

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riverwalk House
Centre ID:	OSV-0002501
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
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:
12 December 2017 09:45	12 December 2017 18:00
13 December 2017 08:35	13 December 2017 14:00

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 was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The centre had been previously inspected on the 5 - 6 October 2016 and as part of the current inspection, actions taken by the provider to address the findings from the previous inspection were reviewed by the inspector.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided a full-time six day a week respite service to

both adults and children with a disability.

How we gathered our evidence:

During the inspection, the inspector spoke with three residents both as a group and individually about the quality of care and support they received when at the centre. In addition, the inspector met with four family members and reviewed questionnaires completed by both residents and their relatives about the service. In addition, the inspector met five staff members and interviewed the person in charge. Furthermore, throughout the inspection, the inspector observed practices and reviewed documentation such as residents' personal care plans, healthcare records, 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 single storey building within a campus setting on the outskirts of a town, but close to local amenities such as shops and cafes.

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 were supported to access a range of activities of their choice and enjoyed coming to the centre for respite stays. The inspector observed that residents appeared happy while at the centre and were comfortable with all supports provided by staff. The centre was well-maintained and its design met the both the needs of children and adult who accessed the service.

However, the inspector found that although residents were kept safe at the centre, actions from the previous inspection and the provider's own internal audits had not been addressed such as the provision of fire doors. Furthermore, the governance and management arrangements had not ensured compliance with the regulations in relation to written agreements, submission of statutory notifications, risk management, medication practices, staff records and arrangements for the review of residents' personal plans.

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 and found them to be both suitably qualified and knowledgeable on residents' needs as well as their responsibilities under regulation.

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 one outcomes which related to the centre's staff records. Moderate non-compliance was found in six outcomes which related to residents' written agreements, personal plans, fire safety arrangements, medication, regulatory notifications and the centre's governance arrangements in relation to the addressing of identified areas for

improvement. Substantial compliance was found one outcome which related to internet access for residents.

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):

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

Findings:

The inspector found that residents' rights were promoted and they were involved in the running of the centre during their respite stay.

The provider's complaints policy was comprehensive in nature. Following the previous inspection, the inspector found that the provider's policy had been revised to ensure the independency of their appeals process. In addition, measures had been put in place to monitor the management of complaints received and ensure all associated actions were in-line with the provider's policy

The complaints policy was prominently displayed at the centre along with an accessible version for residents. In addition, information on the provider's complaints officer and how to access advocacy services was also displayed on the communal notice board. 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 inspector spoke with both residents and family members during the inspection, and found that they were aware of their right to complain and the contact details of the centre's complaints' officer.

Residents told the inspector that on arrival at the centre they would speak with staff about the meals and activities they wanted to do during their stay as part of regular residents meeting. Meeting minutes showed that residents were involved in decisions about the centre's menu as well as planned activities. In addition, residents were informed about their rights such as how to make a complaint and health and safety arrangements at the centre such as fire safety as part of the resident meeting.

Residents were supported to access a range of activities while at the centre in the local community, which reflected their interests and respite stay goals. In addition, residents were supported by the staff to continue their attendance at school and day service placements while at the centre.

The previous inspection had found that arrangements in place to safeguard residents' money while at the centre were not sufficiently robust. The inspector found that following the inspection, procedures had been reviewed and residents' money was securely stored with all transactions being receipted and recorded in-line with the provider's policy.

Judgment:

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, although they did not have access to the internet at the centre.

Residents' personal plans included an assessment of their communication needs and included communication aids required such as 'picture exchange communication systems' (PECS), sign language and 'objects of reference'. The inspector found that staff knowledge reflected residents' communication needs as described in their personal plans. Furthermore, staff told the inspector that some residents brought personal tablet devices to the respite service to aid their communication of their needs and wishes.

The centre provided easy-to-read versions of the provider's complaints and safeguarding policies to residents as well as information on how to access advocacy services and the centre's fire evacuation plan.

While at the centre, residents had access to both radio and television. However, as found in the previous inspection, residents still did not have access to the internet while at the centre.

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 with no restrictions on visiting times at the centre. The centre provided facilities for residents to meet their family and friends in private.

Records and discussions with staff showed that regular communication occurred between families and staff on the residents' experiences while at the centre, updates on residents' needs and arrangements for future planned admissions.

Discussions with staff and records also showed that the compatibility of residents who access the centre was assessed and reviewed as part of the allocation of respite provision. Residents told the inspector that they enjoyed staying at the centre and were supported to do activities of their choice such as having meals out in local cafes and going on bus journeys.

In addition, records reviewed by the inspector showed that residents were supported to attend either their school or day service placement while at the centre along with a range of activities in the local community.

Judgment:

Compliant

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):

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

Findings:

The inspector found that not all written agreements contained information on fees to be met by residents or their families.

The provider's admissions and discharge policy was up-to-date and was reflected in the centre's statement of purpose. The inspector further reviewed family questionnaires and found that their described experiences reflected the provider's admission policy in relation to residents' access to respite care.

Residents' written agreements were provided in an accessible format and included information on services and facilities provided at the centre. However, although written agreements included information on additional costs to be met by the resident such as the cost of community activities, they did not all provide information on the fees to be met by residents for respite care.

The previous inspection had found that written agreements had not been signed by residents or their representatives. Following the last inspection, the inspector observed that written agreements sampled had been signed by both the provider and the resident or their representative.

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.

The inspector reviewed a sample of residents' personal plans which included information on residents' needs in areas such as healthcare, eating and drinking, mobility, behaviours of concern, personal care and medication management. The inspector found that personal plans were up-to-date and reflected staff knowledge. However, although personal plans were regularly updated, they were not subject to an annual review to assess their effectiveness. Furthermore, the inspector found that personal plans were not available to residents in an accessible format.

Residents told the inspector that they were supported by staff to identify their goals while on respite care at the start of each stay which was reflected in their 'respite personal care plans'. The inspector reviewed residents' respite plans which showed activity choices such as meals out, going to the cinema, ten pin bowling and watching television. However, although records showed whether or not the respite goal had been achieved during the stay, they did not include named staff supports and expected timeframes for when the goal would be achieved.

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 centre's design and layout met residents' assessed needs.

The centre comprised of a single storey premise situated on a campus in a rural town with local amenities close by such as shops and restaurants.

The centre was in a good state of repair throughout. The centre comprised of three resident bedrooms which were well decorated and provided sufficient storage for residents' possessions when they accessed respite care.

The centre provided both respite care to children and adults and staff showed the inspector items such as bed linen and pictures which would be used to personalise the bedroom if being used by either a child or adult. At the time of the inspection, the centre was providing respite care to adults. In addition, staff told the inspector that

residents were able to bring personal items from home during their stay so that they felt more comfortable, which was reflected in discussions with residents.

The previous inspection had found that the centre's communal toilets were inaccessible when a shower located in the room was in use. The inspector found that following the last inspection, the shower had been decommissioned, with a new shower being installed in the communal bathroom, therefore giving residents access to the toilets at all times. The centre's communal bathroom, in addition to providing the new shower facilities, also included an additional toilet and an accessible bath.

The centre had two communal sitting rooms along with a kitchen dining room. The inspector observed that storage facilities were available in the second communal sitting room which contained children's toys and games for when they accessed the centre.

A staff sleep over room and separate office were also provided at the centre.

The centre had its own enclosed garden area which was well maintained and incorporated a fenced children's play area with swings, climbing frames and slides.

The inspector observed that suitable arrangements were in place for the safe disposal of general and clinical waste and laundry facilities were provided for residents to access during their stay at the centre.

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):

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

Findings:

Residents were kept safe while at the centre. However, the provider had not addressed previously identified fire safety and risk management actions within agreed timeframes

The centre had an up-to-date risk management policy and centre-specific safety statement which showed risks which related to residents, staff and the premises. Risk assessments were up-to-date, regularly reviewed and reflected staff knowledge.

The previous inspection had found that control measures had not been put in place to address identified risks at the centre. Following the last inspection, the inspector found

that risk control measures were in place for all highlighted risks. However, although risks were assessed and escalated to senior management in-line with the provider's policy; such as fire doors and disability ramps, they had not been addressed within agreed timeframes by the provider.

The person in charge maintained a record of accidents and incidents which had occurred at the centre. In addition, monthly audits were completed on these records to identify trends and areas for service improvement, which in turn were discussed with staff at team meetings.

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. Furthermore, records showed that all staff had received hand hygiene training at the centre.

In addition, training records showed that all staff had received up-to-date manual handling at the centre.

The centre's fire evacuation plans was prominently displayed and reflected both resident and staff knowledge. Furthermore, records showed that fire safety arrangements were discussed with each resident on each admission to the centre and that all staff had received up-to-date fire safety training.

Residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and reflected staff knowledge. PEEPs included the support residents required in the event of a fire including the use of evacuation aids such as a wheelchair or an evacuation sheet.

The centre was equipped with suitable fire equipment which was regularly serviced by an external contractor. Equipment in place at the centre included fire extinguishers, a fire alarm, fire call points, smoke detectors and emergency lighting. However, the inspector found that fire doors had not been installed in-line with the agreed timeframe from the centre's last inspection in 2016. However, the inspector found that the provider had ensured residents' safety in the event of a fire, through the provision of waking night-time staff at the centre.

The previous inspection had also found that that the provider's internal fire safety checks had not been completed by staff. The inspector reviewed fire safety records and found that following the last inspection, internal checks were completed to ensure equipment was in good working order by staff in-line with the provider's policies.

Regular fire drills were carried out at the centre and following the last inspection these had occurred under simulated night-time conditions using minimal staffing. However, records maintained by the centre showed that not all residents accessing the centre for respite care had participated in a simulated drill.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

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. Staff had received up-to-date training in both safeguarding vulnerable adults and Children First. Staff spoke to the inspector about what might constitute abuse and the actions they would take if suspected, and their knowledge and understanding was in-line with the provider's policy.

Information on the provider's 'Safeguarding of vulnerable adults' policy and Children First was prominently displayed on the communal notice board along with the contact details for the provider's designated safeguarding officers and designated children's liaison person.

Restrictive practices such as the locking of the exterior doors, use of bedrails and lap straps were risk assessed, included a clear rationale for their use and were subject to regular review.

The inspector reviewed a sample of residents' behaviour support plans and found that they were up-to-date, regularly reviewed and developed by a suitably qualified behavioural specialist in-line with the provider's policy. Behaviour support plans included a description of the behaviour of concern as well as both proactive and reactive support strategies to be used which reflected staff knowledge. In addition, all staff had received up-to-date positive behaviour management training.

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 person in charge maintained a record of all notifications submitted to the Chief Inspector.

The inspector reviewed accident and incident records maintained at the centre and found that all reportable events under the regulations had been submitted to the Chief Inspector in-line with required 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 meet their educational needs and to participate in activities of their choice.

The provider had policies on access to education and training for both adults and children. Residents' educational and training needs were assessed as part of their personal plan. Records further showed that children and adults were supported to attend their school and day service placements, while at the centre. In addition, documents showed that regular communication occurred between the school, day service staff and the centre on residents' assessed needs.

Residents told the inspector that when they stayed at the centre they still went to their day services and were asked by staff about what activities they wished to do. Records showed that while at the centre, residents went to the local shops, cinema, bowling, and cafes which were reflected in discussions with both residents and 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:

Residents were supported with their assessed healthcare needs.

Residents' personal plans included an assessment of their healthcare and medication needs which was updated prior to each admission to the centre from records sampled and discussions with staff.

The previous inspection had found that healthcare plans were not sufficiently comprehensive to guide staff. However, during this inspection, the inspector found that protocols were now detailed in nature and reflected both staff knowledge and allied healthcare professionals' recommendations.

The previous inspection had also found that residents' did not have access to allied healthcare professional in-line with their assessed needs. The inspector found residents had access to a range of professionals in accordance with their healthcare needs, although due to the respite nature of the service, healthcare appointments were facilitated by the residents' families.

Residents told the inspector that they chose the meals provided at the centre as part of the residents' meeting held on the first day of their respite stay which was reflected in records examined. Food diaries reviewed showed that residents were provided with a variety of healthy and nutritious meals as well as having the opportunity to go for meals out in local cafes.

Residents at the centre during the inspection told the inspector that they were not involved in the preparation of meals; however, records showed that other residents who accessed respite care were involved in preparing meals dependent on their ability, which was further reflected in discussions with staff.

Where residents were supported with their dietary needs, the inspector found that supports were provided in accordance with dietician's recommendations and were reflected in personal plans sampled and staff knowledge.

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 centre's medication arrangements were in the main in-line with the provider's policies; however, they did not include suitable arrangements for the storage and disposal of out-of-date or discontinued medication.

The previous inspection had found that medication arrangements at the centre did not provide clear information on whether medication was being administered as prescribed by staff. In addition, residents' medication prescription records did not include their address as a means of identification verification. The inspector found that following the last inspection, medication procedures had been reviewed and revised at the centre. The inspector reviewed residents' medication administration records and found that clearly indicated that medication had been administered as prescribed. In addition, medication records included residents' personal details as well as information on administration times, route and dosage. The person in charge further maintained a signature bank of staff trained in the safe administration of medication.

The last inspection had also found that the process for the checking and recording of medication received when residents came for a respite stay was not sufficiently robust. Following the last inspection, the inspector found that records clearly showed for each resident what medication had been received, administered and discharged at the end of their stay.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as emergency epilepsy medication and found that they were regularly reviewed and reflected staff knowledge.

Medication was securely stored at the centre; however, the inspector found that arrangements were not in place for the segregated storage and disposal of out-of-date or discontinued medication.

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 centre's 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 following the last inspection, the statement of purpose had been reviewed and contained all the information required under Schedule 1 of the regulations.

The statement of purpose further reflected the services and facilities provided at the centre and was available in an accessible version to residents. In addition, records showed that the statement of purpose was subject to an annual review by the person in charge.

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:

Although residents were supported in-line with their assessed needs, the provider's governance arrangements had not ensured that the findings of the previous inspection and their own internal audits were addressed.

The provider's management structure was reflected in the centre's statement of purpose and staff knowledge. Following the previous inspection, the provider had ensured that a full-time person in charge was in place at the centre. The inspector met with the person in charge and found that they had a regular presence at the centre, were suitably qualified and had a good understanding of both residents' needs and their responsibilities under regulation.

However, the inspector found that the provider's governance and management arrangements had not ensured that the findings of the previous inspection and their own internal audits were addressed such as the installation of fire doors and resident internet access.

The previous inspection had found that an annual review into the care and support provided at the centre has not been completed. The inspector found that following the last inspection, an annual review had been undertaken which had included consultation with both residents and their representatives.

The person in charge held regular team meeting with staff and minutes showed discussions on all aspects of the centre's operation such as residents' needs, accidents and incidents and the provider's policies. Staff told the inspector that the person in charge was approachable and they had no reservations in raising concerns with them.

The previous inspection had found that staff had not received suitable performance management. The inspector found that following the last inspection, staff had had completed 'personal development plans' with the person in charge which looked at their roles and responsibilities and identified future training needs.

The previous inspection had found that auditing was limited at the centre. Following the last inspection, a range of management audits had commenced at the centre. The inspector found that the person in charge or designated nursing staff completed regular management audits on practices such as infection control, fire safety, medication records, complaints and the use of restrictive practices at the centre. Records further showed that the audits' findings were discussed with staff at team meetings.

The provider had completed regular six monthly unannounced visits at the centre and associated reports were available during the inspection.

Judgment:

Non Compliant - Moderate

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's being absent for over 28 days, however the Chief Inspector had not been notified of previous absences in-line with regulatory timeframes.

The person in charge confirmed their understanding of the requirement under regulation to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. However, the provider had informed HIQA of the centre's previous person in charge's planned absence after it had commenced and not a month prior as required by the regulations.

The inspector found that staff were aware of management arrangements to be put in place in the absence of the person in charge, which were further reflected in the centre's statement of purpose.

Judgment:

Non Compliant - Moderate

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:

Services and facilities provided at the centre met residents' assessed needs.

The inspector reviewed rosters which showed that staffing arrangements were directed by the assessed needs of residents who accessed respite care. Rosters showed that the number of staff allocated during the day would be between two to three dependent on the needs of residents who availed of respite care.

In addition, dependent on residents' needs, night-time support arrangements would be provided either through a sleep in and waking night staff or two waking night staff members. The inspector found that staff were knowledgeable on residents' needs and suitably qualified and comprised of both nursing and care staff.

Two suitably adapted vehicles were available at the centre to support residents to access local amenities such shops, cafes and places of interest in the local area.

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):

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

Findings:

Staffing arrangements at the centre ensured that residents' assessed needs were met.

The person in charge ensured that both an actual and planned roster was in place at the centre. The inspector examined rosters and found that staffing arrangements were flexible and dependent on the assessed needs of residents who accessed respite care at the centre.

During the inspection, residents received timely support, which was provided in a respectful manner and in-line with their assessed needs. Residents told the inspector that they liked coming to the centre and staff supported them to do activities of their choice such as going for bus trips, watching soccer matches on the television and going to local cafes.

Staff told the inspector that they were supported by the person in charge and attended regular team meetings where they had the opportunity to discuss residents' needs and the operational management of the centre.

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. Records further showed that staff had

access to training which was specific to resident's needs. However, although some residents who accessed the centre required dietary support through percutaneous endoscopic gastrostomy, training in all aspects of this care had not been provided to staff.

The previous inspection had found that staff personnel files did not contain all information required under Schedule 2 of the regulations. The inspector reviewed staff files and found that although information such as employment histories, references and copies of qualifications were present, staff records did not contain copies of garda vetting disclosures as required under 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 provider and person in charge maintained all records required under the regulations.

The provider maintained up-to-date records which related to residents as required under Schedule 3 of the regulations such restrictive practices records, healthcare records, incident and accident reports. The previous inspection had found that the provider's directory of residents did not contain all information required under regulation such as the name and address of the authority, organisation or other body that arranged the resident's admission to the centre. The inspector found that following the last inspection, the previously omitted information was now included.

The person in charge ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available as well as resident written agreements and records of food provided as required under Schedule 4 of the regulations.

The previous inspection had found that the provider had not ensured that all policies required under Schedule 5 of the regulations were in place at the centre. Following the last inspection, the inspector found that all policies required under regulation were in place at the centre.

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

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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-0002501
Date of Inspection:	12 & 13 December 2017
Date of response:	05 January 2018

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 02: Communication

Theme: Individualised Supports and Care

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

Residents did not have access to the internet at the centre.

1. 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

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

internet.

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

The Person in Charge will arrange for the installation of internet access in the Centre.

Proposed Timescale: 31/03/2018

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents' written agreements did not contain information on all fees charged.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Person in Charge has amended the written agreements to contain information on all fees charges and has forwarded these amended Agreements to families for their signature.

Proposed Timescale: 02/01/2018

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:

Persona plans were not available to residents in an accessible format.

3. 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:

The Person in Charge will ensure that there are accessible personal plans available for residents and their representatives.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

Residents' personal plans were not subject to an annual review to assess their effectiveness in meeting individuals' support needs.

4. 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:

The Person in Charge will ensure all Personal Plans are reviewed to evaluate their effectiveness and these will be updated on each admission.

Proposed Timescale:

All Plans will be in place by 31st March 2018 and will be updated on each admission

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

Residents' respite goal records did not include named staff supports and expected timeframes for achievement.

5. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The Person in Charge will ensure that personal plans include named staff supports and expected timeframes for achievement.

Proposed Timescale: 30/03/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Although risks had been identified and escalated in-line with the provider's risk

management policy, they had not been addressed by senior management.

6. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- 1.The Person in Charge has identified the necessary works by way of risk assessments.
- 2.The Provider will ensure that the cost submissions are included in the minor works list for 2018.
- 3.The Provider will receive information regarding the allocation of minor works by Feb 28th 2018.
- 4.The Provider will ensure that the authority is kept up to date on the progress of works required.

Proposed Timescale: 1. Completed 2.01.2018 2. Completed 2.01.2018 3. 28.02.2018 4. 31.03.2018

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

Fire doors were not in place at the centre.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- 1.The Provider will ensure that the costs are included in the minor works submission for 2018.
- 2.The Provider will receive information regarding the allocation of minor works by Feb 28th 2018.
- 3.The Provider will ensure that the authority is kept up to date on the progress of works required.

Proposed Timescale: 1. 31st Dec 2018 2. Feb 28th 2018 3. March 31st 2018

Proposed Timescale: 31/12/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory

requirement in the following respect:

Records maintained by the provider did not show that all residents who accessed the centre had participated in a fire drill or were aware of the fire evacuation procedure.

8. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The person in Charge will ensure that all residents who access the Centre participate in a fire drill on admission and are made aware of the fire evacuation procedure.

An annual record of residents and staff who have participated in a Fire Drill will be maintained commencing Jan 1st 2018. This will be up dated with each admission.

Proposed Timescale: 31/12/2018

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:

Arrangements were not in place at the centre for the segregated storage and disposal of discontinued or out-of-date medication.

9. Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

A template for the segregated storage and disposal of discontinued and out of date medication has been developed by Nursing staff and approved by the director of nursing. This process has commenced and will be reviewed by the Nurse Practice coordinator.

Proposed Timescale: 31/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The centre's governance arrangements had not ensured that previous inspection findings and the recommendations of the provider's internal audits were addressed within agreed timeframes.

10. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- 1.The provider will ensure the necessary works will be costed and entered in the Minor works submission for 2018
- 2.The Provider will receive information regarding the allocation of minor works by Feb 28th 2018.
- 3.The Provider will ensure that the authority is kept up to date on the progress of works required.

Proposed Timescale: 1. Completed 2.01.2018 2. 28.02.2018 3. March 31st 2018

Proposed Timescale: 31/03/2018

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

The provider had not informed the Chief Inspector of the person in charge's absence from the centre for over 28 days in-line with the regulatory requirements.

11. Action Required:

Under Regulation 32 (1) you are required to: Provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.

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

The provider and PIC will complete and submit all notifications within the timeframes in line with the regulatory requirements.

Proposed Timescale: 31/12/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff personnel records did not contain all documentation required under Schedule 1 of the regulations.

12. 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:

The Provider will ensure that all the remaining schedule 2 documentation, including Garda vetting will be in place for all staff working at the centre.

Proposed Timescale: 31/03/2018

Theme: Responsive Workforce

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

Staff had not received training on percutaneous endoscopic gastrostomy in-line with residents' assessed needs.

13. 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:

The nurse practitioners will be trained to supplement the protocol in place.

Proposed Timescale: 31/05/2018