



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Edencrest, Riverside & Cloghan flat
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	11 December 2018
Centre ID:	OSV-0005487
Fieldwork ID:	MON-0023405

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Edencrest and Riverside provides full-time residential care and support to adults with a disability. The designated centre comprises of two six bed bungalows located within a campus setting which contains a further three designated centres operated by the provider. Residents in each bungalow have their own bedroom and have access to a communal kitchen, dining room, two sitting rooms, clinic/visitors room and bathroom facilities. The centre and campus is located in a residential area of a town which is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported by a staff team of both nurses and health care assistants. During the day, support is provided at Edencrest by three staff members including nursing staff at all times. Whereas at Riverside, residents are supported by up to four staff during the day including nursing staff at all times. At night-time, residents are supported by two staff members in each of the centre's bungalows which comprises of both a nurse and health care assistant. Additional support is available if required at night through a designated nurse in charge who is responsible for the entire campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
11 December 2018	09:00hrs to 17:35hrs	Stevan Orme	Lead

Views of people who use the service

The inspector met with eleven residents who lived at Edencrest and Riverside during the inspection. Residents who spoke to the inspector told them that they liked living at the centre. Residents further said that they felt safe at the centre and staff supported their needs in a timely and responsive manner.

The inspector also had the opportunity to speak with two family members who were visiting a resident during the inspection. They told the inspector that they felt their relative was happy at the centre and had no concerns about the care and support provided.

Where residents were unable to speak about on the care and support they received, the inspector observed throughout the inspection that they appeared happy at the centre. Furthermore, staff were observed to be responsive to residents' needs, with supports being provided in a sensitive and timely manner and in accordance with needs assessments and nursing interventions reviewed as part of the inspection.

Capacity and capability

The provider's governance arrangements had not ensured compliance with the regulatory requirements for the registration of designated centres following a reconfiguration of the centre to meet residents' needs. The inspector further found that although residents' assessed needs were being met, staffing arrangements were not in accordance with the statement of purpose and a reliance on temporary workers impacted on the continuity of care and support provided.

During the course of the inspection, it was found that the provider had not ensured compliance with regulations relating to the registration of designated centres. The provider had in September 2018 re-configured the centre in order to more effectively meet the assessed needs of a resident within the campus. The reconfiguration had resulted in an increase to the centre's overall foot print, and the provider had not applied to register the new centre as required under the regulations. The provider was instructed on the day of inspection, to submit all documentation required to register the new designated centre to the Chief Inspector within ten working days of the inspection's conclusion.

The centre had a clearly defined management structure, which included a suitably qualified and experienced person in charge, who was supported in their role by a Community Nurse Manager (CNM2). Both the person in charge and CNM2 were actively involved in the day-to-day governance of the centre and were

knowledgeable on residents' assessed needs. Furthermore, staff told the inspector that management were approachable and arrangements were in place to enable them to raise concerns and seek clarification on all aspects of the centre's operations to ensure that residents' needs were met.

The person in charge and delegated staff members completed a range of management audits on the quality of care and support provided at the centre. Audits were completed at set intervals throughout the year and ensured that practices were both in accordance with the provider's policies and residents' support plans. In addition, the provider undertook six monthly unannounced visits at the centre, which reviewed the care and support provided to ensure its compliance with regulations and organisational policies. The findings from both internal and provider's audits were discussed with staff and time-based action plans were implemented to ensure that future practices were up-to-date and effective in nature.

Residents were supported with their assessed needs by a designated team of nurses and health care assistants in each of the centre's two bungalows. However, the provider had not consistently ensured that the appropriate skill mix of staff was available at all times to meet residents' assessed needs. The centre's statement of purpose stated that a nurse should be on duty in each bungalow at all times to meet residents' needs. However, the inspector found that this was not consistently the case, with residents' nursing needs being met by accessing nurses working in neighbouring designated centres as and when required.

Furthermore, due to long-term staff absences adherence to recommended staffing levels was achieved by a reliance on temporary workers which impacted on the continuity of care and support provided, with residents being unclear how their needs would be met and by whom. For example, over one 14 day period in November 2018, the inspector found that 26 different temporary workers had be used on 30 occasions to ensure that staffing levels meet residents' assessed needs. The inspector further found that the regular use of different temporary workers had impacted on residents with challenging behaviour especially where the use of familiar staff was recommended. For example, records sampled showed a high level of anxiety-related incidents for some residents during periods of high temporary worker usage at the centre.

The inspector spoke with permanent staff engaged at the centre during the course of the inspection and found that they were knowledgeable on all aspects of residents' assessed needs. In addition, the provider ensured that permanent staffs' knowledge and practices were kept up-to-date through access to regular training opportunities.

The provider's risk management arrangements clearly identified all areas of concern at the centre and reflected staff knowledge and practices in place. Furthermore, risk interventions were subject to regular review and updated to ensure they safeguarded residents from harm. The provider ensured that all accidents and incidents were reported and subject to review to identify any trends or areas requiring improvement at the centre. The provider also had comprehensive

arrangements in place for the management of adverse events such as emergencies. However, the effectiveness of the centre's evacuation arrangements had not been fully assessed as simulated fire drills had not involved all residents.

Regulation 15: Staffing

Staffing arrangements did not ensure that appropriately skilled staff were available at all times in accordance with the centre's statement of purpose. Furthermore, staffing levels although maintained were reliant on the use of temporary workers which impacted on the continuity of care and support provided to residents. In addition, the person in charge did not ensure that staff rosters were kept up-to-date and reflected all staff on duty at the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were knowledgeable on the assessed needs of residents, and the provider ensured their skills were up-to-date and reflected current health and social care practices through regular access to training.

Judgment: Compliant

Regulation 23: Governance and management

The provider's governance arrangements had not ensured that the Chief Inspector was informed of structural changes to the centre's premises as required under the regulations. In addition, governance arrangements had not ensured that the centre was resourced in accordance with its statement of purpose.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had not ensured that the centre's statement of purpose was updated to reflect the services and facilities provided on the day of inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had arrangements in place which ensured that both residents and their representative were aware of their right to make a complaint about the services received. Where complaints had been received, they had been recorded and investigated by the provider in-line with their organisation's policy.

Judgment: Compliant

Registration Regulation 5: Application for registration or renewal of registration

The provider had not ensured that the Chief Inspector was informed of a reconfiguration of the centre which had resulted in structural changes to its premises increasing its overall foot print.

Judgment: Not compliant

Quality and safety

During the course of the inspection, the inspector found that arrangements in place for the provision of care and support ensured that residents' assessed needs were met as described in their personal plans. Furthermore, care and support arrangements were subject to regular reviews into their effectiveness and ensured that residents were kept safe and protected from harm.

Residents' personal planning arrangements were comprehensive in nature and clearly informed how residents' needs would be met which was further reflected in staff knowledge and observed practices. Residents and their representatives were encouraged to be involved in the development of personal plans and attended regular annual review meetings. Annual reviews were also attended by multi-disciplinary professionals associated with the residents' care and support. Review meeting assessed the effectiveness of all supports provided to residents, with any subsequent recommendations being incorporated into a revised plan to ensure a consistency of approach. Residents were further supported to be informed about how their needs would be met through the availability of an accessible version of their personal plan.

Comprehensive behaviour support plans were in place to support residents with

challenging behaviour. Plans were subject to regular review and developed in conjunction with a behavioural specialist to ensure their effectiveness in meeting residents' needs. Plans reflected staff knowledge and clearly guided them on the residents' behaviours, possible triggers and agreed support strategies. Staff knowledgeable was further kept up-to-date through attendance at training on positive behaviour management and breakaway techniques. Where residents' assessed needs required the use of a restrictive practice, governance arrangements ensured that clear rationales were in place to guide staff on when, why and how they should be used. In addition, the use of recommended restrictive practices was subject to review by multi-disciplinary professionals to ensure they were the least restrictive measure available to meet residents' needs.

Residents were supported to participate in a range of activities both at the centre and in the local community. Residents were supported to attend day service provision in the surrounding areas which reflected their assessed needs which they enjoyed. Where residents did not access external day services, a bespoke programme was in place facilitated by centre staff with residents accessing the campus' recreational hall for activities such as reflexology and music therapy. Residents were also supported to access facilities in the local community such as sensory environments, cinemas and swimming pools. In addition, at evening times and the weekend, residents were supported to enjoy walks and to do their personal shopping in local towns.

The provider had arrangements in place which informed residents and their representatives about their rights. Information was available in accessible versions and displayed at the centre on how to access advocacy services and the provider's complaint management arrangements. Where residents or their representatives had lodged a complaint, the person in charge had ensured they were investigated in accordance with the organisation's policy and actions were undertaken to achieve their resolution. In addition, the person in charge completed regular quarterly audits on complaints received, in order to identify any trends or improvements required to practices at the centre.

The provider ensured that robust arrangements were in place to safeguard residents from the risk of abuse. Clear reporting and investigation arrangements were in place, and staff were knowledgeable on what to do in the event of a safeguarding concern through training and information displayed throughout the centre. Where safeguarding concerns had been reported, clear support plans were implemented which reflected staff knowledge and had lead to a reduction in the risk. In addition, the provider had regular safeguarding meetings facilitated by the campus' designated safeguarding officer, which ensured that active safeguarding interventions were reviewed to ensure they were both up-to-date and effective in protecting residents.

Regulation 10: Communication

Residents were supported by staff to express their needs and wishes through their preferred method of communication. In addition, accessible information was available to residents about their personal rights and how their assessed needs would be met by staff.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported by staff to participate in a range of activities both at the centre and within the local community which reflected their assessed needs and supported them to achieve their personal goals.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that residents were kept safe and protected from harm. Arrangements ensured that where risks were identified, they were appropriately assessed and control measures introduced. In addition, risk control measures were subject to regular review which ensured they were both up-to-date and effective in nature.

Judgment: Compliant

Regulation 28: Fire precautions

Although fire safety arrangements were in place at the centre, the provider had not ensured that all residents had participated in a simulated fire drill to ensure they could be effectively evacuated in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans clearly described residents' assessed needs and associated support interventions, with accessible information available to residents. The provider ensured that personal plans were regularly reviewed to ensure they effectively

supported residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents' personal plans clearly informed staff about how their healthcare needs were to be supported. Support arrangements ensured that residents were assisted to access medical professionals when required including preventative health care initiatives such as influenza vaccinations.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that detailed behaviour plans were in place to support residents with behaviour that may challenge. Staff were knowledgeable on residents' behaviour plans and the provider ensured their skills were kept up-to-date through access to positive behaviour management training. The provider further ensured that behavioural supports, including the use of restrictive practices, were subject to regular review both on their effectiveness and suitability to meet residents' assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse, including clear reporting arrangements and up-to-date staff training. Where safeguarding concerns had arisen, the person in charge had implemented safeguarding plans to protect residents from further risk of harm which reflected both the provider's policy and staff knowledge.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Edencrest, Riverside & Cloghan flat OSV-0005487

Inspection ID: MON-0023405

Date of inspection: 11/12/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person In Charge shall ensure that there is a planned and actual rota that is reflective of staff on duty is the designated centre. The Person In Charge will also ensure that the rota is up to date. Completion Date : 02-01-19</p> <p>The Person In Charge will</p> <ol style="list-style-type: none"> 1. Review all long term staff absences from the designated centre 2. Replace long term staff absences with consistent staff to prevent reliance on agency staff and ensure consistency of staffing within the designated centre. <p>Completion Date: 31-03-19</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider has completed an application to Register Edencrest Riverside & Cloghan Flat. The required documentation has been submitted to HIQA</p> <ol style="list-style-type: none"> 1. Application to Register Edencrest, Riverside & Cloghan Flat 2. Updated Statement of Purpose to reflect changes in the designated centre <p>Completion Date 21-12-18</p> <p>Additional Documentation has been requested by HIQA Planning Compliance Form or</p>	

Planning Compliance Self Declaration Form and copy of resident guide

The Registered provider will submit the following documentation to HIQA

1. Planning Compliance Self Declaration Form
2. Copy of Residents Guide

Completion Date: 23-01-19

The Registered Provider has updated the Statement of Purpose to reflect that the nursing needs of the residents are met by nurses working within the campus.

Completion Date: 21-12-18

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Registered Provider has reviewed and updated the Statement of Purpose to reflect the changes to the footprint of the designated centre. The updated Statement of Purpose has been submitted to HIQA

Completion Date: 21-12-2019

Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
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Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:

The Registered Provider has completed an application to Register Edencrest Riverside & Cloghan Flat. The required documentation has been submitted to HIQA

3. Application to Register Edencrest, Riverside & Cloghan Flat
4. Updated Statement of Purpose to reflect changes in the designated centre

Completion Date 21-12-18

Additional Documentation has been requested by HIQA Planning Compliance Form or Planning Compliance Self Declaration Form and copy of resident guide

The Registered provider will submit the following documentation to HIQA

3. Planning Compliance Self Declaration Form
4. Copy of Residents Guide

Completion Date: 23-01-19

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider will ensure that all residents participate in a simulated fire drill to ensure they could be effectively evacuated in the event of an emergency Date of Completion – 18-01-2019	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	23/01/2019
Regulation 15(1)	The registered provider shall 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	Not Compliant	Orange	31/03/2019

	size and layout of the designated centre.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/03/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	02/01/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	23/01/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	18/01/2019
Regulation 03(1)	The registered	Substantially	Yellow	21/12/2019

	provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Compliant		
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