



Office of the Chief Inspector

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

Name of designated centre:	Sruthan House
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	24 July 2019
Centre ID:	OSV-0002565
Fieldwork ID:	MON-0027176

About the designated centre

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

Sruthan House provides a respite service for people with physical and/or sensory disabilities. The centre provides twenty four hour respite care to both males and females aged 18 – 65 years old. The centre opens for ten days each fortnight. The house is located in a large town in Co. Louth. The house includes three single bedrooms and two bathrooms. There are ceiling hoisting tracks in all bedrooms. There is also a fourth bedroom currently allocated as a staff sleepover bedroom and storage space. The house contains a sitting room, a kitchen and dining area, a laundry room with w/c and a shower room. There is a small garden out the front of the house and a large accessible garden with an open roofed area out the back. There is accessible transport available to the residents for community activities and trips. There is a full time person in charge and twelve health care workers are employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
24 July 2019	10:00hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector met with three of the residents and the staff members supporting them. The inspector sat with the residents in the garden and spoke with them about the plan for the day. Positive interactions between the residents and the staff team were observed during this time and throughout the inspection.

The inspector met with one of the residents in the centre's dining room. The resident spoke of the positive service they have received, how they enjoy coming to visit the centre and enjoyed the break. The resident spoke of the same staff being in the centre and that they all know each other and that the residents are given plenty of information and choices.

The inspector interacted with another resident that was availing of the respite service for the first time. The resident nodded when asked if they had enjoyed their time in the centre and if they would come back. The resident appeared happy and comfortable when interacting with the other residents and staff members.

The inspector met with the third resident and a family member. The resident and family member spoke of the positive service being provided and that the centre had a homely environment.

Capacity and capability

Residents were being provided with a good quality and safe service and systems of governance and management supported this. The centre had a detailed admissions policy that outlined how each application to the centre was determined and the compatibility of residents was addressed as part of the admissions and planning process. This system was leading to positive respite stays for residents.

Potential residents or their representatives were supported to visit the centre prior to their admission. There was also evidence of the person in charge of visiting potential residents in their homes if necessary in order to prepare for their stay in the centre.

The person in charge was employed on a full-time basis and had the required qualifications, skills and experience necessary to manage the service. The person in charge had detailed knowledge of the residents using the service and the inspector observed positive interactions between them and the residents.

There was a clearly defined management structure in the centre. The person participating in management was active in the management of the centre and was

supporting the person in charge. The person in charge attended senior management meetings on monthly basis, these meetings generated learning and this was then fed back to the staff team through staff meetings. The person in charge delegated duties to the staff members each day. There were plans in place for when the person in charge was not present and shift leaders were identified on the centre's roster. There were on-call management systems in place and also an on-call service in place regarding medication support.

There were effective auditing systems in place in the centre that were monitored by the person in charge and staff team. These systems led to regular reviewing of the centres practices and care being provided to the residents to support continual improvement.

An annual review of the quality and safety of care and support had been completed by the provider. There was evidence that the residents and their representatives had been consulted during this and that there had been a number of compliments received in regards to the service being provided.

An unannounced visit had also been carried out by the provider that reviewed the safety, quality of care and support provided in the centre. A written report had been created and a plan had been put in place to address any concerns raised regarding the standard of care and support provided to the residents.

The provider had ensured there was an effective workforce in place. There were effective arrangements in place to support, develop and performance manage the staff team in the centre. The staff team were receiving supervision in line with the provider's policies and regular team meetings were taking place. Staff members were supported to raise concerns regarding the care and support being provided if necessary.

Volunteers visited the residents during their stays in the centre. The person in charge had ensured that the volunteers had provided the Garda vetting disclosures and their roles and responsibilities were clearly defined.

The number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. There was also evidence that the person in charge had flexibility in increasing staffing numbers if required. Nursing care was provided to residents who required same by the public health nurse. This was arranged prior to the resident visiting the centre and there were plans in place on how to access the public health nurse in the residents care plans.

The centres planned and actual roster was reviewed. There was evidence that there was a consistent staff team supporting the residents and this was also referenced by one of the service users. A sample of the staff teams files were reviewed by the inspector. Those reviewed contained the required information laid out in schedule 2 of the regulations.

Staff supporting the residents had received appropriate training, including refresher training. There was a training needs analysis in place and there was evidence that the person in charge was reviewing and updating same on a regular basis. Staff

members were receiving supervision from the person in charge and this was taking place in line with the provider's policies and procedures.

There was a complaints procedure in place that was readily available to residents. Residents were made aware of the complaints procedure as part of their induction and also through residents meetings during their stays. There was evidence that a recent verbal complaint made by a resident about an aspect of the service had been reviewed and dealt with by the person in charge and staff team. However, the complaint was not managed within the time line set out in the provider's policies and procedures. The inspector observed that measures had been taken by the person in charge and staff team to improve the response to complaints going forward.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the required qualifications, skills and experience necessary to manage the service. The person in charge had detailed knowledge of the residents using the service and the inspector observed positive interactions between them and the residents.

Judgment: Compliant

Regulation 15: Staffing

The number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff supporting the residents had received appropriate training, including refresher training. There was a training needs analysis in place and there was evidence that the person in charge was reviewing and updating same on a regular basis.

Judgment: Compliant

Regulation 22: Insurance

The centre had a contract of insurance that met the requirements set out in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre. There were auditing systems in place that ensured that the service being provided to residents was to a high standard.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The centre had a detailed admissions policy that outlined how each application to the centre was determined on the basis of transparent criteria in accordance with the centre's statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers visited the residents during their stays in the centre. The person in

charge had ensured that the volunteers had provided Garda vetting disclosures and that their roles and responsibilities were clearly defined.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place that was readily available to residents. Residents were made aware of the complaints procedure as part of their induction and also through residents meetings during their stays. There was evidence that a recent verbal complaint made by a resident about an aspect of the service had been reviewed and dealt with by the person in charge and staff team. However, the complaint was not managed within the time line set out in the provider's policies and procedures. The inspector observed that measures had been taken by the person in charge and staff team to improve the response to complaints going forward.

Judgment: Substantially compliant

Quality and safety

The main purpose of the respite service was to provide the residents with a break or a holiday from their normal routines. Residents availing of the respite service had received assessments of their health, personal and social care needs. Personal plans were updated regularly and residents were supported to choose their activities prior or on arrival to the centre by staff members. The residents' views and wishes were respected by the staff team; this was evidenced by a review of a sample of residents' activity plans. Residents' responses to questionnaires about the centre highlighted that they were happy with the service they were receiving. There was also information on rights available to residents in the centre. The topic was also covered as part of potential residents' induction and also during resident meetings.

The health care needs of the residents were being met and the provider was ensuring that residents had access to allied healthcare professionals when staying in the centre.

The provider had ensured that the risk management policy met the requirements set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly and addressed the social and environmental risks. Resident specific risk assessments were also in place and these again were reviewed regularly.

Staff members had received training in the management of behaviour that is challenging including de-escalation and intervention techniques. There were restrictive practices in place in the centre that were the least restrictive method and were reviewed frequently. Restrictive practices were reviewed by the centres person in charge and also by members of the provider's multi-disciplinary team.

Staff members supporting the residents had received the appropriate training in relation to safeguarding residents. Residents were assisted and supported to develop knowledge self-awareness, understanding, and skills needed for self-care and protection. There were posters on how to raise safeguarding concerns and also information leaflets in the residents' bedrooms. Safeguarding was discussed during the induction process for potential referrals and also during residents' meetings.

There was information on how to access advocacy services and the inspector observed visits from advocates to the centre.

There were systems in place to ensure the prevention of fire, and the safe management of any emergency. There was appropriate fire safety equipment available, and fire doors throughout the centre. Each resident had a personal evacuation plan which outlined the support needs in case of an evacuation. The appropriate servicing and maintenance of equipment had taken place, and regular fire safety checks were undertaken and documented. The fire evacuation procedures were addressed during the residents' induction process and also during resident meetings.

The centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines. There was also evidence that staff members working in the centre had received adequate training to administer medication safely. The inspector reviewed the storing, disposal and returning of medication with a member of the staff team, who was competent in explaining the practices, carried out regarding same.

Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their wishes. There was also suitable communal and private areas for residents to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to retain control of their personal property and

possessions during their stays in the respite service.

Judgment: Compliant

Regulation 20: Information for residents

There was a resident guide in place that consisted of the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to ensure the prevention of fire, and the safe management of any emergency. There was appropriate fire safety equipment available, and fire doors throughout the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines. There was also evidence that staff members working in the centre had received adequate training to administer medication safely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents availing of the respite service had received comprehensive assessments of their health, personal and social care needs. Personal plans were updated regularly; residents were supported to choose their activities prior or on arrival to the centre by staff members.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff members had received training in the management of behaviour that is challenging including de-escalation and intervention techniques. There were restrictive practices in place in the centre that were the least restrictive method and were reviewed frequently.

Judgment: Compliant

Regulation 8: Protection

Staff members supporting the residents had received the appropriate training in relation to safeguarding residents. Residents were assisted and supported to develop knowledge self-awareness, understanding, and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were involved in choosing the type of care they received during their stays in the centre. A review of a sample of the residents' activity plans highlighted this. Residents' responses to questionnaires also highlighted that they were happy with the service. There was information on rights available to service users in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sruthan House OSV-0002565

Inspection ID: MON-0027176

Date of inspection: 24/07/2019

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The need to adhere to dedicated timelines when responding to complaints was discussed and agreed at a staff meeting which took place on 16 September 2019. Going forward all complaints will be managed in accordance wit the relevant policies and procedures.	

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
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	16/09/2019