspector visited two of the three other houses that made up the centre and met with four residents and one family. Residents said to the inspector that they were very happy with their new house with one resident saying "it was great". One family said that they were delighted with the new surroundings and that the residents were now "at the heart of the community".

During the inspection one staff member was onsite, during their time off, to see how a particular resident was getting on in their new surroundings. Other staff spoken with were very positive about the transition for residents from institutional care to the new community setting and gave examples of residents going for meals and other activities in the community. One resident said he really enjoyed "going on the bus to the next town for something to eat".

The inspector also reviewed documentation such as transition planning, policies and procedures.

Overall judgment of findings:

The HSE, as service provider, had appointed a community transition coordinator to support the four residents during the process of moving to this new house.

Overall, the inspector was satisfied that the transition of residents from the campus-style congregated setting to the community based care, had been planned in a respectful manner according to each resident's own wishes.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported in transition between services. Each resident's assessed needs were set out in an individualised personal plan that reflected their needs, interests and capacities.

The HSE, as service provider, had appointed a project manager for the transition of residents to each of the houses in the centre; a community based model of service; from a congregated setting. The project manager was present during the inspection and outlined how residents were facilitated in making the transition to new community options. The project manager also outlined how, as part of the HSE policy on decongregation, that no more than four residents could live in any one house as part of the designated centre.

The HSE had ensured that each individual resident's needs had been assessed to measure the individual's support needs in personal, work-related, healthcare and social activities in order to identify and describe the types and intensity of the supports the individual required. Following the completion of these assessments, the housing needs of each resident had been finalised.

For this new house, the HSE had appointed a community transition coordinator to support the four residents during the process of moving. The transition coordinator was responsible for linking the individual to all necessary services and supports and for ensuring that all services and supports were in place prior to the transition. For each resident, the community transition coordinator had completed a distinctive identity portrait, which was a narrative journey through a person's life. This process also

identified the person's wishes regarding where they want to live and with whom. The transition plan for each resident involved visiting the new house, meeting new housemates, choosing decoration that suited each individual's tastes and inviting current and future staff to visit the house.

There had also been a long consultation period with families including providing families with information packs and an open invitation to visit the new centre.

The inspector was told that the residents in this house would have a vehicle available to them which would enable them to take part in activities in the community.

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 location, design and layout of the centre was suitable for its stated purpose and met residents' needs in a comfortable and homely way.

The new house that was to be part of the centre was based in rural location but was very close to local amenities including the beach and a number of towns and villages. The house was a detached house that had been finished to a very high standard and was accessible to everyone. The new house could accommodate a maximum a four residents. As part of the transition process, an occupational therapist had undertaken an assessment of the premises and ensured that the house was accessible to all. In addition, each of the bedrooms had ceiling track hoists available to assist residents with moving and handling.

There were large open-plan communal spaces available to residents, including a large conservatory that had views over the countryside. Kitchen counters had been specifically adapted so that residents could access the counters easily at mealtimes.

There were large gardens to the rear of the property and these were being completed with fencing to afford more privacy for residents.

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):

No actions were required from the previous inspection.

Findings:

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

The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment had recently been commissioned in each of the three houses including a fire alarm system and an emergency lighting system. Fire certification was available for the equipment in each house.

Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. All of the bedrooms had direct access to the outside space so that residents could evacuate from their bedrooms if required.

Staff outlined that there would be a "regular checking" system in place including, daily checking of the means of escape routes. There was emergency signage identifying escape routes and emergency lighting had recently been installed. The house had fire doors in place throughout to prevent the spread of smoke in the event of a fire. As part of the induction process, all staff were to receive orientation to the building and fire training.

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):

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place and appropriate systems were in place to respond to allegations, disclosures or suspected abuse.

There were policies in place to protect residents from being harmed or suffering abuse. As part of the induction process to this house, all staff were to receive training on the prevention, detection and reporting of abuse. The project manager and the person in charge were aware of their obligations to inform HIQA of any allegation of abuse.

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 were to be supported on an individual basis to achieve and enjoy the best possible health.

The person in charge outlined that residents in this new house would continue to be supported by their current general practitioner (GP). If residents were under the care of consultant specialists, this care would continue, in particular in the areas of neurology and psychiatry.

The person in charge outlined that in line with their needs, residents would have ongoing access to allied healthcare professionals via the HSE. This included speech and language therapy, physiotherapy and occupational therapy.

The person in charge outlined that all meals would be prepared on-site. Staff were to be supported with training on food hygiene, meal preparation and nutrition.

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):

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The management arrangements were effective to ensure that the service being provided to residents was being adequately monitored.

The person in charge was suitably qualified and experienced to discharge their role. He had a dual qualification in general nursing and psychiatric nursing, in addition to a qualification in management. At present, he had responsibility for one additional designated centre, while the decongregation process was being completed. At an operational level, there had been the recent recruitment of two clinical nurse managers for the centre, with one of these managers having responsibility for this new house in addition to another house.

The person in charge reported to the acting director of nursing who had overall responsibility for the management of four designated centres managed by the HSE on the campus. The person in charge reported monthly to a HSE management governance group that was overseen by the HSE disability services manager for the Cork;Kerry region.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose, size and layout of the buildings.

A planned staff rota was made available to the inspector. The staffing levels had been determined in accordance with each individual resident's needs and had been assessed by external facilitators. According to the proposed rota, there would be one nurse and one care assistant available in this house to support residents during the day. In addition, one of the residents had an assessed need for his own staff member from 10:00 to 22:00hrs. In addition, the community transition coordinator was supernumerary to the staffing complement in this house and was also available to support residents during the day. At night, there would also be a nurse and one care assistant providing "awake" support to residents.

The person in charge demonstrated a commitment to the maintenance and development of staff knowledge and competencies. All mandatory training was to be provided to staff including fire safety, crisis prevention and safeguarding. In addition, training was to be provided on moving and handling, supporting residents with epilepsy, supporting residents with eating and drinking and training on driving the van.

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:

Kieran Murphy

