

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Silverpine House
Centre ID:	OSV-0002038
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Lead inspector:	Raymond Lynch
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:	2

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 1 day(s).

The inspection took place over the following dates and times

From: 08 November 2017 11:00 To: 08 November 2017 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 inspection:

This was an announced inspection to inform a renewal of registration decision after an application to the Health Information and Quality Authority (HIQA) by Enable Ireland (the provider) to continue with the registration of this centre.

The centre was last inspected in October 2016 where generally good levels of compliance were found across most outcomes. However, moderate non compliances were found in Risk Management and Workforce.

This inspection identified that while there were some issues with regard to notification of incidents, workforce and safeguarding, the centre demonstrated good levels of compliance across most outcomes assessed.

How we gathered our evidence:

The inspector met with three staff members and spoke with one of them about the

service being provided. The person in charge and the director of services were also spoken with at length over the course of this inspection.

The inspector also met with three residents and spent some time chatting with them over the course of the inspection process. Residents appeared very happy and relaxed in the centre and staff interacted with them in a professional, caring and supportive manner

One family member was also spoken with as part of this inspection via telephone. They were extremely complimentary of the service being provided and spoke highly of the entire staff team. Feedback from questionnaires was also complimentary about the centre and all staff working there.

A sample of documentation was also viewed such as health and social care plans, safeguarding plans, risk assessments and positive behavioural support plans.

Description of the Service

The centre was a five bedroom detached bungalow providing respite accommodation for up to five residents. While it was found to be homely and welcoming it was in need of some redecorating and repainting.

The centre was in close proximity to a large nearby town and transport was provided so as to access local amenities such as restaurants, shopping centres, pubs and cafes.

Overall Findings

Overall it was found that that the person in charge, director of services and staff team provided a good quality of care to the residents and residents appeared very content availing of respite in the centre. Family members also spoke highly of the service.

Of the 11 outcomes assessed seven were found to be compliant including governance and management, risk management, healthcare needs, social care needs and medication management.

Some minor issues were found with safeguarding, workforce and premises however, the care provided to the residents was to a good standard and feedback from family members and residents was positive about the service.

This is further discussed in the main body of the report and 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):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that the rights, privacy and dignity of the residents were promoted and there were a number of mediums available so as residents' individual choice would be supported and encouraged while on their respite breaks.

The inspectors reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedures were available in the centre and an easy read format was also made on file.

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant.

The person in charge informed the inspector that there are a number of ways to support the residents' autonomy in the centre, one being that residents' meetings would be supported and facilitated on arrival to the centre. At these meetings residents decided what social activities to participate in and menus for the week.

In order to support the residents' privacy and dignity there was a policy available on intimate care in the centre. The inspector briefly viewed this policy saw that it was to provide a framework for staff based on best practice which identified guidelines to follow when involved in intimate care.

The inspectors viewed a sample of an intimate care plan and found that they were informative of how best to support the intimate care needs of the residents while at the

same time maintaining their independence, choice, privacy and dignity.

The inspectors spoke with one family member over the telephone. They reported that they were very happy with the care provided to their relative and they had never any reason to complain about any aspect of the service provided.

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):

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

Findings:

The inspectors were satisfied that the care and support as described by the person in charge and documentation viewed was consistent and sufficiently provided for the residents' assessed needs and wishes while on their respite breaks in the service.

The inspectors reviewed a sample of personal plans and found that they were comprehensive in identifying how to meet the individual needs of the residents.

For example, the plans called 'My Story' took into account the residents overall health and well being, their likes and dislikes, important people in their lives, their assessed communication needs, their mobility requirements and how they like to spend their day.

The centre was based around the needs of the children and it was observed that a host of child centred activities were available so as to ensure each child enjoyed their overnight stays.

Activities such as cinema, bowling, shopping trips, trips to the zoo and petting farms were offered to the children on each respite break.

In house, a games room was available to the children and it was observed that the house was suitable decorated from a child's perspective.

On the day of this inspection the residents were being supported to go bowling as an evening activity of their choosing.

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):

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

Findings:

The inspector found that the centre was suitable for its stated purpose. It was also found to be spacious, homely and child centred. However, some parts of the building required painting and redecorating.

The centre comprised of a large five bedroomed detached bungalow. It was found to be clean, modern, well furnished and child centred. However, some external walls required repair and internally some walls required painting.

Of the five bedrooms, one was ensuite. Bedrooms were suitably decorated and furnished taking into account the likes and preferences of the children.

There were adequate showering and bathroom facilities provided in the centre, with appropriate appliances and aids to support the residents' dignity, privacy and respect.

There was a spacious kitchen area with adaptable furniture and appliances to suit the needs of children with physical disabilities. There was also a large dining area and a spacious very well decorated sitting room available to residents.

There were private garden areas to the front and back of the centre for residents to avail of as they so wished. The back garden was private and well maintained.

There was adequate parking available to the front of the centre and the inspector saw that there were suitable arrangements in place for the safe disposal of general waste.

Judgment:

Substantially 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:

There were systems in place to promote and protect the health and safety of residents, staff and visitors.

There was as health and safety statement in place dated January 2017 and the centre carried out quarterly health and safety audits.

There were systems in place for the management of fire. There was suitable fire equipment provided (fire alarm, emergency lighting and fire extinguishers) and inspectors reviewed documentation evidencing that they were suitably serviced. The procedure for the safe evacuation of children in the event of a fire was on display in a prominent location in the centre.

The centre held regular fire drills and reports showed that the fire drills occurred at different times and recorded the time taken to evacuate and issues identified.

A tracker was in place to record which children had participated in the fire drill to ensure all children had experienced a fire drill and fire evacuation was discussed with the children at the beginning of each respite stay.

Inspectors reviewed a sample of the personal emergency egress plans (PEEPs) for residents which included information on mobility, understanding and reaction to previous drills and supports needed.

There was a policy on the management of risk in the centre dated July 2017 which included the arrangements in place for the management of the four specified risks identified in the regulations.

The centre maintained risk registers in relation to 'live' risks, location specific risks, non environmental risks and individual risks. Inspectors found that these risk registers were up-to-date and outlined arrangements in place to control and manage risk.

The 'live' risk register outlined current risks being treated for example the 'live' register identified fire doors in the centre not adequately closing as a risk and this had been addressed on the day of inspection.

The inspectors reviewed a sample of incidents and found that incidents were being suitable recorded and followed up internally. All incidents were reviewed by the person in charge, communicated with the children's' next of kin and particular incidents were discussed in team meetings for discussion and learning.

The inspectors found that there were suitable arrangements in place for the management and control of infection. Inspectors observed that the centre to be clean on the day of inspection and found that there was adequate hand wash facilities, hand wash gel and personal protective equipment available throughout the centre.

There were arrangements in place for the disposal of clinical waste.

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:

The inspectors was satisfied that adequate measures were in place to protect residents being harmed in the centre. However, the inspector was not assured that the systems in place for reporting incidents between peers were adequate.

There were policies and procedures in place with regard to the protection of children. From speaking with staff the inspector was assured that staff were knowledgeable on how to keep the children in their care safe

The inspector was satisfied that residents would be provided with emotional, behavioural and therapeutic support that would promote a positive, non aversive approach to managing positive behaviour. There were also policies in place guiding the management of positive behavioural support. Where required, residents also had access to a range of multi-disciplinary supports.

However, the inspector reviewed a small number of minor adverse incidents that had

occurred between residents over the last few months. While it was observed that the centre appeared to be managing these situations adequately, there was no evidence to inform if the designated officer had reviewed or made recommendations regarding these incidents. As a result there was not the required level of oversight of these incidents.

The inspector reviewed a small sample of training records which informed that staff had received specific training positive behavioural support and Children's First.

There was a policy in place for the use of restrictive practices. The person in charge informed the inspector that some restrictions were in place however, they were to promote the safety of the children and were reviewed regularly.

Judgment:

Substantially 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 reviewed a sample of incidents and found that not all notifiable incidents had been reported to HIQA as required by regulation 31.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' health needs would be regularly reviewed with appropriate input from multidisciplinary practitioners and family members as and when required.

The inspector saw that residents' healthcare needs were met and supported while on respite in the centre. Where required, residents had access a range of multi-disciplinary professionals and specialist equipment so as to ensure their healthcare needs were met and supported while using the centre

The inspector was also satisfied that systems were in place so as residents' nutritional needs were met and provided for.

It was also observed that the residents' emotional health and well being would be provided for and access to a behavioural support and other allied health care professionals was facilitated as and when required.

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):

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

Findings:

The inspectors found there were policies and procedures in place for medication management. There was a medication management policy was dated November 2017.

The inspector observed medication to be stored in a secure location and records were maintained when medications were received in the centre and returned to families. There were no controlled medications in the centre.

The inspectors reviewed a sample of medication prescription and administration records and found that they contained all of the necessary information, including the name, date of birth and address of the resident. In the last inspection, prescriptions were being transcribed but were not being regularly audited.

An inspector found that transcribing was still being carried out and transcribed prescriptions were checked by two staff, one of whom was a registered nurse and signed by the prescriber. The centre carried out bi-annual audits of the prescription sheets.

Of the sample of administration records, inspectors confirmed that the times medication was administered correlated with the time prescribed.

Staff were received training in the safe administration of medication in 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:

The inspector was satisfied that the statement of purpose dated November 2017 met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

The statement of purpose would also be available to residents in a format that was accessible to them.

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a clearly defined management structure in place. The person in charge reported to the Director of Service who in turn reported to the National Director of Adult Services and Safety Standards.</p> <p>The centre had completed an annual review of the quality and safety of care for 2016 and the unannounced six-monthly provider audits.</p> <p>An action plan was developed for the issues identified by the audits which included updating care plans and positive behaviour supports.</p> <p>The inspector found that the actions were followed up and completed. A number of other audits were in place in the centre including infection control, personal plans, medication and health and safety.</p> <p>The centre was managed by a suitably qualified and experienced person who met the requirements of the regulations. The inspectors found the person in charge to be knowledgeable about the residents and their needs.</p> <p>Staff were appropriately supervision and staff spoken to felt supported by the person in charge. Regular team meetings were taking place</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): Some action(s) required from the previous inspection were not satisfactorily implemented.</p>

Findings:

The inspector was satisfied that the staff had the appropriate skill mix to meet the assessed needs of residents and the safe delivery of services.

While it was observed that a nursing vacancy remained vacant, the service was actively in the process of filling this post. This impacted on the skill mix in the centre. There was a gap in training for the managing of positive behavioural support.

The inspector reviewed a small sample of staff files and saw that they met the requirements of the Schedule 2 of the Regulations

The person in charge told the inspector that the staffing levels would be based on the assessed needs of the residents however, as already stated in this report, a nursing vacancy remained to be filled.

The inspector saw that there were arrangements in place for the provision of supervisory meetings with each staff member. Evidence was also available that all staff would be supervised on an appropriate basis.

From a small sample of files viewed, staff had attended a range of training in areas such as safe administration of medication and fire safety training.

Some staff also held third level qualifications in health and/or social care. However, a gap was identified in training for the management of positive behavioural support.

A relative of a resident spoken with by the inspector spoke very highly of the staff and said that they provided good and safe care to their family member.

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:

Raymond Lynch
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 Enable Ireland Disability Services Limited
Centre ID:	OSV-0002038
Date of Inspection:	08 November 2017
Date of response:	13 December 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 06: Safe and suitable premises

Theme: Effective Services

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

Some parts of the premises required updating and repair

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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

construction and kept in a good state of repair externally and internally.

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

Painter identified and works to be completed 31st January 2018

External plastering and painting to be completed by 30th April 2018. As the building is a protected structure the plaster work can only be done at a certain time of year to allow for correct application

Proposed Timescale: 31st January 2018 and 30th April 2018 respectively.

Proposed Timescale: 30/04/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The systems in place for reporting and reviewing incidents between peers were not adequate.

2. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The PIC and DO will discuss any incidents as they arise, and complete the Accident/Incident forms. These will be reviewed by the DO and signed off for further action, if appropriate.

Proposed Timescale: 10/11/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all incidents which were notifiable were reported as required by regulation 31.

3. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

PIC sent in all notifiable incidents via NF06 form to HIQA, contacted TUSLA and sent in a follow up communication thereafter to HIQA. All future incidents of peer to peer abuse will be reported to HIQA as appropriate.

Proposed Timescale: 10/11/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

A nursing vacancy had yet to be filled in the centre

4. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Interviews were held on 6th November for this post. Nurse was offered the post on 8th November and accepted. Awaiting relevant paperwork – Garda Clearance, Medical and one further reference.

Proposed Timescale: 28/02/2018

Theme: Responsive Workforce

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

A gap was identified in training for the management of positive behavioural support.

5. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

One Staff member was identified as not having completed training in Positive behavioural support management training. Multi-Element Behaviour Support (MEBS) training was identified for this individual and the next available course date is 7th February 2018

Proposed Timescale: 07/02/2018

