**Health Information and Quality Authority Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Avalon</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003694</td>
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<tr>
<td>Centre county:</td>
<td>Meath</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Lead inspector:</td>
<td>Jacqueline Joynt</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 30 January 2018 09:50  
To: 30 January 2018 18:00

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

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<thead>
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<th>Outcome 05: Social Care Needs</th>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
Background to inspection:
This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector found that residents received good quality of support and care which was focused on supporting residents to live independent lives of their choosing.

There was a high level of compliance and evidence of this was indicated through an array of positive outcomes for the residents. The previous inspection of this centre took place on 13th and 14th of July 2016 where the inspector found 17 outcomes to be fully compliant with one outcome found to be substantially compliant. The inspector found that the action identified following the previous inspection had been fully implemented.

How we gathered our evidence:
As part of the inspection, the inspector met with a number of the residents throughout the day. The inspector spoke in detail with two staff members and the person in charge. The inspector observed numerous interactions between residents and staff and work practices through-out the day. The residents interacted warmly with staff and appeared to enjoy their surroundings. In addition, the inspector
completed a walk around of the house.

The inspector also reviewed documentation, including a number of residents' personal plans, medication related documentation, policies and procedures, fire management related documents and risk assessments. On conclusion of the inspection the inspector met with the person in charge, the director of nursing, a staff member and one of the residents for feedback.

Description of the service:
The designated centre comprised of a large detached bungalow a few kilometres outside a town in County Meath which accommodated seven residents. The inspector found the house to have a warm and welcoming atmosphere and the design and layout of the house provided a bright and spacious environment. Each resident had their own bedroom which was decorated to reflect their interests and contained items of personal interest and photographs of family and friends. Each bedroom included an en-suite bathroom which was equipped to cater for the needs of the resident.

The kitchen and dining area was a suitable size for the number of residents living in the centre. The house included a spacious porch with communal facilities including two open plan sitting areas which were well ventilated, bright and spacious. There were well maintained front and back gardens to cater for outdoor activities in the summer.

Overall judgment of our findings:
Overall, the inspector found this centre was well run and provided a warm and pleasant environment for residents. It was evident that the person in charge and staff were aware of each of the residents’ needs and knowledgeable in the person-centred care practices to meet those needs.

Good practice was identified in areas such as

- Residents were supported to engage in meaningful roles which in turn encouraged and promoted community participation and involvement (outcome 5).
- Residents were supported and empowered to be Knowledgeable of the medication administered to them (outcome 12).
- Residents had been provided with array of supportive and informative pamphlets which were in an easy to read accessible format.
- The person in charge engaged in continuous professional development. (outcome 14).
- All staff have been assigned a specific area of responsibility within the centre ensuring they have a key role to play in delivering person-centered, effective and safe services and supports to the residents (outcome 17).
- Continuity of support and the maintenance of relationships between staff and residents are promoted through regularity of consistent staff teams (outcome 17).
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found that each resident’s wellbeing and welfare was maintained to a good standard. The inspector found each resident’s health, personal and social care support needs were assessed and met by the provider, including an assessment on how residents communicate discomfort. Assessments of residents’ needs were regularly reviewed with involvement from residents, their family members and allied healthcare professionals where appropriate. The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents’ lives. Personal plans reflected the revised assessed needs of residents.

The inspector looked at a sample of personal plans and found them to be up to date and reviewed appropriately. The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. For example, through collaboration with the resident, their family, staff and appropriate allied healthcare professionals, one of the residents was supported to go abroad on holiday with their family.

The inspector found that the residents’ personal plans demonstrated that the residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. The plan included sections such as “all about me”, “things I like to do” and “how I communicate”. Residents had an accessible format of their plan which contained photographs of their planned goals, the progression of these goals and their completion.

The residents’ personal plans promoted meaningfulness and independence in residents’
lives and recognised the intrinsic value of the person by respecting their uniqueness. For example, one resident was supported to carry out daily postal tasks through collecting and delivering mail in a number of houses that were associated with the organisation. Residents were also involved activities of their own personal choosing such as gardening, bowling, cinema, cake making, and attending evening social clubs and local hair and beauty clinics.

Four residents were attending local day services and there was a plan in process to collaborate with the day services in an effort to better support the residents achieve their goals. Three residents were part-taking in a New Directions type programme that provided person-centred support which was tailored to meet individual need, promote community inclusion and independence. The programme promoted residents living a life of their choosing in accordance with their own wishes, needs and interests. Part of this programme saw residents encouraged to develop their goals further through trialling new experiences at a pace that was comfortable to them.

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):
No actions were required from the previous inspection.

Findings:
There were arrangement in place to promote and protect the health and safety of residents and staff. All health and safety, risk management policies and procedures were in place and reviewed regularly. The inspector found that overall the health and safety and risk management of residents, visitors and staff was promoted and protected.

A comprehensive risk management policy was implemented through the centre. The policy included the identification and management of risk, measures in place to control identified risk and arrangements for identification, recording and investigation which met the requirement of regulation 26.

Satisfactory procedures were in place for the prevention and control of infection which were in line with standards published by the Authority. These procedures were ensured by daily and weekly cleaning audits and checks. The inspector found that the house was well maintained and clean throughout.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving residents including, satisfactory measures to prevent
accidents. The centre’s organisation has recently set up a national “learning notice” facility to support shared learning arising from any incidents or accidents that may have occurred.

The inspector found that there was a good system in place for the prevention and detection of fire. The audit and inspection requirements set out in the safety statement included monthly and weekly checks ensuring precautions implemented, reflected current best practice.

There was evidence to show that fire-fighting equipment, fire alarms and emergency lights were appropriately installed and serviced by an external company. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits, emergency and other safety precautions. Within these checks, the centre was incorporating new 2018 guidelines provided by their organisation which included bi-annual checks on fire doors.

All staff fire safety training was up to date and reviewed regularly. The inspector saw that each resident had a personal emergency evacuation plan which was reviewed appropriately. There were arrangements in place to support the mobility and cognitive understanding of residents in the evacuation procedure. On speaking with staff the inspector found that they were knowledgeable in the safe evacuation of residents including procedures for residents who required extra support around mobility. Residents were also supported through an accessible format of evacuations instructions and had just completed a successful fire drill the day previous to the inspection.

The house provided two road-worthy vehicles so that residents could be transported to their different social activities. Other organisational vehicles were available to the centre, when required, to further support activity choice for the residents. There were daily and weekly audit systems in place to ensure the vehicles’ on-going road-worthiness and that they were, at all times, suitably equipped. The inspector saw from a recent residents' meeting minutes, that one of the residents voiced that they “felt safe” in the centre’s vehicle.

**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):
No actions were required from the previous inspection.

Findings:
The inspector found that there was a suite of policies and supporting procedures in place for the prevention, detection and response to abuse including measures to keep residents safe and protect them from harm. There were comprehensive policies and procedures in place for intimate care of residents which staff were all knowledgeable in. The inspector observed warm and respectful interactions between staff and residents and it was evident that there were positive and trusting relationships between residents and staff.

On speaking with staff members, the inspector found that they were aware and knowledgeable of the safeguarding policies and procedures in place. There was documental evidence to show that all staff had been provided with safeguarding vulnerable adults training. There were arrangements in place for incident, allegations and suspicion of abuse to be recorded. There was a designated officer for the centre and their photograph and contact details were displayed clearly in the hallway of the house. There were easy to read safeguarding guidelines and information on ‘rights’ available to the residents.

There was a photographed poster with details of the local ‘vulnerable person’s confidential recipient’ hanging in the main hall and a copy was also included in the residents’ individual information boxes in their bedrooms.

The inspector found that the rights of the resident were protected in the use of restrictive procedures with any restrictive practices in place being continuously reviewed and alternative measures continuously sought. For example a recent assessment by an allied healthcare professional resulted in a more comfortable and protective support for a resident.

There was a policy in place for the provision of behaviour support. The plans in place for positive behaviour support included clear guidance for staff and it was evident that efforts were being made to identify and alleviate the underlying causes of behaviours through the behaviour support planning process in place. Furthermore there was psychology and psychiatry support available to the residents if required.

The inspector found that there were comprehensive systems in place to protect residents against financial abuse through appropriate practices and record keeping. Residents had been assessed for financial management which was reviewed appropriately. Residents were provided with easy to read “my money counts” which was contained within their personal plan.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were arrangements in place to support residents on an individual basis to achieve and enjoy the best possible health. Furthermore, there were arrangements in place to ensure that appropriate healthcare was made available for each resident, having regard to their personal plan.

Residents had an up to date healthcare plan which demonstrated appropriate access to a general practitioner of their choice and allied health professionals when required. Residents’ healthcare needs were appropriately assessed and continuously reviewed.

The inspector found that residents were activity encouraged to take responsibility for their own health and medical needs where appropriate. On speaking with one of the nurses, the inspector was advised that a number of the residents were aware of what their medication was for both through nurses informing them on administration, and also through easy to read medical information leaflets provided in their personal plans.

Residents were offered the choice of healthy meals which were discussed at their weekly meetings. The inspector saw that there were cookbooks in the kitchen to support healthy options and choice. On the day of inspection the inspector observed that there was a choice of evening meal for the residents with a number of residents advising the inspector how much they were enjoying their meal. Where residents were offered support to eat and drink, the inspector observed that it was carried out in a sensitive and appropriate way. There was positive and social engagement between staff and residents throughout mealtime.

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):
No actions were required from the previous inspection.

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medication to residents. PRN medication included protocols, rationale and review dates.

Individual medication plans, including details of allied healthcare services offered, were appropriately reviewed and put in place as part of the resident’s personal plan. There was a comprehensive epilepsy plan in place which included recording charts which were regularly reviewed to identify seizure patterns. The nurse advised the inspector that they were in regular contact with a clinical epilepsy team to avail of advice and guidance when required.

Residents’ medical self-assessments had been carried out resulting in no resident self-medicating however, residents were empowered to be knowledgeable in what their medication was for through accessible information and engagement with nurses. During the day the inspector observed one of the nurses on duty administer medication to a resident in a caring, supportive and professional manner.

The inspector found that the processes in place for handling medicines were safe and in line with current guidelines and legislation. Two nurses worked in the centre each day and were responsible for administering medication to residents. There was a locked medical cupboard and fridge in place with an extra locked cupboard for controlled medicine.

The inspector saw that the storage of the medicine cupboard had been strategically laid out to support quick access to rescue medication if required. The inspector also saw that residents’ photographs were attached to their individual medicine boxes which added to the safe administration of medication practice in place.

The inspector found that there were appropriate procedures for handling and disposing of unused and out of date medicines. There was a system in place for reviewing and monitoring safe medication management practices which was evident through the daily, weekly and monthly audits that took place.

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):
No actions were required from the previous inspection.

Findings:
There were effective management systems in place to oversee the designated centre. A clearly defined management structure identified the roles and responsibilities of relevant managers which detailed the lines of authority and accountability which were in place regarding the management of the centre.

The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcome for the residents. The person in charge, supported by the two nurses, organised monthly house audits surrounding procedures in fire safety, residents’ goals, residents’ finances, health and safety, medical management and staff training. The person in charge advised the inspector that she attends monthly managers’ meetings relating to the quality and safety of the service delivered.

The annual report was completed in November 2017 and was available to residents and their family if requested. The most recent six monthly unannounced review took place in September 2016. Furthermore, the inspector found documental evidence that the provider carried out random monthly inspections which were similar in content to the six monthly unannounced reviews.

The inspector found that overall, the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge advised the inspector that she felt supported by management.

The person in charge informed the inspector that she was committed to continuous professional development and was due to attend a course which had the potential to enhance and support the centres’ supervision process.

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):
No actions were required from the previous inspection.

Findings:
The inspector reviewed staff rosters and found that staffing arrangements included enough staff with the right skills, qualifications and experience to meet the needs of residents. Since the last inspection there has been an improvement in staff resources which resulted in residents having more choice around evening activities and further to this, the number of nurses on duty increase from one to two.

The inspector found that there were arrangements in place for continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. For example, where agency staff were employed efforts were made to ensure the same agency staff were continuously requested.

The inspector looked at a sample of staff files and found that the requirements of Schedule 2 of the regulations in relation to staff documentation was met and members of staff, where appropriate, had an up to date registration with the relevant professional body.

There was a training schedule in place which ensured staff training was occurring when necessary and kept up to date. The inspector found evidence that all staff had received mandatory training including safeguarding, first aid, manual handing, fire safety and health and safety. Complementary to this other training was provided to staff around behaviour support, communication and medical matters to enable staff provide care that reflected up to date evidence-based practice.

Staff interviewed by the inspector demonstrated good knowledge of residents’ needs alongside good knowledge of policies and procedures which related to the general welfare and protection of residents. All staff were assigned a specific area of responsibility within the centre, ensuring they had a key role to play in delivering person-centered, effective and safe services and supports to the residents.

The inspector found that satisfactory supervision was in place which improved practice and accountability. The person in charge advised the inspector that supervision meetings in the form of “staff support” meetings had taken place in January 2018 and a schedule was in place for next set of meetings in six months’ time. These meetings addressed key work related topics, resident related topics and training and education required. Staff informed the inspector that they found these meetings to be beneficial to their practice. Staff interviewed advised the inspector that they felt supported by the person in charge and that they could approach her at any time in relation to concerns or issues arising.

The inspectors observed kind, caring and respectful interactions between staff and residents throughout the day.
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:

Jacqueline Joynt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority