

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	SVC - AT
Centre ID:	OSV-0004022
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Mary Reynolds
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	1

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 decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 July 2016 09:35 To: 20 July 2016 20:40

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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 unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection which was conducted over three days from 29 September to 1 October 2015 were also followed up as part of this inspection, with a particular emphasis on assessing the provider's progress with their planned improvements to the centre's premises. The findings from both inspections will now inform the registration decision for this centre.

How we gathered our evidence

The inspector met with a number of the staff team which included care staff, household staff, staff nurses, day activation staff, the CNM1 who was deputising for the person in charge who was on annual leave and the CNM3 who had particular responsibility for this centre. The inspector also spoke with two residents to garner their views on their lived experience in the centre. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents. Overall, residents appeared happy and contented in their home and residents also communicated this to the inspector. As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises, paying particular regard to improvements that had been identified as required on the last inspection .

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was situated in a campus setting and was comprised of two distinct bungalow type units that were purpose built in the early nineties. The bungalows had a very similar lay out with five single rooms, two double rooms and communal areas which comprised dining, recreational, kitchen and family areas. There was capacity for 17 residents but it was now home to 16 female residents over 18 years of age, with eight ladies living in each bungalow type unit. On the day of inspection there were 15 residents in the centre as one lady was spending a few days with her family. The statement of purpose stated that the centre was providing support to residents with a moderate to severe intellectual disability who additionally had physical and medical needs. These needs included epilepsy, respiratory conditions, sensory disabilities, cerebral palsy, dysphagia, mental health needs and autism.

Overall judgment of our findings

Fifteen outcomes were inspected against with four outcomes found to be moderately non-compliant. Substantial compliance was found in residents' rights, dignity and consultation, health and safety and risk management, statement of purpose, governance and management, healthcare, use of resources and records and documentations to be kept. Compliance with the regulations was found in admissions and contract for the provision of services, safeguarding and safety management, medication management and absence of the person in charge.

Significant areas for improvement were required in the core outcome of workforce, particularly in ensuring that adequate staffing levels are provided to residents in the evening time to fully meet their needs and wishes. The inspector observed that in response to the immediate workforce action that the service provider received at the time of the previous inspection to roster a staff nurse only on night duty, a comprehensive review of the needs of residents in one of the units over a 24 hour period had been completed. This report was completed in January 2016 and concluded that a care staff was currently appropriate to support residents' needs at night in that unit but that this would be reviewed in line with the residents' changing needs.

Residents' social care needs required improvement in their identification, implementation, review and evaluation and in ensuring that residents are consistently facilitated with opportunities to engage in both meaningful and community based activities. Additionally, residents require greater opportunities for new learning and skills development.

The centre's premises was assessed to have moved from major to moderate non-compliance as actions relating to storage had been addressed, there was an increase in communal space for residents and the service provider had completed the required assessments and was found to be progressing with plans to enhance the quality of the residents' environment.

These findings along with others are further detailed in the body of the report and 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):

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

Findings:

In general, the inspector found that residents' rights, dignity and consultation were supported. However, some improvement was required regarding the display of residents' private information in the centre.

The inspector observed that the implementation of actions from the previous inspection had resulted in improvements in the facilitation of residents' privacy and dignity. Their supporting documentation had been reviewed to ensure that it was respectful and age appropriate. The inspector noted evidence that staff were receiving ongoing education with this practice. Staff were observed to interact with residents in a warm respectful manner.

However, during a walkabout of the premises the inspector observed that there was an institutional like shower list displayed in the residents' bathroom. This was removed immediately by staff when the inspector queried it's purpose. Also, the inspector noted that there was some residents' private information displayed on a notice board in the communal corridor.

With regard to the shared bedrooms, the previously identified privacy and storage issues for residents had been addressed. New privacy screens had been researched and purchased with the inspector noting that residents now had adequate storage options available for their personal possessions. Also, the inspector noted that the number of residents now sharing a double bedroom had reduced to four people.

Information regarding their rights and advocacy services was now available throughout the two units to residents. The inspector observed that advocacy meetings were facilitated for residents with the support of a CNM3 who had particular responsibility for this support need. Additionally, the chairperson of the service's advocacy steering group had provided information and support to the residents and their families. The inspector met and spoke with a resident who participated in the local advocacy group. Also, it was observed in the staff training records, that some staff have attended education on this support area.

Judgment:
Substantially 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 the outstanding contract of care at the time of the previous inspection had been signed off by the resident's next of kin.

Additionally, based on learning generalised from across the service the provider had redrafted and reissued the contract of care to ensure increased transparency with residents' long stay charges. The inspector observed the letter of explanation, dated 08 July 2016 that was circulated to residents' families and a contract that had been returned post sign off by the family representative.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

In general, the inspector found that the wellbeing and welfare of residents was supported with their needs outlined in a personal plan. However, as identified on the previous inspection, improvements were required for some residents regarding the identification, implementation, review and evaluation of their social goals. Some residents' opportunities to engage in meaningful activities needed to be further developed and disconnected from their functional needs. Also, the level of community presence was very limited for some residents.

From a review of residents' files, discussion with residents and staff, and general observations the inspector found that some social goal setting for residents was limited in type and frequency and the implementation of some residents' goals was not properly evaluated. For example, one resident's goal was to increase their level of participation in the local and wider community, however this was last evaluated in September 2015 and review of the recording sheet for the last three months showed one outing in June and none in April and May 2016. Another resident was recorded as having completed one outing in March 2016 with it noted that the resident had a positive experience and enjoyed telling people about it.

Also, thus far in June and July 2016 another resident had been out in the community on one occasion. The inspector reviewed a diary which staff informed her was used to record the occasions that residents left the unit for any type of activity, noting the date, time, with whom and what activity they were completing. For a five week period between June and July 2016, this diary showed that seven of the eight residents had left the unit to attend activities on 22 occasions.

During the day of inspection it was observed that some residents appeared to have a significant amount of unoccupied time and this was especially evident in the evening when the staffing between the two units reduced to three staff from 17:30 hours. The inspector observed that there was a sense that residents' activities for the day were completed and they appeared to be orientating then for bedtime.

The inspector observed that some residents were supported to attend the day activation programme on the campus site where a variety of activities were facilitated. These included Jewellery making, bingo, sing-along sessions, lunches out, mass and sensory stimulation and the inspector noted that some residents appeared to enjoy going to these activities, especially the jewellery making as staff highlighted that they had a finished product to take home with them. The inspector also observed that some residents were supported in doing horticultural sessions and on the evening of inspection one resident was supported in an activity by a sessional staff from day services.

The inspector observed that the residents and their representatives were involved in the personal planning process and accessibility in the documentation was noted. Additionally, the inspector observed that staff, had since the previous inspection, and continued to be facilitated with education around person centred planning and goal setting. It was noted that new documentation had been introduced to support this process and a workshop was scheduled for 27 July 2016.

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):

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

Findings:

Overall, the inspector found that the location, design and layout of the centre was suitable for its stated purpose. However, the plans to augment available space for residents and improve accessibility within their home requires full implementation to ensure regulatory compliance.

The inspector found that the deficits regarding residents' space in the communal areas and accessibility requirements were assessed and plans were drafted to address them. The inspector reviewed a file which contained documented evidence of meetings (and walkabouts) in the units which involved the centre management team, staff members, the service provider's engineer, clinical nurse specialist in assistive technology, occupational therapy and physiotherapy. The inspector observed an assistive technology report (7 July 2016) that was completed by the clinical nurse specialist in assistive technology and the occupational therapist. It examined devices, technical aids, strategies, service and practices to improve the quality of life for residents. Plans for improvements were subdivided into short and longer term timeframes. The instillation of sliding doors in the entrance area and the widening of an internal door to the residents' sitting room were prioritised with the building of a sun room onto the residents sitting/dining room planned for completion within the next six-eight months. The planned building of the sun room will also address the identified issue for some residents regarding direct accessibility to their garden. In the interim the deputy person in charge and CNM3 highlighted that residents could currently access the garden by

going out the front door and through the garden gate.

Since the previous inspection storage issues in the centre were reviewed and addressed. A staff shower room was converted into a storage option and also a garden shed was now being used for some suitable items. Also, staff noted that there was less equipment in one of the units as the number of residents living there had reduced. Staff highlighted that they plan in the future to utilise bedroom space for storage whenever this option becomes available. During the inspection it was noted that some equipment for repair was temporarily stored in the visitors' room awaiting collection by the company and staff were unsure when it was due to be collected. Once highlighted, the CNM3 contacted the company regarding same.

During a general walk through the premises the inspector did note that there was improvements since the previous inspection that had enhanced the environment for residents, for example, radiator covers were now in situ. Also, the number of residents in the centre had reduced to 16 which resulted in the number of shared bedrooms reducing to two and increased space in the communal areas. The CNM3 informed the inspector of identified plans to improve the garden areas outside residents' rooms with increased planting.

Judgment:

Non Compliant - Moderate

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:

The inspector found that the health and safety of residents, visitors and staff was not completely promoted and protected in the centre. Improvement was required to comprehensively ensure that the required control measures were put in place to mitigate all identified risks.

The inspector observed that one of the required actions had not been fully completed with regard to the storage of chemical products. A cabinet had been installed in one of the bungalow's sluice room and products were now being stored there. However, this cabinet was not locked at the time of the inspection. The deputy person in charge and CNM3 promptly followed up on this matter and the work was scheduled to be fully completed by maintenance on the following day.

With regard to the other identified action the inspector found that the centre's risk register was updated to include risks associated with the storage of oxygen and lone working at night in the bungalows. Also, there were updated procedures and guidelines available to inform staff practices regarding oxygen.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

The inspector found that there were measures in place to protect residents from being harmed or suffering abuse in the centre. Appropriate actions were taken in response to allegations, disclosures and suspected abuse. The actions required from the previous inspection had been addressed.

Staff members had good knowledge of the different forms of abuse. Staff noted the importance of being aware of how you speak to residents and that they would always treat them with dignity and respect. Additionally, staff outlined how they would respond to potentially abusive situations for residents and were clear with regard to their reporting responsibilities.

Staff training in relation to safeguarding residents was found to be current with the inspector noting that some staff had attended additional refresher training post reported incidents.

During the inspection staff were observed to treat residents in a warm and respectful manner with the inspector observing that residents appeared contented. Also, residents informed the inspector that they felt safe and happy in their home.

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):

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

Findings:

The inspector found that residents' opportunities for new experiences, social participation, education, training and employment required improved facilitation to ensure that residents in the centre are supported to achieve their full potential.

The inspector found that (as outlined in outcome 5) residents' social activities were limited in scope and there was little evidence of new experiences or skills teaching being facilitated for residents.

This regulatory gap was identified during the previous inspection. The inspector acknowledged that assessments had since been completed by the clinical nurse specialist in assistive technology and the occupational therapist but the recommendations and plans were not yet actualised for residents.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

In general, the inspector observed that residents were supported to achieve and enjoy the best possible health. However, some improvements were required regarding residents' mealtime support and food preparation.

The inspector found that residents still required facilitation and support around the preparation and cooking of their own meal choices. The inspector noted that this support need had been identified, assessed and plans to address this need had been drawn up with the assistance of the clinical nurse specialist in assistive technology and the occupational therapist. The inspector was informed by staff of the assistive technology changes planned for the kitchen, for example with the cooker, so that it will facilitate the residents with their food preparation and cooking skills.

The inspector observed an evening mealtime experience for residents and noted that it was a pleasant, relaxed experience and particularly noted the calm manner with which staff supported residents' dysphagia needs.

The inspector found that other actions identified from the previous inspection had been completed. Written guidelines (October 2015) for residents' mealtimes were now available to inform staff practices. This document referenced the facilitation of meal choices for residents and the local process for daily communication with the campus kitchen . The inspector observed that staff did support residents' choice at mealtimes and were observed to prepare other options.

The inspector noted that there were sufficient numbers of staff available to support residents with their meal as staff breaks were now taken over a staggered timeframe. There was evidence of discussion of this change in the unit's team meeting minutes and staff consistently noted this support requirement for residents to the inspector.

The inspector found that residents' access to the dining table had been reviewed by the occupational therapist and specialised tables were being ordered to facilitate residents in sitting around the table together. These tables were trialled with residents on July 15th 2016. The temperature probe had been recalibrated to ensure safe food service.

The inspector found that general practitioner and multidisciplinary supports available were in line with residents' needs.

Judgment:
Substantially 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 inspector found that the action required to ensure that each resident was protected by the centre's policies and procedures for medication management had been addressed. The centre had put appropriate practices in place regarding the secure storage of all medicines and MDA storage was now in a locked box within a locked press in the office.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector reviewed the centre's revised statement of purpose (July 7th 2016) and observed that it contained a narrative description of the environment and floor plans. However, the details of the current staffing complement on the statement of purpose did not correlate with the information found on inspection. There were differences in the numbers and qualification breakdown column.

Judgment:

Substantially 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:

The inspector found that the service provider had management systems in place in the centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. Since the previous inspection the CNM3s conducted and recorded their daily visits to the centre. Review of the CNM3's daily log document showed that there was a variation in the time of the day that visits were completed with observations and issues supported during the visit documented. The CNM3 reported to the inspector that they subsequently communicate and give feedback to the person in charge, the service manager/provider nominee and the other service CNM3s. It was noted that the CNM3 meets on a monthly basis with the person in charge for this centre.

During this inspection the inspector observed that the current night staff roster system hindered the person in charge's ability to adequately supervise and facilitate governance over the practices of the night staff.

Judgment:

Substantially Compliant

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):

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

Findings:

The inspector found that the arrangements for the absence of the person in charge were satisfactory. Since the last inspection a CNM1 had been appointed and commenced in the post in November 2015. He deputises for the person in charge and if both are away a staff is highlighted on the unit's rosters with support provided by the CNM3. The CNM1/deputy person in charge was present during the inspection and the inspector was assured by their knowledge of the residents' needs and wishes, their qualifications and experience as relative to their deputy role.

Judgment:

Compliant

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):

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

Findings:

The centre was not found to be fully resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. Improvement was required in the staffing complement.

As outlined in outcome 17, the staffing complement was not observed to be sufficient enough to support residents in fully achieving their personal plans. The inspector was informed of the centre's current staff recruitment campaign and that at the time of inspection two new care staff were being processed by human resources.

Judgment:

Substantially 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):

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

Findings:

The inspector found that the staff numbers were not consistently appropriate to meet the assessed needs of residents and to ensure the safe delivery of services.

The inspector conducted observations, interviewed staff and reviewed documentation, all of which demonstrated that the number of staff was not consistently appropriate to the needs and wishes of the residents, particularly when the number of staff fell to three in the evening across the two units of the centre. This necessitated that a care staff

moved between units to support residents' basic care needs. Additionally, it negatively impacted on residents' opportunities to engage in meaningful and community based activities, as observed during the inspection. Review of two random weeks in the preceding months showed that on six occasions staffing supports available to residents reduced to three staff from 17:30 - 20:00 hours. The service provider acknowledged this gap and informed the inspector of their current recruitment campaign and stated that two additional care staff were being processed by human resources.

Actions from the last inspection were implemented with improvements observed in the provision of nursing care to residents. A new CNM1 was appointed and there was an additional two care staff in the overall staffing complement. Also, the reduction in the number of residents in the centre had reduced the level of assessed nursing needs. This was observed and noted to the inspector by a number of staff and the deputy person in charge. The person in charge continued to be supernumerary when on duty. Additionally, the role of the runner staff at night was reviewed and documented.

A comprehensive review of the needs of residents in one of the units over a 24 hour period had been undertaken and completed in response to the immediate action that the service provider received at the time of the previous inspection to roster a staff nurse only on night duty. It involved the analysis of a variety of information and data sets that related to the residents care and supports, other campus supports available at night to the staff and the completion of risk assessments. This report was completed in January 2016 and concluded that a care staff was currently appropriate to supporting residents' needs. A care staff recommenced night duty in this unit on 2 March 2016, working opposite a staff nurse between one to three nights a week. However, it noted that in the event of changes to residents' assessed nursing needs, these needs will be supported. The report also stated that this would be monitored by the person in charge and the persons involved in the management of the centre. The inspector observed during discussions on inspection that there was clearly an awareness of this condition with the CNM1, CNM3 and the provider nominee.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found that there were gaps in relation to the maintenance of residents' records and the required policies to underpin staff practices. This related to two outstanding actions from the previous inspection.

The inspector observed that the facilitation of residents' continence care was not clearly recorded in their plans. The inspector noted that this was particularly important for residents due to the practice of staff crossing over between the units when the staffing complement was reduced.

The review of the centre's policy on gastrostomy care which was identified from the previous inspection had commenced. The inspector observed documented evidence, in 12 April 2016 minutes, that it was being reviewed by the service's clinical standards and procedure committee. However, the timeframe for completion of the review was exceeded and staff were unclear of when it would be completed. The inspector observed that the service had sourced ancillary training for staff in the provision of PEG tube care.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Thompson
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:	SVC - AT
Centre ID:	OSV-0004022
Date of Inspection:	20 July 2016
Date of response:	

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents' private information was displayed in shared areas of the centre.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

White board in place in designated centre to assist with communication re activities on offer. If names of residents are placed on the board- this to be screened by a cover on the board to preserve their privacy.

Proposed Timescale: 12/10/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some residents' social goals require improvement to ensure that they facilitate meaningful activities and community participation.

2. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

(a) PIC/deputy to ensure that promotion of meaningful activities and building community integration is discussed at staff meetings.

(b) PIC/Deputy and keyworker to carry out a monthly audit of activities for each resident. Based on the evaluation of previous activities and community outing a plan to be devised for the following month to support increased community participation.

(c) PIC/Deputy to utilise volunteers currently in the designated centre to support increased community participation with the resident they visit.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The implementation of the identified plans is required to ensure that the premises meets the number and assessed needs of residents.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

(a) Internal doors as identified in refurbishment work to be widened and sliding doors installed at entrance to the centre. 30th January 2017

(b) Provisional plans for sun room to be escalated to planning permission stage with a timeline for building to commence within two months of same been approved. 30th June 2017

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Residents require the implementation of plans and recommendations from the assistive technology assessment to support them in achieving their maximum potential and best quality of life.

4. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

PIC/Deputy to work with CNS in assistive technology to implement recommendations outlined in the assistive technology report to enable residents have increased control and independence within their living environment.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

Residents still require the implementation of plans to ensure that they have full accessibility in their living environment.

5. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Internal doors as identified in refurbishment work to be widened and sliding doors installed at entrance to the centre.

Proposed Timescale: 30/01/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

All the required control measures were not in place to mitigate the identified risk with chemical products.

6. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

Chemical stores in the sluice room are kept in a locked press.

Proposed Timescale: 12/10/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Access to education, skills teaching and activities particularly external to the centre were limited for residents.

7. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

PIC/Deputy and keyworkers to identify daily living skills and goals for development of each resident and update in care plan.

Proposed Timescale: 30/11/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents required support and facilitation of skill development in the preparation and cooking of their food and meal choices.

8. Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

(a) Designated centre is currently changing the system for accessing weekly groceries from a central store on campus. Residents will assist with buying groceries from local supermarkets on a weekly basis.

(b) Residents will be assisted to prepare and cook some meals if they wish to do so.

Proposed Timescale: 30/11/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Details of the current staffing complement on the statement of purpose did not correlate with the information found on inspection.

9. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

There was a typing error in the statement of purpose and function. Same amended and to be forwarded to HIQA (same received by Registration Department)

Proposed Timescale: 30/08/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

No arrangements were in place to facilitate the person in charge to have oversight and accountability for service provision over a 24 hour period.

10. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- (a) A review of current night duty systems to be carried out by HR and the Service Manager taking into account the need for the PIC/Deputy to have oversight and accountability for service provision in the designated centre over a 24 hour period.
- (b) PIC/Deputy will liaise with Night Managers to ensure representatives from permanent night duty staff attend MDT reviews, training sessions and meetings as required in the designated centre
- (c) PIC/Deputy will adjust their roster to ensure they have lap over time to meet night staff on a monthly basis.

Proposed Timescale: 31/01/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

Staffing resources were insufficient.

11. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Two Care Staff vacancies at time of inspection have been filled. One staff commencing on the 15th August 2016 and the second staff awaiting reference checks and garda vetting.

Proposed Timescale: 30/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff in the centre was not consistently adequate to meet the assessed needs and wishes of residents.

12. Action Required:

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

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

Two Care Staff vacancies at time of inspection have been filled which will increase staffing from 5.30-8 by an additional person on four evenings a week. This will assist with supporting residents to have access to increased social and recreational opportunities in the evenings.

Proposed Timescale: 30/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Review of the centre's policy for gastrostomy care was not completed as outlined in the service's action plan from the previous inspection.

13. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Updated draft policy on gastronomy care has been circulated for comment by the Chairperson of the clinical policies and procedures committee. Policy to be circulated when all amendments are completed. Still in draft form and awaiting to be signed off by Director of Nursing.

Proposed Timescale: 30/10/2016

Theme: Use of Information

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

Residents' records did not reflect the facilitation of their continence care.

14. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Elimination section of care plan to updated by keyworker to reflect each resident's needs and wishes re continence care. Resident's protocol document have been reviewed and updated.

Proposed Timescale: 30/09/2016