

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Fernhill Respite House
Centre ID:	OSV-0003338
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Anita Gallagher
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 October 2017 09:15	10 October 2017 18:15
11 October 2017 09:00	11 October 2017 14:40

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out to monitor compliance with the regulations and standards and to inform a registration decision.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided a full-time three night/four day a week respite service to adults with disabilities.

How we gathered our evidence:

During the inspection, the inspector spoke with three residents in a group setting about the quality of care and support they received when at the centre. In addition, the inspector interviewed the provider's representative and person in charge. The inspector also met and spoke with three of the centre's staff team including the respite house manager. The inspector observed practices and reviewed documents such as personal care plans, risk assessments, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of a four-bedded bungalow located in a housing estate in a local town close to local amenities.

Overall Findings:

The inspector found that residents were supported in-line with their assessed needs as described in their personal plans. Residents told the inspector that they enjoyed coming to the centre for their 'respite holiday' and were supported to do activities of their choice and relax. Residents told the inspector that staff were always available to meet their needs and the centre was unique and 'like a home away from home'. The inspector observed that residents were happy and relaxed and supported to do their chosen activities throughout the inspection. The centre was well-maintained and its design met the assessed needs of adults who accessed the service.

The inspector found that staffing arrangements reflected the range of needs of residents who accessed the centre. Staff at the centre were suitably qualified and knowledgeable on resident's assessed needs. The inspector interviewed the person in charge, who was both suitably qualified and knowledgeable on residents' needs and their roles and responsibilities under the regulations.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in 10 outcomes inspected. However, major non-compliance was found in relation to staff records. Moderate non-compliance was found in three outcomes which related to residents' written agreements, personal plans, and medication administration. Substantial compliance was found four outcomes which related to the provider's policies, records of food provided at the centre and resident access to the internet.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that residents were aware of their right to make a complaint and involved in deciding activities while they were at the centre. However, actions from the previous inspection which related to the provider's complaint policy had not been addressed.

The provider's complaints policy was prominently displayed along with an accessible version for residents. Information about the provider's complaints officer; which included their photograph and contact details, was also displayed in the communal sitting room. Residents were aware of the centre's complaints officer and were able to tell the inspector what they would do if they were unhappy with the service provided. Residents told the inspector that they had no complaints and were happy with the service provided.

The person in charge maintained a record of all complaints received which included actions taken, the complaints' current status and the complainants' satisfaction with the outcome.

The previous inspection had found that the provider's complaints policy required revision in relation to complaints management arrangements and information on the provider's appeals process. The inspector found that although the policy had been reviewed and updated, it still did not clearly identify a nominated complaints person to ensure that complaints were responded to appropriately and records maintained separate to the centre's complaints officer. Furthermore, the policy did not describe the appeals process

available to a complainant if they were unsatisfied with the outcome of their complaint.

Information on advocacy services was available on a communal notice board and information packs for residents were provided in each of their bedrooms. These included copies of the centre's statement of purpose and the provider's complaints policy.

The inspector observed residents deciding activities they wished to do each day with staff, which was further reflected in the centre's activity diary which recorded each resident's chosen activities for the day and whether it was achieved or not. In addition, residents were made aware of their rights while at the centre through 'orientation meetings' at the start of their stay which went through the centre's practices and procedures such as fire safety arrangements.

The provider had an up-to-date policy on the management of residents' finances; however, staff told the inspector that residents managed their own finances while at the centre. Residents told the inspector that they had a lockable cabinet in their bedrooms for the safe keeping of money and valuables.

Throughout the inspection, staff supported residents in a dignified and respectful manner in-line with their assessed needs. Residents told the inspector that they enjoyed coming to stay at the centre and were supported well by staff.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents were supported to communicate their needs.

Residents' personal plans included an assessment of their communication needs and included any communication aids required such as 'picture exchange communication systems' (PECS) and text-to-speech devices. The inspector found that staff knowledge reflected residents' communication needs, as described in their personal plans.

The centre provided easy-to-read versions of the provider's complaints and safeguarding policies as well as the statement of purpose and information on how to access advocacy

services.

Residents were provided with information on local restaurants, facilities and activities which was used to inform decisions on activities undertaken during their stay at the centre.

Residents had access to a television in both the communal sitting room and their bedrooms. The previous inspection found that internet access was not provided to residents while at the centre. The inspector found that although the person in charge had tried to address this, access was still not available on the day of inspection.

Judgment:

Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain personal relationships and engage in activities in the local community.

The provider had an up-to-date visitor's policy. There were no restrictions on visitors to the centre and facilities were provided for residents to meet their family and friends in private.

Staff told the inspector that regular communication occurred between residents and their families, which related to updates on residents' assessed needs and future planned admissions. This communication was reflected in records examined and discussions with residents.

Records also showed that the compatibility of residents was assessed and reviewed by the respite house manager as part of the allocation of respite provision. Residents told the inspector that they enjoyed coming to the respite centre for a holiday and they got to do the activities they enjoyed such as going to bingo, listening to music in local public houses, visiting places of interest and having meals.

Judgment:

Compliant

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Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had an up-to-date admissions and discharge policy; however, not all residents had written agreements in place. Where these were in place the inspector found that some had not been signed by the provider.

The centre had an up-to-date admissions policy which was reflected in the statement of purpose and was in-line with residents' experience of accessing the centre and reflected staff knowledge.

Residents' written agreements provided information on charges and additional costs while at the respite centre, as well as information on services and facilities provided. However, copies of written agreements were not in place for all residents sampled by the inspector. Where written agreements were in place, the inspector found that they had been signed by residents; however, not all agreements at the centre were signed by the provider.

Judgment:
Non Compliant - Moderate

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:

The inspector found that residents were supported in-line with their assessed needs, although personal plans were not reviewed annually to assess their effectiveness and were not available in an accessible format to residents.

The inspector reviewed a sample of residents' personal plans which included information on residents' needs in areas such as communication, personal care needs, dietary requirements, behaviour that challenges and social activities and hobbies., The inspector found that personal plans were updated prior to each admission to the centre and reflected staff knowledge. Residents told the inspector that they were contacted by the respite house manger prior to each admission and asked about any changes to their health and medication, which was reflected in personal plans and other documents examined during the inspection.

However, although up-to-date, the inspector found that residents' personal plans were not subject to an annual review to assess their effectiveness in meeting the resident's needs. Furthermore, the inspector found that personal plans were not available to residents in an accessible format.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found that the centre was well-maintained and met residents' assessed needs.

The centre comprised of a four-bedded bungalow located in a housing estate in a town. The house had three bedrooms for residents use, which were of a suitable size and layout to meet their needs. The inspector observed that due to the nature of the centre, bedrooms were not personalised. However, staff told the inspector that there were no restrictions on residents bring personal items during their stay so that they felt more at home, which was reflected in discussions with residents.

The previous inspection had found that some of the bedrooms did not have suitable storage facilities. The inspector found that following the previous inspection each bedroom now had a wardrobe for the storage of clothing and personal items.

Two of the bedrooms had over head hoists installed, with one of the bedrooms having an en-suite shower facility, which could be access using the hoist facility if required. A communal bathroom with walk-in shower facilities was provided to residents without en-suite bedroom facilities.

The previous inspection had found that grab rails had not been installed in all bathrooms, even though this had been requested by residents. During this inspection, the inspector found that grab rails had now been installed in the centre's bathrooms.

The bungalow had two communal sitting rooms, with one room being used for relaxation and quiet activities. The other sitting room was part of a larger room which contained the centre's kitchen and dining area. The centre's kitchen was suitably adapted and met the needs of wheelchair users through the inclusion of accessible cooking and hand washing facilities. Off the kitchen area was a separate utility room with a washing machine and tumble dryer, which was available to residents if they wished to do laundry while at the centre.

Residents had access to a paved patio area to the rear of the centre which also provided facilities for smokers.

The inspector found that the centre was in a good state of repair, well decorated and homely in nature, with residents commenting that it was a lovely place to visit and like a 'home away from home'.

The centre was located in a housing estate on the outskirts of a town and to ensure that residents had access to local amenities and facilities of their choice, two adapted vehicles were provided at the centre.

Suitable arrangements were in place for the safe disposal of general and clinical waste.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The centre's risk management arrangements ensured that residents were kept safe.

The previous inspection had found that the provider's risk management policy did not include guidance on arrangements for the identification, recording, investigation and learning from serious incidents. The inspector reviewed the provider's policy and found that it had been updated to incorporate the previous inspection's findings. The inspector also reviewed the centre's safety statement which was up-to-date and provided guidance on the management of risks such as infection control and manual handling practices. The safety statement also included actions to be taken in the event of emergencies such as a fire and loss of power or water. The inspector spoke with staff about risks at the centre as described in the safety statement and found that their knowledge reflected the actions recommended in the document.

The inspector found that risk assessments which related to the premise, centre practices and residents needs were up-to-date, regularly reviewed and reflected staff understanding.

The person in charge maintained a record of accidents and incidents which occurred at the centre. Team meeting minutes showed that learning from these incidents were discussed with staff and, where appropriate, resident's personal plans were amended.

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre. In addition, hand sanitisers were available along with segregated waste disposal facilities. Training records showed that all staff had completed either up-to-date hand hygiene or infection control training.

The centre's fire evacuation plans was prominently displayed and reflected both resident and staff knowledge. Furthermore, 'orientation meetings' records showed that the centre's fire safety arrangements were discussed with residents on each admission. The previous inspection had found that documentation lacked clarity on residents' evacuation requirements in the event of a fire. The inspector reviewed residents' personal emergency evacuation plans (PEEPs) and found that they were up-to-date and clearly identified the support required by residents to evacuate the premise, and reflected staff knowledge. Records and discussions with staff confirmed that training had occurred on evacuation methods such as the use of a 'Ski Mat'. All staff had completed up-to-date fire training which included onsite training.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire safety equipment was regularly serviced by an external contractor. Following the previous inspection's findings, records showed that weekly internal checks on fire equipment were being completed by staff to ensure it was in good working order.

The previous inspection had found that fire drills did not accurately record when they were completed and if a simulated fire drill, under minimal staffing conditions, had been completed. The inspector reviewed fire records and found that drills had regularly occurred at the centre and these arrangements had been tested using minimal staffing

arrangements. Fire drill records further indicated the date and time they were conducted, the names of staff and residents who participated and the time taken to leave the premise. Records showed that all staff had been involved in a fire drill at 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):

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

Findings:

Residents were protected from harm and supported with the management of behaviour that challenges.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Records showed that the centre did not currently, or had in the past, have residents with safeguarding issues while at the centre. However, training records showed that all staff had received up-to-date training on 'safeguarding of vulnerable adults'. Staff spoke to the inspector about what might constitute abuse and the actions they would take if suspected, which were in-line with the provider's policy.

Information on the provider's 'safeguarding of vulnerable adults' policy and designated safeguarding officer was prominently displayed on the communal notice board and reflected staff knowledge.

Restrictive practices such as the locking of the centre's cleaning materials cupboard were risk assessed and included a clear rationale for their use and were subject to regular review. The previous inspection had found that assessments on the use of bed rails for residents when at the centre had not been subject to annual review. The inspector reviewed bed rail assessments and found that were now subject to review by a suitably qualified professional and had been updated.

The previous inspection had found that written behaviour support plans had not been developed to guide staff on supports to be provided to residents with behaviour that

challenges. The inspector found that behaviour support plans were in place following the last inspection and were up-to-date, regularly reviewed and developed by a named senior psychologist.

Behaviour support plans included a description of the behaviour that challenges as well as both proactive and reactive support strategies to be used which reflected staff knowledge. The inspector reviewed training records maintained by the person in charge and found that all staff had completed up-to-date positive behaviour management training. Furthermore, staff told the inspector that the senior psychologist would also meet with them to discuss residents' behaviour, as and when required, which was again reflected in records examined during the inspection.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that all required statutory notifications had been submitted to the Health Information and Quality Authority (HIQA) by the person in charge.

A record of all notifications submitted to HIQA under the requirements of Schedule 4 of the regulations were maintained by the person in charge. The inspector reviewed accident and incident records at the centre and found that where a statutory notification was required, it had been completed and submitted to HIQA in accordance with regulatory timeframes.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' were supported to participate in activities which reflected their needs and choices.

Records showed that residents who accessed the centre accessed both education and training opportunities, which was reflected in staff knowledge. However, residents told the inspector that they came to the centre for a holiday and did not attend either education or training activities during their stay. Staff told the inspector that if residents did require support to attend educational course or training this would be facilitated, but did not occur due to the respite nature of the service.

Residents told the inspector that during their stay at the centre they were supported to access a range of activities of their choice such as doing personal shopping, visiting places of interests and having meals in local restaurants which was reflected in records examined and discussions with staff.

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):

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

Findings:

The inspector found that residents were supported to manage their own health.

Residents' personal plans included an assessment of their current healthcare and medication needs. Records and discussions with staff showed that residents' needs were updated prior to each admission to the centre. Staff were knowledgeable on residents' health care needs and daily records showed that support was provided in-line with their assessed needs and the recommendations of allied healthcare professionals. Due to the nature of support provided to residents at centre, staff only supported residents to go to medical appointments. Staff were not present during the appointments with allied healthcare professionals, which was reiterated by residents spoken to during the

inspection.

Residents told the inspector that they were only provided breakfast during their stay, with lunch being sourced themselves either from a local deli or café. However, residents told the inspector that the provider subsidised an evening meal which they choose to have at a variety of local restaurants during their stay. Residents told the inspector that they could cook while at the centre; however, as they were on holiday they chose not to.

Staff told the inspector that residents were supported to cook at the centre if they wished too and that some residents brought their own food in with them during their stay. Snacks and refreshments were available at the centre throughout the day and accessed by residents when they chose.

Residents told the inspector that they did have the opportunity to eat a range of healthy and nutritious meals, which reflected their personal tastes and preferences; however, records of food provided at the centre were not maintained.

The previous inspection had found that a dietary assessment for a resident had not been subject to an annual review. The inspector reviewed the residents' care plans and dietary assessments and found that they had subsequently been reviewed.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that residents were supported with their medication by suitably trained staff; however, practices at the centre required further improvement in relation to the recording of medications administered.

Staff told the inspector that prior to a resident being admitted to the respite centre, an update on any changes to prescribed medication was sourced which was reflected in the records examined.

Residents told the inspector that they took responsibility for their own medication while

at the centre and had access to a locked cabinet in their bedrooms for this purpose. However, where residents required staff assistance, staff showed the inspector that medication was stored in a suitably locked cabinet at the centre. Both staff and residents told the inspector that they only brought enough medication with them for their stay and would take their medication home with them at the end of their stay.

The previous inspection had found that the recording of medication administered by staff was not in accordance with the provider's policy. The inspector found that staff were knowledgeable on residents' medication needs and had received training on the safe administration of medication. However, medication administration records; as with the findings of the previous inspection, only recorded the time when residents took their medications, and not the actual medications taken.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The provider's statement of purpose reflected the services and facilities provided at the centre.

The previous inspection had found that the statement of purpose did not contain all information required under Schedule 1 of the regulations. The inspector found that this had been updated following the previous inspection and now contained all the information required under the regulations, and reflected the services and facilities provided on the day of inspection.

The inspector observed that an accessible version of the statement of purpose was displayed in the kitchen and within an information pack in each resident bedroom.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider's governance and management arrangements ensured that residents were supported in-line with their assessed needs.

The management structure at the centre was reflected in the statement of purpose and staff knowledge. The person in charge was full-time, suitably qualified and knowledgeable on the needs of residents. Although the person in charge was not based at the centre, records and discussions with staff showed that they were regularly present at the centre. The person in charge was supported in the operation of the centre by a respite house manager, who was responsible for the day-to-day running of the centre.

The person in charge facilitated regular team meetings and minutes showed discussions with staff were occurring about all aspects of the centre's operation such as residents' needs, accidents and incidents and organisational policies. Staff told the inspector that the person in charge was approachable and responsive to concerns raised.

The person in charge conducted regular management audits on the centre's practices such as medication, health and safety, safeguarding and fire safety arrangements. In addition, since May 2017, the respite house manager had commenced additional audits on the centre's practices, which were forwarded to the person in charge.

The person in charge told the inspector that they ensured their continual professional development through attendance at the provider's mandatory training as well as courses relevant to their role such as leadership.

The inspector found that the provider had completed an annual review of the care and support provided at the centre. The annual review identified areas for improvement and had an associated action plan with a named person responsible for each action and an expected timeframes for achievement. The annual review of care and support provided was available at the centre on the day of inspection.

The previous inspection had found that the provider's unannounced six month visit reports about the centre did not contain timeframes for identified actions to be addressed. The inspector found that regular six monthly provider unannounced visits

were occurring at the centre as required under the regulations. Furthermore, reports following the unannounced visits clearly indicated the actions to be addressed and timeframes for their completion. Copies of the provider's unannounced visits were available at the centre on the days of inspection.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The centre had suitable arrangements in place in the event of the person in charge being absent.

The person in charge confirmed their understanding of the requirement under the regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found that there had been no instances to date of the person in charge being absent for over 28 days.

Furthermore, staff were able to tell the inspector about the arrangements in the event of the person in charge being absent from the centre which reflected the centre's statement of purpose and discussions with the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found the services and facilities provided met residents' assessed needs.

The inspector reviewed the centre's roster which showed that staffing arrangements were sufficient to meet residents' assessed needs.

Residents told that inspector that they could choose the activities they did when at the centre and if they wished to go to different places this was facilitated by the staff.

The inspector found that staff were suitably qualified and knowledgeable on residents' assessed needs.

The inspector reviewed records which related to the allocation of residents' individual respite care provision. Records were transparent in nature and showed that the allocation of respite was based on an assessment of the resident's needs.

Two suitably adapted vehicles was available at the centre to support residents to access local amenities such as shops, bingo halls, restaurants and places of interest.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that staffing arrangements at the centre ensured that residents' assessed needs were met. However the centre's roster did not accurately reflect staff working arrangements and personnel files did not contain all information required under the regulations.

Although, the person in charge ensured that a staffing roster was in place at the centre, the inspector found that it did not reflect all working arrangements. For example, the roster did not include the respite house manager's working arrangements and handover times between staff at the end of overnight shifts.

The inspector found that staffing arrangements in place at the centre were flexible and dependent on the assessed needs of residents. Residents were supported by two staff members during their stay which reflected assessed needs as illustrated in sampled personal plans and risk assessments. The staffing arrangements further enable residents to access activities of their choice when at the centre. Records and discussions with staff showed that where staffing levels reduced to one staff member this was due to the centre not being fully occupied or where residents were in receipt of one-to-one support in-line with their personal plans.

Residents told the inspector that staff 'could not do enough for them' and supported them to do all they planned when at the centre. During the inspection, staff were observed providing support in a timely and dignified manner, which was in-line with residents' assessed needs.

Staff told the inspector that they were supported by the person in charge and respite house manager and found them both approachable and responsive. Records showed that regular team meetings occurred and were chaired by the person in charge. Staff told the inspector that the meetings enabled them to talk about residents' needs and practices and procedures at the centre which was further reflected in records examined.

The previous inspection had found that staff did not receive formal supervision. The inspector found that following the last inspection, staff had completed a performance review which looked at their roles and responsibilities and identified future training needs. Furthermore, staff told the inspector that they regularly met with either the person in charge or the respite house manager to discuss their roles and responsibilities, which was reflected in records sampled.

The inspector reviewed training records maintained by the person in charge and found that staff had access to the provider's mandatory training courses in areas such as fire safety and safeguarding of vulnerable adults. In addition, staff had accessed training specific to the needs of resident who accessed the centre which included epilepsy awareness, sign language, tracheotomy care and percutaneous endoscopic gastrostomy.

The previous inspection had found that staff personnel files did not contain full employment histories for staff. The inspector sampled personnel file and found that all staff had up-to-date full employment histories. However, the inspector found that not all personnel files contained copies of garda vetting disclosures, photo identification and employment references as required under Schedule 2 of the regulations.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of

retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that the person in charge and provider maintained up-to-date records as required under the regulations. However, not all of the provider's policies were available and up-to-date.

The inspector found that the provider ensured that records were maintained which related to residents as required under Schedule 3 of the regulations; including, incident and accident reports. The previous inspection had found that the centre's directory of residents did not contain information on the organisation or persons' responsible for the residents' admission to the centre. During this inspection, the inspector found that the residents' directory now contained all of the require information.

The provider also ensured that a copy of the centre's statement of purpose and notifications submitted to the Health Information and Quality Authority were available as required under Schedule 4 of the regulations.

The inspector reviewed the provider's policies and procedures and found that in the main all required policies were in place and up-to-date as required under Schedule 5 of the regulations. However, the provider's policy on 'access to education, training and development' was not available on the day of inspection. Furthermore, the previous inspection had found that the provider's risk management policy had not been reviewed in-line with regulatory timeframes. While the inspector found that the policy had been reviewed and updated the provider's records policy which was developed in 2013 had not been subject to review every three years as required by regulation.

The centre had an up-to-date insurance policy against accidents or injury to residents, staff and visitors.

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:

Stevan Orme
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-0003338
Date of Inspection:	10 & 11 October 2017
Date of response:	06 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider's complaints policy did not provide sufficient information on the appeal process.

1. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure

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

for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The policy has been amended and clearly outlines the appeals process.

Proposed Timescale: 30/10/2017

Theme: Individualised Supports and Care

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

The provider's complaints policy did not clearly identify a nominated complaints person to ensure that complaints were responded to appropriately and records were maintained separate to the centre's complaints officer.

2. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The policy clearly identifies the person in charge as the nominated complaints person who will ensure that complaints are responded to appropriately and records maintained separate to the complaint's officer.

Proposed Timescale: 30/10/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The provider had not ensured that residents had access to the internet following the centre's previous inspection.

3. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

This matter has been escalated to the Infrastructure & Technology Manager HSE West and is also being discussed at the Community Health Organisation 1 (CHO1) 06.11.2017.

When a response from the IT Manager is received the provider will be informed of the way forward.
An assessment of the site may be required to establish IT requirements.
Application for funding will be made to install and maintain secure internet service for the centre.

Proposed Timescale: 28/02/2018

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The inspector found that not all residents had a written agreement in place . In addition, written agreements sampled were not all signed by the provider.

4. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The existing written agreement has been amended.

This new amended agreement was issued to clients who were admitted to the centre commencing on 20.10.2017. Upon return receipt of agreement they will be signed by the Provider Nominee or the Person in Charge.

The plan is to complete all outstanding signed agreements on a phased based as clients are admitted to respite and to have this completed by 31.03.2018.

Proposed Timescale: Commenced 20.10.2017 (Complete 31.03.2018).

Proposed Timescale: 31/03/2018

Outcome 05: Social Care Needs

Theme: Effective Services

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

The inspector found that residents' personal plans were not subject to an annual review on their effectiveness.

5. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

Annual reviews will clearly document the clients personal care plan. This will ensure that the care plan is effective in meeting the clients needs.

This will be completed on a phased basis as clients are admitted to respite.

Proposed Timescale: 30/06/2018

Theme: Effective Services

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

The inspector found that personal plans were not available in an accessible format to residents.

6. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Any client who requires a care plan in an assessable format other than the written word will have them completed by the proposed timescale.

Proposed Timescale: 31/01/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The inspector found that records were not maintained on food provided to residents while at the centre.

7. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

A practice to maintain a food record will commence with immediate effect.

Proposed Timescale: 02/11/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The inspector found that medication administration records did not provide sufficient information to illustrate that medication had been given to residents as prescribed.

8. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The plan is to provide sufficient information to illustrate that staff have supported clients in taking medication independently. A medication administration record will be maintained, for the clients who require it. Staff will initial a medication recording sheet which will be reflective of the prescribed medication. A signature bank will be maintained in the Centre.

Proposed Timescale: 20/11/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The inspector found that the centre's roster did not reflect all working arrangements undertaken by staff.

9. 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:

The plan is to amend the current roster to reflect all working arrangements including handover between staff and the house manager's shifts.

Proposed Timescale: 30/11/2017

Theme: Responsive Workforce

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

The inspector found that staff personnel files did not contain all information required under Schedule 2 of the regulations.

10. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

One reference not on file for a staff member has been received from HR Dept and put on file by the Person in charge (completed 02.11.2017).

Photographic ID for one staff member has been received and put on file by the Person in charge to complete the regulation under Schedule 2 (completed 18.10.2017).

Proposed Timescale: 02/11/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The inspector found that not all policies as required under Schedule 5 of the regulations were available at the centre.

11. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

The Inspector referred to Record Retention & Management Policy.

A new local Record Retention and Management Policy has been implemented in addition to the National Record Retention & Management Policy 2013.

A new local policy for clients to Access education, training and development has been developed as required by the regulations. Any client who expresses a request to access education, training and development during their holiday respite stay will be facilitated to do so.

All other Policies in Schedule 5 were available and in date.

Proposed Timescale: 02/11/2017

Theme: Use of Information

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

The inspector found that not all policies available at the centre had been reviewed in-line with regulatory timeframes.

12. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

A new local policy for clients to Access education, training and development has been developed as required by the regulations.

A new local Record Retention and Management Policy has been implemented in addition to the National Record Retention & Management Policy 2013.

Policies and procedures will be reviewed and updated in accordance with regulatory timeframes and best practise on a 3 yearly basis or earlier as required.

Proposed Timescale: 02/11/2017