

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moy Service
Centre ID:	OSV-0005637
Centre county:	Mayo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Suzanne Keenan
Lead inspector:	Ivan Cormican
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:	3

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: 26 October 2017 10:00 To: 26 October 2017 15:30

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

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 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 inspection:

This was a new designated centre which was not previously registered or inspected by the Health Information and Quality Authority (HIQA). This inspection was carried out to monitor compliance with the regulations and to inform a registration decision. The provider had applied to register this centre to support three residents who currently live in a congregated setting, to move to community.

How we gathered our evidence:

As part of the inspection, the inspector met with the three residents who were identified to transition from a congregated setting to the community. The inspector met with the residents as a group and residents reiterated their wish to move to the community. Residents appeared relaxed in their proposed home and spoke to the inspector at length of how they were involved in the decision making process. The inspector also met with the person in charge, the nurse manager, the transition coordinator and a staff nurse who currently works with the residents and is also part of the proposed staff team. The inspector visited the proposed designated centre and reviewed documentation such as assessments of need, transition plans, health and safety documentation, resident's personal plans, resident questionnaires, relative questionnaires and staff files.

Description of the service:

The provider had produced a document called the statement of purpose that explains the service they provide. This service proposed to provide a residential service for three residents. The proposed centre was a large sized, detached two-storey house which was located in a housing estate. The estate was within walking distance of a large town, where public transport such as trains, buses and taxis were available. The centre had two reception rooms, a large sized kitchen and dining room, four large en-suite bedrooms and one main bathroom.

Overall judgment of our findings:

The inspector found that overall the proposed centre would meet the assessed needs of the proposed residents identified for admission. Areas of compliance with the regulations were observed in outcomes such as admissions, social care needs, premises, health and safety, safeguarding, medications, governance and management and workforce. However, some improvements were required in regards to healthcare and to the centre's statement of purpose.

The reasons for these findings are explained 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 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):

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

Findings:

On the day of inspection, the proposed designated centre had an admissions policy and procedures in place.

The provider had a proposed written agreement which stated the services to be provided, the fees to be charged and any additional charges the resident may incur. The residents and their representatives had signed this written agreement; however, the person representing the organisation had not yet signed these written agreements. The person in charge stated that the provider representative would sign all written agreements prior to the residents' admission to the service.

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):

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

Findings:

The inspector found that social care needs of residents would be promoted in the proposed designated centre.

The provider had completed an assessment of need for each resident which examined their health, social and personal needs. This assessment had been completed by appropriate healthcare professionals and outlined the supports that each resident would require to live in the community.

A transition plan had also been implemented with the involvement of each resident, their family and staff from the proposed designated centre. Each plan examined areas such as the resident's past history, family and friends, social roles, meaningful day and their preferred living arrangements. The inspector spoke to each resident who stated their involvement in choosing their new home and the furniture for each of their bedrooms. There was also pictorial evidence of their involvement and residents stated that they would have a key for their front door and individual bedrooms.

The person in charge had completed some aspects of resident's personal plans which were available for review. These plans were currently under review and the person in charge stated that they would be completed within 28 days of each resident's admission to the centre. The person in charge also stated that plans would be made available to residents in an accessible format where required.

Residents would also be supported to identify and achieve their chosen goals through an individual planning process which would commence following their admission to 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:

On the day of inspection, the inspector found that the premises would meet the

assessed needs of the proposed residents.

The centre had four large ensuite bedrooms and each resident was supported to choose their own room. The centre was recently decorated and some residents' photographs were on display. The centre had a medium sized enclosed garden and some equipment was in place to facilitate one resident who had a pet.

The centre was warm, had adequate ventilation, lighting and space for residents to have visitors. The centre also had a suitable amount of bathrooms and a medium sized kitchen and dining room which was appropriately equipped.

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:

On the day of inspection, the inspector found that the proposed designated centre promoted the health and safety of residents, visitors and staff.

The centre had a fire alarm, smoke detectors, heat detectors, emergency lighting and fire doors in place. The person in charge stated that a personal emergency evacuation plan (PEEP) would be developed for each resident, following their admission to the centre. The person in charge also proposed to display general evacuation procedures to advise staff on what to do in the event of an evacuation.

The centre had procedures in place to monitor fire precautions within the centre. The person in charge stated that staff would conduct regular checks of the fire panel, exits, emergency lighting, extinguishers and smoke detectors. Fire drills were planned to occur at regular intervals following the admission of residents to the centre.

The centre had a risk management policy in place. The person in charge maintained a risk register and had completed risk assessments for the proposed resident. Each risk assessment was risk rated and included a comprehensive list of control measures to mitigate the identified risk. The centre also had systems in place for the monitoring and response to adverse events.

The provider proposed to have a cleaning schedule and colour coded mops to guide staff in regards to their usage.

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:
On the day of inspection, the inspector found that the proposed designated centre had systems in place to protect residents from potential abuse. These included policies on safeguarding, the provision of behavioural support and the use of restrictive practices.

The provider had a reporting procedure and designated officer in place to manage any allegations of abuse. The provider also had information available on identifying and reporting of abuse, including details of the person designated to manage allegations of abuse.

The person in charge stated that two residents had a safeguarding plan in place in their current home; however, these plans would not be required following their admission to the centre. The person in charge had minutes of a meeting attended by the centre's designated officer which also stated that safeguarding plans would not be required in the proposed centre.

The person in charge also stated that there would be no restrictive practices in the proposed centre and that behavioural support plans currently in place would no longer be required.

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:

On the day of inspection, the inspector found that the best possible health of residents would be promoted in the proposed designated centre. However, some improvements were required in regards to one resident's healthcare plan.

Each resident was supported to identify their general practitioner of choice, which they would attend to at least annually. Each resident's personal plan contained a detailed medical history and an associated healthcare plan for each identified need.

During the inspection, the inspector observed that one resident needed support to manage their diabetes. Staff were required to monitor this resident's blood sugar levels on a daily basis; however, there was no guidance in place to inform staff of the actions to be taken in the event of the resident presenting with high or low blood sugar levels.

The person in charge indicated that residents' weight would be monitored where required and home cooked meals would be prepared in the designated centre. Residents would also be supported, if required, to attend allied health professionals such as physiotherapy, occupational health therapy, speech and language therapy and dieticians.

Judgment:

Substantially 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:

On the day of inspection, the proposed centre had policies and procedures in place for the safe administration of medications.

Residents were facilitated to use their pharmacy of choice and the person in charge

stated that they would be assessed to self-medicate following their admission to the centre.

Proposed prescription sheets contained appropriate information for the safe administration of medications and a medication administration recording system was in place. The person in charge also stated that as required protocols would be implemented to support staff in administering as required medications.

The centre did not have any medications in place on the day of inspection; however, the person in charge stated that appropriate storage facilities for medications would be in place in each resident's bedroom, prior to their admission to the centre.

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:

On the day of inspection, the provider had produced a statement of purpose for the intended designated centre. The inspector found that this document did not contain all the relevant information as detailed in Schedule 1 of the regulations such as the specific care needs that the centre is intended to meet, any separate facilities for day care and the fire precautions which are in place in the proposed centre.

Judgment:

Substantially 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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: On the day of inspection, the provider had proposed to implement effective governance and management systems within the designated centre.</p> <p>The inspector found that the person in charge had a management qualification and was suitably experienced to manage the designated centre. The person in charge also demonstrated a good knowledge and understanding of the regulations and required notifications, which were to be submitted to the Health Information and Quality Authority (HIQA).</p> <p>The person in charge was in a full-time role and would be present in the centre five days per week. The person in charge was also supported by one additional person participating in management, who would be present in the centre one day per week.</p> <p>The person in charge stated that the centre would have management systems in place to provide appropriate care and support to the residents. The person in charge stated that they would be carrying out regular audits of medications, residents finances, complaints, fire precautions and health and safety within the service.</p> <p>The person in charge stated that the organisation would conduct six monthly audits of the care and support offered in the centre and that an annual review of the service provided, would be completed as required, following a consultation process with the residents and their representatives.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p>

Findings:

On the day of inspection, the inspector found that the proposed staffing arrangements would meet the assessed needs of residents.

The provider had a proposed rota in place, which demonstrated that a number of staff who currently support the residents in another designated centre would be transferring to the residents' new home. The inspector also reviewed a sample of staff files and found they contained all the requirements of Schedule 2 of the regulations.

The staff training matrix indicated that staff were up-to-date with training needs and had received training in fire safety, manual handling, supporting residents with behaviour that challenges, the safe administration of medications and safeguarding. All staff were also scheduled to complete dysphagia training in the days subsequent to the inspection.

The person in charge proposed that staff would receive regular support and supervision and a schedule of staff meetings would be in place. There were no volunteers identified for this service on the day of inspection.

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:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005637
Date of Inspection:	26 October 2017
Date of response:	15 November 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 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that guidance was in place to inform staff of the actions to be taken in the event of residents presenting with high or low blood sugar levels.

1. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

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

A detailed guidance document will be drawn up in consultation with G.P and staff nurse to inform staff of actions to be taken should the resident present with high or low blood sugar.

Proposed Timescale: 17/11/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to produce a statement of purpose which contained all the requirements of Schedule 1 of the regulations.

2. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose has been amended to contain all of the requirements of Schedule 1 of the regulations.

Proposed Timescale: 09/11/2017