

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Loyola and Eden
Centre ID:	OSV-0002123
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Co Wexford Community Workshop (Enniscorthy) Limited
Provider Nominee:	Trevor N Jacob
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 October 2016 10:30	19 October 2016 18:40
20 October 2016 10:30	20 October 2016 18:10

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to Inspection.

This was an announced registration inspection. The registration inspection was taken on foot of an application to register by County Wexford Community Workshop (Enniscorthy) Ltd (CWCW). The centre was previously inspected in July 2015.

This inspection gathered evidence to assess the fitness of the provider, CWCW, in providing safe and appropriate supports to residents in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The provider had applied to register the

centre to accommodate nine male and female residents.

How we Gathered Evidence.

The inspector met with all eight residents and spoke for a period of time with one resident. The inspector also spoke with staff, the person in charge, provider nominee, team leader and clinical nurse manager 3 (CNM3) over the course of the inspection.

Policies and documents were reviewed as part of the process including a sample of health and social care plans, complaints log, contracts of care and risk assessments. The inspector observed practice and staff interactions with residents. Residents had varying communication abilities and the inspector interacted with residents in line with their communication styles and preferences as set out in their personal communication plans and following guidance from staff.

Description of the Service.

The statement of purpose for the centre set out that CWCW aims to "support and value residents, within a caring environment, in a manner which promotes the health, wellbeing and holistic needs of residents. We aim to empower residents with the necessary skills to live full and satisfying lives as equal citizens in the local community, in conjunction with their individual person centred plan".

The centre comprised of two detached bungalow, referred to in the report as residential units which comprised the designated centre. The residential units comprising the designated centre were located in the suburbs of Enniscorthy town. The provider had ensured residents had access to a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers.

The centre accommodated eight adult residents with varying degrees of intellectual disability and specific support needs in the management and support of healthcare and nutritional management, epilepsy and behaviours that challenge. The maximum capacity the centre could accommodate was nine adult residents.

Overall Judgment of our Findings.

The inspector found improvements in compliance had occurred since the previous monitoring inspection. Of the 18 outcomes assessed, 15 Outcomes were found to be compliant or substantially compliant. Three outcomes were found to be moderately non compliant, Outcome 1: Right, Dignity and Consultation, Outcome 6; Safe and Suitable Premises and Outcome 7; Health and Safety and Risk Management.

Improvements in compliance had been brought about by more robust governance and management systems in the areas of risk management, auditing, improved training and skill development for all staff working in the centre and residents' greater access and review by primary care allied health professionals in relation to health, mental health, physiotherapy and speech and language therapy (SALT).

Some improvements were required in relation to management of fire safety systems in the centre. The provider was required to implement recommendations made by an external fire safety engineer who had visited the centre shortly before the inspection.

There were also improvements required in relation to the management of behaviours that challenge and the policy and procedures that guided staff to ensure they were based on the principles of positive behaviour support and protected disclosures/whistleblowing procedures to support staff in bringing forward allegations of abuse. There were also issues related to the size and layout of the residential units.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found evidence that residents living in the centre had their rights, privacy and dignity promoted in the most part. Their personal choices were supported and encouraged, residents had access to independent advocacy services and consultation with residents was good. Some improvements were required. Not all residents had their own bedroom and in one residential unit residents shared a bedroom. This arrangement did not promote adequate privacy arrangements for all residents living in the centre.

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedure was located in a prominent position and in an easy read format in the centre. The complaints procedure identified who the complaints officer was for the organisation and the person nominated to manage complaints in the centre also.

The inspector reviewed a complaints log for the centre. There was evidence that complaints had been addressed and responded to in line with the complaints policy. However, some residents had made a complaint in relation to their sleeping arrangement in one of the residential units. This had not been addressed at the time of inspection.

The centre had adequate privacy options in place for residents in the most part. However, not all bedrooms were single occupancy bedrooms. In one residential unit two residents shared a bedroom. The shared bedroom space impacted on residents' privacy and space for private and personal time within their home. Residents had also made it known they were not satisfied with the arrangement. The provider was required to

address this issue as part of their action plan response to this report.

Otherwise all bedrooms, bathrooms and toilets had privacy locks. Bedroom windows also had adequate privacy options where they could provide adequate lighting but ensured privacy from the outside.

Residents had access to an internal and external advocate if and when they required. During six monthly provider led audits it had identified residents' throughout CWCW organisation required greater access to independent advocacy services. Information and contact details were available in the centre on how to access an independent advocate and the senior management for the centre were actively involved in supporting residents to have an independent advocate assigned to the centre. For example, some residents had chosen to use the independent advocacy service to support them in making a will.

The organisation had a policy on personal property, personal finances and possessions which guided practice in the organisation with regards to these matters. The policy was dated April 2016. All staff had been made aware of the policy and had signed they had read it. Almost all residents living in the centre required full support in managing their personal finances.

The policy set out that residents would have a financial passport developed outlining their abilities and support needs with regards to management of their financial matters. Financial ledgers, with documented monetary in and out balances were maintained and receipts for purchases and bank withdrawals and deposits also be maintained in each residents' financial ledger.

Each resident had an individual bank account and ATM bank card where appropriate. A nominated staff could withdraw or deposit money on behalf of residents in and out of the account. Where money is withdrawn each resident's financial ledger would be updated and a receipt maintained. The ledger would be used as part of financial auditing of residents' monies and the centre specific bank account.

Some residents living in the centre were aware of the right to vote and participate in decisions in relation to the community they lived in. Some residents enjoyed going to Mass and were supported to engage in spiritual practices in line with their personal choices.

Activities available to residents were suited to their age and interests. All residents had opportunities to attend differing day services suited to their needs and spoke to the inspector about their interests and activities. They mentioned they enjoyed playing Bocce and enjoyed meeting with friends in their day activity centre. Residents enjoyed day trips, holidays, shopping trips and leisure pursuits both in their day services/active retirement services and also from their home.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' communication needs were supported in accordance with their assessed needs and preferences. There was a policy on communication in place to guide staff practice and procedures.

Residents' communication needs had been identified in their personal planning documentation. Each resident had a communication passport developed which contained detailed person centred information such as 'all about me', 'likes and dislikes' and 'how I communicate', for example.

Information in the centre was available in an easy to read format. If supports were required residents could avail of the services of a speech and language therapist (SALT) through local primary/community health care services.

Internet access was available in the centre as were radios and a television and an electronic hand held computer device.(Ipad) Residents also used picture communications such as picture exchange communication system (PECS) to tell them what was happening next or to communicate a choice or a needs. Some residents also used emotion cards to tell staff if they were feeling upset. These cards were used to support residents during times of distress or upset and to de-escalate incidents of behaviours that challenge for example.

Staff knew residents from having worked with them for many years and knew their communication styles well. The inspector observed numerous instances during the inspection where staff supported residents to make their needs heard and understood.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' family, friends and representatives were involved and included in decisions, planning and goals set for each resident. The centre operated an open visitors' policy in line with policies and procedures for visits.

Staff facilitated residents to maintain contact with their families. This included access to phone facilities, transport home if needed and an open visiting policy to the centre.

As part of the organisation's policy on visitors there was a sign in book for visitors in the house which was up-to-date.

The location of the centre was in close proximity to the local town. There were facilities in the locality residents could access and frequent which would ensure they had a presence in their locality.

The centre was supplied with its own designated transport vehicle solely for use by residents in the centre. This ensured residents could access their community and go on visits when they wished.

It had been identified during a six monthly provider audit that residents did not have enough opportunities to develop friendships outside of the residents they met in their day services or the staff supporting them. There were plans within the organisation to create a system whereby residents could develop greater opportunities to build up friendships by introducing a number of volunteers throughout the service who would be matched to residents based on their interests and capabilities.

The provider informed the inspector that all volunteers would be garda vetted and go through an induction and training process followed by mentoring and supervision process with the team leader and person in charge.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose.

Each resident had an agreed written contract that dealt with the support, care and welfare of residents and included details of the services to be provided for each resident and the fees they would be charged.

The inspector reviewed a sample of contracts for the provision of service which documented signatures of residents and their representatives.

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):

No actions were required from the previous inspection.

Findings:

The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans comprehensively reflected residents' assessed needs and wishes.

The inspector reviewed a selection of personal plans which were comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a comprehensive assessment implemented and ongoing monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. Residents' assessment of needs included general likes and dislikes, nutrition, intimate care and personal hygiene, behaviour support planning, healthcare assessments and personal goal setting.

Personal plans also contained information records such as personal risk assessments,

support plans, daily reports, allied health professional recommendations and appointment updates and medication management plans.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Some goals identified for residents included literacy improvement, learning how to make snacks and small meal and getting a mobile phone to maintain better contact with family and friends.

Other goals achieved by residents included learning to play the guitar and attending music lessons, gaining work experience and going away for an overnight stay in a hotel. Other goals set for residents focused on small steps which could lead to residents achieving greater community access and participation. For example, supporting a resident to walk to the transport vehicle for the centre and going on a short drive in order to build up to participating in an activity outside of the centre.

There was evidence of review and assessment of residents' goals and plans on an ongoing basis.

Staff had adapted residents personal plans into accessible formats for them based on their assessed communication styles and abilities, for example in one instance a resident with visual impairment had their personal plan recorded on an audio tape which was located in their bedroom in a tape recorder. Other residents had personal planning goals for example, recorded on their personal electronic hand held devices such as an Ipad.

Judgment:

Compliant

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:

The centre comprised of two residential units which were in the main suitable and safe for the proposed number of residents the provider had applied to register the centre for. Overall the inspector found the centre was homely and well maintained throughout. However, there were issues in relation to space in both residential units. Residents' bedrooms were small in some instances, the hall in one residential unit was dark, some

residents shared bedrooms (as outlined in Outcome 1) and there was a lack of communal space options for residents in the other residential unit.

Each residential unit had an adequate number of bathing/showering and toileting facilities all of which were of a good standard with aids and appliances to suit the needs of residents. For example, in one residential unit residents had the option to use a shower or an assisted bath.

The inspector viewed bedrooms on the invitation of some residents. Though some appeared small residents said they were happy with them and could decorate their bedroom how they wished. Each bedroom had suitable storage options and adequate lighting and space for residents to mobilise safely. However, there was improvement required overall to both residential units with regards to a double occupancy bedroom for residents in one residential unit and communal space options in the other residential unit.

A provider led audit and feedback from residents' and their families had identified improvements were required for both residential units to increase their size. The provider had enlisted the services of an architect to draw up plans for one of the residential units and funding had been sought at the time of inspection to make improvements to the building.

Each centre had a well equipped and spacious kitchen and dining space. Laundry facilities were available in a utility room equipped with a washing machine, dryer and ample space to store laundry products in one residential unit which laundry facilities located in a building outside the other residential unit.

There was adequate parking available in both residential units and the inspector observed that suitable arrangements were in place for the safe disposal of general waste for both also.

Maintenance records were maintained in the centre which detailed servicing of equipment in the centre and ongoing maintenance works where necessary.

While improvements were required the inspector was assured that both residential units were comfortable, appropriate places for residents to live until such time as renovations were carried out. However, in the interim the provider was required to address the privacy issue in one residential unit (Outcome 1) and also the lack of communal space in the other residential unit.

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:

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

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

Findings:

The health and safety of residents, visitors and staff was promoted in the centre. The provider had initiated improved risk assessment and management practices within the organisation which in turn had improved the identification and management of risks in the centre. However, there were improvements still required in relation to fire and smoke containment measures in the centre and management of some personal risks for residents.

There was an up-to-date health and safety statement which addressed areas such as accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents.

The risk management policy met the requirements of the Regulations and was implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

The provider had improved the systems in relation to risk identification and management in the organisation. This included better risk analysis and risk reporting systems within the organisation. The provider was kept informed of the risks for each designated centre within CWCW organisation. Risks, incidents and accidents are an agenda item at Board of Management meetings which the provider nominee attends and reports to the Board how risks and hazards are being managed.

Hazards in the centre were identified in a risk register and risk assessments had been carried out for each risk identified. Documentation of control measures in place to manage risks were identified for personal risks to residents such as risk of falling, choking or risks associated with seizures.

While the person in charge had implemented more robust risk control measures for residents at night time by the use of an alarm mat which alerted sleep over staff at night time if a resident was out of bed, risks to residents still remained significant those risks included risk of choking and risk of engaging in self injurious behaviour or directed assault to a peer. The provider was required to review night time staffing supervision of residents who presented with significant risks that required close supervision.

The fire policies and procedures were centre-specific and up-to-date. The inspector observed that there were fire evacuation notices and fire plans displayed in the centre. Fire drills had taken place every quarter. Individual personal evacuation management plans were documented for residents and implemented as part of fire drills in each residential unit. The response of residents during fire drills was documented and also the length of time the drills took. The inspector reviewed the fire safety register with

details of all services and tests all of which were up-to-date.

The provider had requested an external fire safety consultant to visit the centre in September 2016. They had reviewed the fire safety systems in place and had made a number of recommendations. However, the provider had not addressed the recommendations made by the fire safety consultant by the time of the inspection.

There were still inadequate fire and smoke containment measures in the centre. For example, there were a lack of self closing devices on fire doors, a lack of smoke seals and/or intumescent strips on doors and the inspector observed gaps around the side and top of some fire containment doors which rendered them unable to prevent the spread of smoke or fire. The provider was required to address the fire safety works as recommended in the fire consultant report to ensure robust fire safety measures were in place in the centre.

There was a policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand washing facilities in the centre were adequate. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

A carbon monoxide monitor was in place in the centre.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were measures in place to protect residents being from being abused, measures

in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. However, more robust procedures for the reporting of abuse and safeguarding allegations were required to ensure staff who brought forward allegations of abuse were protected through appropriate policies and procedures. The behaviour support policy for the organisation required review to ensure it reflected the principles of positive behaviour support.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. A designated person was in place and the organisation followed the National Safeguarding Vulnerable Adults policy.

The inspector noted there was an absence of whistle blowing or protected disclosure policies and procedures within the organisation which would ensure staff bringing forward allegations of abuse were protected. The provider was required to create such a policy to ensure more robust safeguarding vulnerable adults procedures were enshrined in the organisation's overall response and prevention of abuse.

There was a policy in place to guide staff in the management of behaviour that is challenging. However, on review of the policy the inspector was not satisfied that it met the requirements of the regulations. The policy did not make reference to positive behaviour support principles of proactive strategies and de-escalation for the management of behaviours that challenge and focused on reactive strategies and restrictive practice which is not in keeping with the requirements of the regulations.

Residents requiring behaviour support interventions had access to relevant allied health professionals such as psychologists for the development of behaviour support plans and their review. Residents were also support to avail of community psychiatric services if required.

Behaviour support plans were in place to guide staff in supporting residents that presented with behaviours that challenge. However, similar to the policy document for the organisation, behaviour support plans did not set out adequately therapeutic supports to alleviate the cause for a resident to engage in behaviours that challenge. Behaviour support policy and planning required improvement to meet the regulations.

A restraint free environment was promoted in general throughout the centre. Where restrictive practices were in place appropriate risk management plans were in place to ensure they were the least restrictive measure and closely monitored.

Each resident requiring specific care supports had an intimate care plan in place. They were found to be detailed and person specific setting out residents personal preferences in detail.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' general welfare and development were supported in the centre.

All residents attended a day service which was matched to their age, interests and capabilities. Residents were supported to attend day services by the transport allocated to the centre.

Some residents had completed training courses such as community inclusion and advocacy training. A resident spoken with during the inspection outlined the skills she had learned from attending the advocacy training and during the inspection took time to advocate on behalf of her peers living in the centre.

Goal setting for residents was meaningful and achievable and focused on supporting

residents to achieve long term goals. For example, supporting residents to go for a drive with a view to supporting them to engage greater in their community where at the time of inspection they chose mostly to not leave the designated centre. Staff incorporated the use of pictures and assistive technology to teach residents life-skills and work towards goals.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of health care plans and found residents were supported to have their health needs met.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). Residents also used primary care services to access the supports of allied health professionals such as dietician, speech and language therapists (SALT), chiropody, physiotherapy and psychiatry services. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital appointments.

Residents who required specific supports with regards to epilepsy had associated care plans in place which outlined the specific management of the resident's seizures and emergency responses including the use of emergency rescue medication. Care plans were accompanied by a doctor's signature.

Residents had been supported to receive pneumonia and flu vaccinations as part of their preventative health management. Staff spoken with understood appropriate management of oxygen therapy outlining to the inspector the criteria they used to ascertain if a resident required oxygen therapy.

The centre had adequate space for storage of food. Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents. Staff kept a record of the food choices offered to residents and if they liked or disliked them. This information formed the decision making around what menu choices were for

residents each day/week.

Staff were also scheduled to attend modified consistency meal preparation training on the evening of the second day of inspection. Staff had sourced this training and demonstrated initiative in ensuring residents' best possible nutrition management.

Residents identified at risk of choking, due to compromised swallowing ability, had been referred to speech and language therapy (SALT) for review and a modified consistency meal and fluids plan was prescribed for them where appropriate.

Some residents' weights were documented regularly, with a body mass index (BMI) calculated to identify if the weight measured was one that indicated nutritional risk for the resident, for example, was the resident's weight correct for their height. Associated nutritional risk assessment tools were used also to assess if residents required referral to dietetic services based on any nutritional risk identified.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Overall, residents were protected by the centre's policies and procedures for medication management.

All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. Gaps in policies and procedures identified on the previous inspection had been addressed.

Staff involved in the administration of medications had attended safe administration of medication training.

Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication were stored securely in the centre.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection.

Regular medication audits by the person in charge and also residents' pharmacist were carried out to ensure medication management systems were in line with the policies and procedures of the organisation and to ensure best practice. Where medication errors occurred there was evidence of prompt review by the person in charge to ascertain the cause of the error and to quickly and efficiently address the issue to prevent it from occurring again.

In some instances residents engaged in self-administration of medication whereby they used their own inhaler independently. Staff had supported the resident to use their inhaler by sourcing a device which would allow the resident to receive their medication and encourage their independence. The inspector spoke with the resident who explained in good detail how she used the device and what it was for.

Self-administration of medication assessments were carried out for residents engaging in self administration of medication practices.

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):

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

Findings:

The statement of purpose met the requirements of the Regulations.

It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found improved auditing systems within the organisation had brought about positive changes for residents and improved systems in relation to risk management, personal planning and resident access to primary care allied health professionals. The centre was managed by a competent person in charge supported by an equally competent team leader and clinical nurse manager 3 (CNM3).

The centre is one of a number of designated centres that come under the auspice of County Wexford Community Workshop Enniscorthy limited (CWCW) (E) residential Services. CWCW provides a range of day, residential, and respite services in Enniscorthy, County Wexford, for people with disabilities. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. The board of directors meet on a monthly basis and comprehensive minutes of these meetings are maintained and were available for the inspector to review during the inspection.

The senior management team which deals with the daily operations comprises of the Chief Executive Officer (CEO), manager of day and residential services, human resources manager, management accountant, and a group commercial manager. The senior management team meets every month, persons in charge and team leaders also attend these meetings. The person in charge and the team leaders meet with the CNM 3 on a weekly basis.

The person in charge for the centre works full-time. The person in charge is a qualified nurse intellectual disability; she has also completed a post graduate diploma in gerontology. She demonstrated a good understanding of the regulations during the inspection and addressed issues in a timely manner during the inspection. The inspector formed the opinion that she had the required experience and knowledge to ensure the effective care and welfare of residents in the centre.

The team leader for the centre assumes responsibility for the centre in the absence of the person in charge. Additionally there is an on-call system for out of hours, nights and weekends. The inspector also found the team leader for the centre to have appropriate knowledge and experience to meet the needs of residents and ensure safe supports and practices were in place.

The nominated provider, the CWCW manager and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The provider nominee and CNM3 had developed a revised six monthly auditing system in order to meet the requirements of Regulation 23 (2). Audits had been carried out in the centre and had identified a number of areas which required review such as residents' access to advocacy services and in one instance where a resident was supported to access independent advocacy services to make a will. In another instance audits had identified that transport for residents living in the centre required improvement to ensure residents had access to their activities and communities. To address this provider had assigned a permanent transport vehicle for the centre. The audits had also identified some improvements were required to enhance the premises of both residential units that made up the centre. An application for a grant to upgrade the premises had been made and €35,000 had been secured at the time of inspection.

The provider had ensured an annual review of the quality and safety of care and support in the centre had been carried out informed by the six monthly audits of the centre. All residents had been given a copy of the annual review informing them of the outcome of the provider's internal audits and changes and improvements to the service provided to them. The inspector found the auditing system and annual review which had recently been implemented had improved practice in the centre and had been pivotal in bringing about the good level of compliance found on this inspection.

Judgment:
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):

No actions were required from the previous inspection.

Findings:

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place should the person in charge be absent from the centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

It had been identified in an internal audit that increased transport needs for the house were required since the audit in March 2016 a vehicle had been specifically allocated to the centre and if a second transport vehicle was required this could be booked for residents.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Recruitments systems for the centre indicated that staff were supervised on an appropriate basis, recruited, selected and vetted in accordance with best recruitment practice. The provider had initiated a suite of training for all staff working within the organisation which would ensure they were skilled and trained to support residents with all aspects of the care and welfare, including healthcare supports. Improvements were required however, in relation to night staff allocation to ensure identified risks to residents were appropriately managed.

A sample roster was reviewed for the centre. This indicated there was an adequate number of staff allocated to support residents during the day with one waking staff and one sleep over staff in one residential unit at night. In the other residential unit one sleep over staff was allocated. While the provider had ensured there were staff in the centre to support residents the inspector was not assured that personal risks posed by some residents were adequately monitored and controlled with this staffing arrangement. Examples of personal risks which required robust monitoring and supervision by staff are outlined further in Outcome 7: Health and Safety and Risk Management.

There was an induction and appraisal system in place. In addition, supervisory meetings were held with each staff member regular basis. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns. The provider understood the importance of Garda vetting for all staff employed by CWCW regardless of their role within the organisation.

A staff training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as PEG feed management, risk management and risk assessment, safe administration of medication, administration of emergency rescue medication, epilepsy support and management.

From a sample of staff files reviewed they were found to meet the matters as set out in Schedule 2 of the regulations which indicated safe and appropriate recruitment practices had been implemented.

No volunteers worked in the centre at the time of inspection.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of

retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which was up to date.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Co Wexford Community Workshop (Enniscorthy) Limited
Centre ID:	OSV-0002123
Date of Inspection:	19 and 20 October 2016
Date of response:	27 January 2017

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:

In one residential unit two residents shared a bedroom. The shared bedroom space impacted on residents' privacy and space for private and personal time within their home.

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

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 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:

- HSE have our business plan for active night duty in Eden Residence and are reviewing same. The HSE support the suggested improvement furthermore the National office have agreed to further discussion in Q1.

- We will build on an extra bedroom to the Eden residence by 30/6/2018. This will be the time frame required as the extension may require planning permission. This should deal with the shared bedroom issue.

- In the interim a screen is offered to residents in the shared bedroom to increase privacy.

- One of the residents in the shared bedroom goes home from Monday evening until Friday morning and therefore a plan is in place for intimate care and both residents were involved in devising this plan.

Proposed Timescale: 30/06/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were issues in relation to space in both residential units that made up the centre. The hall in one residential unit was dark, some residents shared a bedroom in one residential unit and there was a lack of communal space options for residents in the other residential unit.

2. 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:

- Meeting with architects and plans devised to address the space issue and dark corridors in Loyola Residence. We will submit Architects drawings by 11/3/2017 to HIQA. Regarding Loyola Communal space, we have consulted with different architects. We believe the earliest we could get an extension completed in Loyola is 30/6/2018 as

this extension may need planning permission.

- Extra lighting has been placed in the corridors by electrician.

- HSE have our business plan for active night duty in Eden Residence and are reviewing same. The HSE support the suggested improvement furthermore the National office have agreed to further discussion in Q1 2017.

Proposed Timescale: 30/06/2018

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:

Not all personal risks for residents at night time had appropriate control measures in place to mitigate their risk.

3. Action Required:

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

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

There are risk assessments and support plans in place to monitor.

We are in consultation with community multi-disciplinary professionals including:

- Psychiatrist
- Psychology
- GP
- Private behaviour therapist
- Speech and language
- Sensory integration
- Physiotherapist

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

The provider was required to address the fire safety works as recommended in a fire consultant report to ensure robust fire safety measures were in place in the centre.

4. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

- Fire strips and seals were fitted by 10th December.
- All works completed in line with the fire consultant report.
- Of the eight components in the fire consultant report from January 2016 all components have been completed.

Proposed Timescale: 10/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Behaviour support plans did not set out adequately therapeutic supports to allieviate the cause for a resident to engage in behaviours that challenge.

5. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

- New positive behaviour support plan has been implemented and evident in PCP.

Proposed Timescale: 14/11/2016

Theme: Safe Services

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

The policy for mangement of behaviours that challenge did not guide staff in how to implement positive behaviour support and focused on reactive strategies and restrictive practice

6. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- New policy has been reviewed and implemented and all staff are being made aware of before 21.12.16

Proposed Timescale: 21/12/2016

Theme: Safe Services

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

There was an absence of whistle blowing or protected disclosure policies and procedures within the organisation which would ensure staff bringing forward allegations of abuse were protected.

7. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- Protected disclosure policy is approved.
- The policy is developed, approved and implemented and then brought to the attention of all staff. Staff are required to read and to sign a sheet to show they have read same.

Proposed Timescale: 21/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Improvements were required in relation to night staff allocation to ensure identified risks to residents were appropriately managed.

8. 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:

There are risk assessments and support plans in place to monitor.

We are in consultation with community multi-disciplinary professionals including:

- Psychiatrist
- Psychology
- GP

- Private behaviour therapist
- Speech and language
- Sensory integration
- Physiotherapist
- Dietician

Proposed Timescale: 27/01/2017