

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Belltree
Centre ID:	OSV-0005635
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Resilience Healthcare Limited
Provider Nominee:	Sinead Butler
Lead inspector:	Carol Maricle
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:	4

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: 08 August 2017 11:40 To: 08 August 2017 17:00

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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to inform a registration decision. The centre was registering as a designated centre for children and adults (mixed) with disabilities.

How we gathered our evidence:

As part of this inspection, the inspector met with the regional manager who was the incoming person in charge and the person representing the provider. There were no residents in the centre as the centre had not yet opened. On the day of the inspection, a staff team had not yet been fully recruited to work at the centre. The inspector reviewed the proposed arrangements in place in areas such as health and safety, personal plans, medicines management, governance and management.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service matched what was described in that document. The centre was a newly renovated five-bedroomed house and it would provide planned residential service to four residents at any one time. The age range of the residents was set out in the

statement of purpose and would be from 17 years to 65 years however the person representing the provider set out in writing how the age range of the residents would be compatible.

Each resident would have their own bedroom (two of four bedrooms had en-suite facilities). The fifth bedroom would be used as an office. The residents would have the use of a sitting-room, a sun-room and a separate kitchen with dining facilities. The centre was based in a suburban area and the residents would have transport available to them to bring them to their place of employment, training or recreational activities. The centre had a garden to the rear.

Overall findings:

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met and that adequate governance arrangements were in place. There were sufficient arrangements in place to ensure that the person in charge was suitably supported to manage this centre.

There were no areas for improvement identified.

Following this registration inspection, a follow up inspection will be scheduled which will give the inspector the opportunity to meet with the residents at the centre and the staff team.

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 wellbeing and welfare of the residents living at this centre would be maintained by an appropriate standard of care and support. The arrangements to meet their needs would be set out in a comprehensive assessment of need followed by a personal plan which would be regularly reviewed in a multidisciplinary manner. There were systems in place to support residents in their admission and discharge from this centre.

There were systems in place to ensure that a comprehensive assessment would be completed prior to and following the resident's admission to the centre. Reference to the pre-admission assessment process was set out in the statement of purpose and this helped determine the suitability of the resident to live at the centre. Should a resident be determined as suitable, then a formal assessment of need would then commence prior to and following their admission. This information would then be used to help populate the personal plan and to identify the supports required. A referrals committee was in place within the organisation.

The arrangements in place for personal planning were comprehensive. A personal planning document would be completed for all residents. This plan would be based on the assessment of need and would set out a range of information about the resident such as their learning, where and how they wanted to live, their friends, their health.

The regional manager confirmed to the inspector that keyworkers would be appointed and would have day-to-day responsibilities to ensure personal plans were kept up-to-date. The resident's personal folder would also house other information such as; individualised risk assessments, keyworker reports, information on their rights and

healthcare plans. The resident would also have, where needed, individual support plans on areas such as their behaviour, their mobility and their safety.

There was a clear system for the recording of goals and the achievement of same. The keyworker assigned to the resident would have responsibilities in this regard to help set goals with the resident and track their progress over time.

The personal plan would be reviewed annually, or as and when needed, by a team of people; the resident, the multidisciplinary team, care staff and the representatives of the resident.

There were policies in place to guide the person in charge and the staff team on admissions and discharges. Given the broad range of age that this centre would cater for the person representing the provider confirmed in writing to HIQA the arrangements regarding compatibility of ages at the centre.

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:

The design and layout of the centre was suitable for its stated purpose.

The design of the centre was in line with the statement and purpose. The centre was suitably decorated and well-maintained. Rooms were of a suitable size and there was enough private space for the residents to avail of when they wanted to be alone. The premises had suitable light, heating and ventilation and was free from any major dangers which could cause injury. The interior of the centre was very homely and decorated to a high standard. The fixtures and fittings of the house were also of a high standard. The colours of the rooms were carefully chosen and were in neutral tones. Appropriate storage facilities were provided.

Two of the residents would have access to en-suite facilities, however one of these en-suites would also be accessed by visitors as a communal bathroom. The regional manager confirmed that appropriate arrangements would be made to ensure the privacy

of the resident in this regard.

There was a rear garden available for residents and a driveway to the front of the house.

The entrance to the property led directly to a road that ran through the housing estate, however there was no barrier, such as a fence, between the house and the road. The person in charge informed the inspector that risk assessments would be completed on the impact (if any) that this may have on future residents should they wish to leave the house and walk alone outside.

There was no specialist assistive equipment in use at the centre at the time of this inspection that required maintenance and testing.

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:

The health and safety of the residents, visitors and staff would be promoted and protected through appropriate systems.

There were systems in place for risk management. The risk management documents met regulatory requirements as they included the risks set out by the regulations. There was an organisational health and safety statement and this was complemented by a centre-specific risk register. The hazards placed on this risk register were risk assessed and had controls assigned to them to reduce the impact. There were systems in place to escalate hazards depending on their scoring. The regional manager informed the inspector that the personal file of the resident would also contain risk assessments that were specific to them.

On the day of the inspection, the regional manager added two hazards to the centre risk register; the height from the upstairs landing to the ground floor and the proximity of the front of the house to a busy estate road.

An evacuation plan was in place for different types of emergencies such as loss of power and or fire.

There were computerised recording systems in place for staff to document all incidents, accidents and near misses at the centre which would then be reviewed by the person in charge and, or other persons involved in the management of the centre. These computerised systems allowed for real time access by the management team.

There was a system in place for the logging of maintenance issues. A team of maintenance personnel would be made available to the staff team.

The systems in place regarding fire precautions were satisfactory. Fire safety training was considered a mandatory training for staff and the regional manager confirmed to the inspector that all incoming staff would be trained in this area. Fire exits were kept clear on the day of the inspection. A suite of paperwork was developed by the provider to ensure that the centre operated safely. A fire register was in place. Personal emergency egress forms would be completed for the residents. Fire drills would be conducted by staff at regular intervals and records would be kept of each drill. Staff would conduct daily checklists on aspects of fire safety arrangements. There was a new fire alarm system installed at the centre, emergency lighting was in place and extinguishers available for staff to use. The person in charge was aware of the need for the on-going servicing of these systems by an external contractor. There were evacuation procedure notices displayed around the centre for residents, staff and visitors to see. The regional manager at the time of this inspection was determining the most suitable assembly point given the close proximity of the front of the house to a road running through the estate.

There were adequate systems in place for hygiene and infection control. Posters were located in the bathrooms encouraging hand hygiene. The centre had paper towels and soap dispensers. A cleaning procedure and cleaning rota would be put in place. There were systems in place for the colour-coding of mopping equipment. Colour-coded chopping boards were available and ready for use in the kitchen.

A vehicle would be available at the centre to transport the residents. On the day of this inspection, this vehicle was not yet leased and the regional manager told the inspector that this would be in place prior to the admission of residents to the centre.

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):

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

Findings:

Measures were in place to safeguard residents and protect them from abuse. The systems in place for the management of child protection and adult safeguarding concerns were appropriate. There would be oversight of any restrictive practices in place, in line with organisational policy.

There were appropriate policies in place for the prevention, detection and response to abuse and staff would have access to two policies, one that pertained to child protection matters and the second that referenced the protection of vulnerable adults. This was significant in the event that a child aged 17 years resided at the centre.

The regional manager confirmed that all staff due to commence at the centre would be trained in both child protection and the safeguarding of vulnerable adults and that this was considered a mandatory training for all staff, including relief staff.

The regional manager had a very good knowledge of the guidance regarding child protection concerns and the processes to be followed in line with Children First: National Guidance for the Protection and Welfare of Children (2011). He was also aware of and had appropriate knowledge regarding adult safeguarding matters.

There was a designated liaison person in the organisation appointed to deal with child protection concerns and a second member of staff appointed to deal with adult safeguarding concerns.

There were procedures and policies in place to guide staff in attending to the intimate care needs of children and adults.

All visitors to the centre were required to sign in, as evidenced on the day of the inspection.

There were appropriate systems in place to address behaviours that required a response from staff. There was a policy that guided staff in this regard and a separate policy on the use of restrictive practices. The staff team would be trained in the management of actual and potential aggression and would be required to complete refresher training in this area. The staff team would be able to refer residents to an in-house behavioural support team where required.

The use of restrictive procedures would be monitored by the person in charge and the provider to ensure that the use of these practices was in line with organisational policy. At the time of this inspection there were plans to lock away dangerous chemicals and the windows in the upstairs bedroom had restrictors due to their height. The regional manager was giving consideration to the locking or unlocking of the front door as the centre led directly to a road.

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):

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

Findings:

A recording system for incidents that occurred in the centre was in place and the regional manager was knowledgeable of the events that required notification to HIQA.

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:

There were systems in place to ensure that the healthcare needs of the residents would be promoted and addressed by staff.

There was a comprehensive section in the personal folder of the residents dedicated to healthcare matters. The healthcare needs of the residents would be assessed prior to and following their admission. Copies of all relevant reports and assessments from health professionals would be sought and placed on file. This information would then be used by staff as part of the assessment of need and when populating the personal plan. Where healthcare issues were identified, a healthcare plan would then be devised. The regional manager was aware of the need for specific plans and protocols for healthcare issues such as epilepsy and asthma. He confirmed that staff would receive the appropriate training in order to support the resident in relation to their healthcare needs.

The residents would have an annual medical check up by a general practitioner. They would have access to a team of multidisciplinary professionals either through the provider and or by referral to primary healthcare services. The inspector was informed that staff would complete records of the resident's attendance at medical appointments and dental appointments and would be responsible for taking notes of all appointments and decisions made.

As there were no residents living at the centre, the centre did not have all of the food that would generally be expected in a centre. The person in charge told the inspector that menu planning would be done on an individualised basis, catering for any diet or nutritional needs. He stated that the advice of dieticians and other specialists would be implemented in accordance with the resident's personal plan.

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:

Systems were in place to ensure safe management of residents' medicines.

The organisation maintained a policy on the ordering, prescribing, storing and administration of medication. The regional manager told the inspector that all staff would be involved in the administration of medicines and thus they would be expected to complete mandatory training in this area upon their recruitment. Separate training would be provided on the administration of rescue medicines.

Medicines would be stored safely in a locked press in the staff office. This safe was not yet on site at the centre, however, the regional manager showed evidence to the inspector of the purchase order for same. The regional manager was aware of the need for a separate safe for the storage of drugs that required stricter controls should they be received at the centre. The capacity of residents to self-administer medicines would be assessed as part of their overall assessment prior to and during their admission. The person in charge told the inspector that individualised medication plans would be developed for the residents where required.

As the centre had not yet opened, there were no current medicine prescription or

administration records for the inspector to review. The regional manager was aware that the administration and prescription charts were required to record relevant information pertaining to the individual, such as their names, date of birth, name of medicine, dose and route.

There were processes in place for the identification and recording of medicine errors and or near misses and these would be recorded and processed accordingly on the computerised systems maintained by the organisation.

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):

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

Findings:

The written statement of purpose met the requirements of the regulations.

The statement of purpose outlined that the centre would provide planned residential care for four residents that were diagnosed with an intellectual disability and or autism.

The document set out the care needs of the residents that it catered for, the facilities and services available and contained all of the information required by the regulations.

The statement was version controlled and would be reviewed annually or more often as required.

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Management systems were in place to support the delivery of safe, quality care services. There was a clearly defined management structure. The centre would be managed by a suitably qualified, skilled and experienced person.

A clear management system was in place at the centre. Staff would report to the shift leader and or team leader and all staff would report to the person in charge. The person in charge was accountable to the regional manager, who, at time of this inspection, was the incoming person in charge. The regional manager reported to a national operations manager (person representing the provider). This post holder then reported to the managing director of the organisation. The management organogram was clearly outlined in the statement of purpose.

There was an appropriate system in place for the annual review of the centre. The regional manager confirmed that he was aware of the regulatory requirements for the centre to receive two six monthly unannounced inspections by the provider and an annual review. He confirmed that residents would be asked their feedback on the service. There were computerised systems in place to track actions arising from the unannounced inspections and any other significant audits that took place at the centre.

Auditing systems separate to the six-monthly unannounced inspection were also in place at the centre. The regional manager showed the inspector some examples of the in-house auditing systems such as medicines management and personal finances.

The regional manager was suitably qualified and experienced to work as a person in charge. He demonstrated a very good knowledge of the regulations and standards. He was committed to his own professional development, as evidenced by his current completion of an accredited course. He was already appointed as regional manager for the area and he would be expected to act as person in charge of this centre, however, he would be supernumerary to the roster. He stated that he was confident that he could manage the roles as there would be a team leader appointed who would be involved in the day-to-day management of the centre.

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:

There were plans in place for an appropriate staff team to work at the centre who would have the relevant skill mix to meet the needs of the residents. The residents would receive continuity of care from a core staff team. Training and development systems were in place at an organisational level. There were appropriate systems in place for the supervision of staff.

There would be appropriate staff numbers and a skill mix to meet the needs of the residents. As the centre was not yet operational, the staff team were not yet in place. The regional manager confirmed that there would be a core team of qualified care workers in place that would report to the team leader and the person in charge. Some of the care staff would be assigned keyworker responsibilities. A small team of relief staff would also be rostered accordingly. A shift leader would be appointed each day to take the lead on the running of the centre.

The inspector spoke with the regional manager about rostering arrangements; he described his ability to plan and roster adequate staff to meet the needs of the residents. He showed the inspector sample rosters and told the inspector he would use relief staff only when needed and these staff would be sourced through a recruitment agency.

A comprehensive system of continuing professional development was in place at an organisational level. There was a programme of mandatory training in place along with refresher training. The new staff team would complete training in areas such as medicines management, fire safety, manual handling and the management of actual and potential aggression. Staff would also have access to non-mandatory training such as communication systems.

There were sufficient arrangements in place to ensure that staff would exercise personal and professional responsibilities. The regional manager along with the team leader would provide professional supervision to all staff as per the frequency set out in the supervision policy; this was in addition to their day-to-day supervision of staff. Regular staff team meetings would take place.

A performance management development system was also in place within the organisation.

Personnel files will be reviewed at the follow up inspection when a staff team is in place.

There were no plans for volunteers to work at the centre.

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