

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Camphill Community Mountshannon
Centre ID:	OSV-0003828
Centre county:	Clare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ard Aoibhinn Community Initiatives Ltd
Provider Nominee:	Audrey Flynn
Lead inspector:	Louisa Power
Support inspector(s):	Conor Dennehy
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 October 2016 09:30 To: 05 October 2016 18:00

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This monitoring inspection was carried out to monitor compliance with specific outcomes. The previous inspection was on 14 and 15 October 2015 and, as part of the current inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gather our evidence:

As part of the inspection, inspectors met and spent time with one resident who used limited verbal communication. Inspectors observed that residents were comfortable in the presence of co-workers/staff. Co-workers/staff were very familiar with residents' means of communication. A good rapport between residents and co-workers/staff was evident throughout the inspection and co-workers/staff supported residents in a respectful and dignified manner. Assistance and support was provided in a dignified and respectful manner. Residents were observed to be offered meaningful choice and their choices were respected.

Inspectors met and spoke with staff members and co-workers. Inspectors observed

practices and reviewed documentation such as plans of care, medical records, accident logs, policies and procedures.

An interview was carried out with the person in charge. The person in charge reported that there would be a change in the person nominated on behalf of the provider in the near future. Inspectors availed of the opportunity to meet and interview the incoming person nominated on behalf of the provider.

Description of service:

The provider must produce a document called the statement of purpose that explains the service they provide. Inspectors found that the service was being provided as it was described in that document. The centre comprised two residential houses located in the outskirts of a rural village. The service was available to adult men and women with an intellectual disability, who may be on the autism spectrum or with physical and sensory disabilities including epilepsy.

Overall findings:

Overall, inspectors found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents.

Inspectors found major non-compliances in the area of fire safety. Inadequate fire safety measures were in place and, for example, emergency lighting was not installed to provide an adequate means of escape.

Inspectors were satisfied that the provider had put systems in place to ensure that many regulations were being met. The provider and person in charge did demonstrate adequate knowledge and competence during the inspection and inspectors were satisfied that both were fit persons to participate in the management of the centre.

This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in the following areas:

- residents' rights were promoted (outcome 1)
- robust safeguarding measures were in place (outcome 8)
- residents' health care needs were met (outcome 11).

Improvements were required in the following areas:

- training for co-workers/staff (outcomes 7 and 8)
- medicines management (outcomes 12 and 18).

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):

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

Findings:

Inspectors observed that residents and their representatives were actively involved in the centre. Residents and their representatives were consulted about, and participated in, decisions about their care and the organisation of the centre. A 'morning gathering' was held daily and attended by residents and co-workers/staff. The person in charge outlined that the gathering allowed for all parties to come together and the activities/plans for the day were discussed. Residents were encouraged to share new ideas for activities, outings and menu options. The person in charge and co-workers/staff outlined and inspectors saw that residents were consulted, on an informal basis, throughout the day regarding all aspects of daily life.

The person in charge outlined that residents had access to an independent advocate through the National Advocacy Service and information in relation to this service was available for residents.

Co-workers/staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents' capacity to exercise personal independence was promoted.

Residents were encouraged to maintain their own privacy and dignity. Each resident had their own bedroom and co-workers/staff were observed to knock before entering. Suitable locks were provided on the doors of toilets and sanitary facilities. Inspectors noted that co-workers/staff took appropriate measures to promote the privacy and

dignity of residents during personal care. These measures were also outlined in each resident's intimate care plan.

Residents' personal communications were respected and residents had access to a telephone.

There was a complaints policy which was also available in an accessible format. The complaints policy identified the nominated complaints officer and a deputy complaints officer. An independent appeals process as required by legislation was included. However, inspectors saw that the complaints policy was not displayed in a public place.

An inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints log recorded the satisfaction of the complainant. No complaints had been recorded in the complaints log since the last inspection. The person in charge outlined that she took a positive and proactive approach to complaints management.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Adequate facilities were available for residents to do their own laundry if they so wished.

Residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. The person in charge outlined that residents required full support with their finances, at the time of the inspection. An itemised record of the all transactions with the accompanying receipts was to be kept. Each transaction was signed by two co-workers/staff members, in line with the centre-specific policy.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to attend religious services in line with their wishes.

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):

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

implemented.

Findings:

The policy in relation to admissions had been reviewed in October 2015 and included the procedure in place that protected residents from peer abuse. Residents' admissions were seen to be in line with the statement of purpose which indicated that the centre provided residential services for adults 'with intellectual disabilities, people on the autism spectrum and physical and sensory disabilities including epilepsy'. However, the admissions criteria for emergency admissions were not clearly and consistently outlined in all of the centre's documentation. The policy in relation to admissions outlined the procedures for emergency admission while the statement of purpose and the person in charge outlined that emergency admissions were not accepted at the centre.

Inspectors noted that written agreements with residents and their representatives which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided for that resident had been provided to each resident. The contracts were also available in an accessible version. However, inspectors noted that the written agreements, available at the time of the inspection, did not clearly set out the fees to be charged.

Judgment:

Substantially 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):

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

Findings:

Inspectors reviewed residents' personal plans. Each resident had a personal plan which comprised of an individualised needs assessment and support plan. The needs assessment and support plan was completed for domains including health, emotional wellbeing, personal care, community inclusion, life skills, training and development, contribution to community life, safety and finances. Information contained in the needs assessment and support plan was comprehensive, personalised and reflected each resident's current needs in each domain.

The resident and representatives were consulted with and participated in the development of the personal plan. The personal plan was made available to each resident in an accessible format in line with their needs.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. In one resident's personal plan, the person responsible for supporting the resident in achieving goals and the associated proposed timescale were included. However, in the other resident's personal plan, this information was not outlined.

The personal plan was subject to a review on an annual basis or more frequently if circumstances change. Inspectors saw evidence that the review was carried out with the maximum participation of the resident and their representatives. Residents were supported to choose who would be present at the review meeting, send invitations and selected the refreshments to be served. The review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. Changes in circumstances and new developments were included in the personal plans and amendments were made as appropriate. Inspectors saw that the review of the personal plan was multidisciplinary in one resident's personal plan. However, it was noted and the person in charge confirmed that the review of the personal plan was not multidisciplinary for the other resident's plan.

A booklet was available to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

Residents were supported and facilitated to access activities, in line with their needs, interests and capacities. Residents participated in an individualised programme of meaningful activities each day, including basket making, weaving, art, crafts, sport and horticulture. Residents were supported to develop life skills such as cooking, baking, repairs and maintenance by working alongside co-workers/staff. The person in charge and co-workers/staff outlined that residents accessed services and activities in the local and wider community such as shopping in the weekly market and in local shops, visiting the local pub, going to the cinema, meals out in local restaurants and cafés, swimming and using the local recycling facilities.

Judgment:

Substantially 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):

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

Findings:

Inspectors noted that the actions required from the previous inspection were satisfactorily implemented. The external walls of one of the service units had been repainted. The wooden floors in the dining area of one of the service units had been sanded and polished. The wooden worktop in the kitchen of one of the service units had been replaced. The wall tiles adjacent to the bath/shower area in one service unit had been replaced. The walls and ceiling of the living room in one service unit had been repainted.

The centre consisted of two domestic houses located in the outskirts of a rural village. Adequate communal and private accommodation was provided throughout and all areas were personalised with photographs and personal memorabilia.

There were adequate sanitary facilities to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation. A separate kitchen area was available in each house with suitable and sufficient cookery facilities, kitchen equipment and tableware. Inspectors observed that residents were supported to participate in preparing meals. A dining area was located within each kitchen. Laundry facilities were provided and residents were supported to do their laundry according to their wishes.

Residents had personalised their bedrooms with photographs of family and friends and personal memorabilia. Ample storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available. There were suitable accessible grounds/outside areas in each service unit.

There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. The centre was clean and suitably decorated. Many areas of the centre were well maintained. However, inspectors noted damage to the ceiling in the living room in one of the service units.

Judgment:

Substantially Compliant

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:

There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

Inspectors saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the regulations were included in the risk management policy.

A comprehensive emergency plan, dated March 2016, was in place which covered events such as natural disasters, fire and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

An inspector reviewed a sample of incident forms and saw that there was a system to identify, report, investigate and learn from incidents and accidents.

Suitable fire fighting equipment was provided throughout the centre and was serviced on an annual basis, most recently in February 2016. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure. Co-workers/staff and residents demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire.

Fire drills took place regularly. The person in charge submitted a copy of the most recent fire drill following the inspection. The fire drill record described time of fire drill, participants, description of the fire drill and any issues identified. However, the fire drill record did not record the duration of the drill to demonstrate that residents would be evacuated to safety in a timely fashion.

In addition, inspectors identified significant failings in relation to fire safety. Inspectors noted that there were inadequate fire safety measures in place and, for example, emergency lighting was not installed to provide an adequate means of escape. The training matrix indicated that two co-workers/staff members had not completed fire safety training and this was confirmed with the person in charge.

A policy was in place for the prevention and control of infection and resources appropriate to the social care setting were available. There were adequate hand sanitising and washing facilities. However, the training matrix indicated that co-workers/staff had not completed formal training in infection control and hand hygiene;

this was confirmed with the person in charge who stated that the topic was discussed at induction but formal training had yet to be provided.

Records were made available to inspectors which outlined that vehicles used to transport residents were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained.

Judgment:

Non Compliant - Major

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 was a policy and procedure in place in relation to the safeguarding of vulnerable adults. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would guide the effective reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team.

Co-workers/staff with whom inspectors spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Training records provided to inspectors indicated that co-workers/staff had completed training in relation to responding to adult protection and the management of incidents, suspicions or allegations of abuse.

The person in charge confirmed that there was an ongoing system to oversee and review the measures in place to protect residents and ensure that there are no barriers to co-workers/staff or residents disclosing abuse.

The person in charge outlined that there had not been any incidents, allegations and suspicions of abuse since the last inspection. Inspectors spoke with the designated safeguarding officer who demonstrated knowledge of recording and investigating

incidents, allegations or suspicions of abuse in line with national guidance and legislation.

A centre-specific policy was in place to support residents with behaviour that challenges. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to co-workers/staff in the management of behaviour that is challenging including de-escalation and intervention techniques. However, the training matrix indicated and the person in charge confirmed that one co-worker had not completed this training.

An inspector reviewed a selection of plans for support behaviour that challenges and spoke with co-workers/staff. Residents and their representatives were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour. Specialist input had been sought and clear strategies were in place to support residents to manage their own behaviour and co-workers/staff were able to describe the strategies in use. Protocols were in place and evidence based tools were used to validate that the strategies outlined were effective.

A restraint-free environment was promoted, in line with the centre-specific policy. Inspectors saw and co-workers/staff confirmed that no restrictive practices were in place at the time of the inspection.

Judgment:

Substantially 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:

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Access to a medical practitioner was facilitated regularly. There was evidence that their treatment was recommended and agreed by residents and this treatment was facilitated. Residents' right to refuse medical treatment was respected. Residents were encouraged and enabled to make healthy living choices.

Where referrals were made to specialist services or consultants, co-workers/staff

supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals.

A policy was in place to support residents in later years. This policy outlined the procedures to ascertain residents' wishes in relation to end of life care, local contacts for palliative care services and care to be provided in order to meet residents' needs (physical, social and spiritual).

Inspectors saw that the food prepared was nutritious, appetising, varied and available in sufficient quantities. Inspectors were informed that the majority of the ingredients used were organic. An ample stock of food was kept and residents reporting having access to snacks and drinks when required. Hygienic food storage was provided. Residents were involved in the preparation and cooking of each meal. Mealtimes were social occasions where residents and co-workers/staff shared information about what was going on in each other's lives.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

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:

Medicines for residents were supplied by a local community pharmacy. Co-workers/staff confirmed that the pharmacist was facilitated to meet the obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

There was a centre-specific medication policy, reviewed in September 2015, which detailed the procedures for ordering, prescribing, storing, administration and disposal of medicines. The policy outlined that support would be offered to residents who wished to manage their own medicines and outlined the risk assessment to be used.

Co-workers/staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Inspectors saw and co-

workers/staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection.

There was designated storage provided for medicines in each service unit. The storage provided was within a locked cupboard. Inspectors noted that the keys to open the locked cupboard were not stored securely. This was discussed with the person in charge who outlined that the arrangement was to enable residents to access their medicines under staff supervision. The person in charge acknowledged the potential risk associated with the current arrangements and undertook to identify a solution in consultation with residents and co-workers/staff. The lead inspector deemed that this arrangement did not pose an immediate risk due to the assessed needs of the residents and the individualised support provided to residents by co-workers/staff.

An inspector reviewed medication prescriptions and administration records for residents. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. Medication administration records indicated that medicines were administered as prescribed.

Co-workers/staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

There was a documented checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. A system was in place for reviewing and monitoring safe medicines management practices. A system was in place to identify, record, investigate and learn from medication related incidents

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by co-workers/staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled.

Judgment:

Non Compliant - Moderate

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 consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and inspectors found that the statement of purpose was clearly implemented in practice.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. Co-workers/staff were clear about the management structure and the reporting mechanisms.

Inspectors concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge was employed full time by the organisation and was available out of hours and at weekends. The person in charge had worked with the organisation since 2010 in a management role. The person in charge had completed relevant undergraduate qualifications in social work. She outlined that she had recently commenced a postgraduate course in leadership at a local university.

Inspectors observed a good and supportive working relationship between the person in charge and the persons participating in management. There were established regular management meetings and inspectors saw minutes of these meetings. The person in charge demonstrated a comprehensive knowledge of the residents and their support needs. Residents were observed to be familiar with the person in charge and were comfortable in her presence.

The provider had arranged for an unannounced visit to the centre in the previous six months (June 2016) to assess quality and safety. An inspector read a report of the most recent unannounced inspection. There was evidence that pertinent deficiencies were identified, acted upon and improvements made.

The annual review of the quality and safety of care in the centre from September 2015 was made available to inspectors who saw that it was comprehensive and was based on the standards and regulations. Areas for improvement were identified and actions completed in a timely fashion. However, it was not demonstrated that the review included consultation with residents and their representatives.

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):

No actions were required from the previous inspection.

Findings:

There was a planned and actual roster in place which showed the co-workers/staff on duty during the day and night and was properly maintained. Based on observations, a review of the roster and these inspection findings, inspectors was satisfied that the numbers of co-workers/staff, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. Inspectors observed that residents were familiar with co-workers/staff and received continuity of care and support.

A sample of co-workers/staff files was reviewed and contained all the required elements.

There was evidence of effective recruitment and induction procedures in line with the centre-specific policy. Co-workers/staff were supervised appropriate to their role and a

formal system of supervision was in place.

Co-workers/staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Accessible copies of the Standards were available in the premises and co-workers/staff spoken with demonstrated adequate knowledge of the Regulations and Standards.

An inspector reviewed the training matrix and found that there was a programme of ongoing training and development available for co-workers/staff. Training had been completed by co-workers/staff in the areas of autism, manual handling, first aid, recruitment, complaints and risk management.

Judgment:

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:

Only the records and documentation relating to the aspects included in this inspection were examined. The medicines management policy required review. The policy did not contain information to guide co-workers/staff on the safe administration of a number of dosage forms/routes including topical, inhalers, nebulisers, eye/ear/nasal drops and injections. Inspectors noted that some residents were prescribed such medicines at the time of the inspection. In addition, the policy did not adequately a procedure to ensure that non-prescriptions medicines would not interact with medicines prescribed by residents prior to administration. Furthermore, the procedure outlined in the policy for the management of unused or expired medicines was not in accordance with the regulations as it did not outline that such medicines were to be segregated from other medicines.

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:

Louisa Power
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:	A designated centre for people with disabilities operated by Ard Aoibhinn Community Initiatives Ltd
Centre ID:	OSV-0003828
Date of Inspection:	05 October 2016
Date of response:	22 February 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:

The complaints policy was not displayed in a public place.

1. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

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

Complaint procedure will be displayed in the houses

Proposed Timescale: 16/12/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admissions criteria for emergency admissions were not clear and transparent.

2. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Update the Admission Policy

Proposed Timescale: 28/12/2016

Theme: Effective Services

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

The written agreements, available at the time of the inspection, did not clearly set out the fees to be charged.

3. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Update the contracts for each individual resident to include the appropriate fees.

Proposed Timescale: 28/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

A personal plan did not outline the person responsible for supporting the resident in achieving goals and the associated proposed timescale.

4. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Include in the Personal Plan Review Document the recommendations and changes outlined in the personal plan review and include the names of those responsible in the Personal Plan Review Document.

Proposed Timescale: 28/12/2016

Theme: Effective Services

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

The review of a personal plan was not multidisciplinary.

5. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The plan was reviewed at a Case conference which took place with a Multidisciplinary Team on the 30th October 2016.

Proposed Timescale: 30/10/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was damage to the ceiling in the living room in one of the service units.

6. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The hole in the plaster of the ceiling has been repaired

Proposed Timescale: 31/10/2016

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:

The training matrix indicated that co-workers/staff had not completed training in infection control and hand hygiene.

7. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Training in Hand Hygiene and Infection Control being arranged currently

Proposed Timescale: Training to be completed by 31st January 2017

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Fire drill records did not contain the duration of the fire drill.

8. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Fire drill record sheet template has been updated to include duration and circulated to the houses. A record of duration will be included in all future fire drills.

Proposed Timescale: Circulated by 31st October 2016

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

Emergency lighting was not installed to provide an adequate means of escape.

9. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

We commissioned a fire safety report from Merriman Solutions. On the basis of this report, we have put to tender for quotations for completion of necessary works. On receipt of quotations we will submit to the funder for funding of the works.

Proposed Timescale: Request to independent fire consultant specialist for assessment by 16th December. Completion of assessment by January 31st 2017. Completion of quotation process and submission of quotation to the funder for funding of works by February 28th 2017. Completion of works dependent on Funding approval timeline.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

The training matrix indicated that two co-workers/staff members had not completed fire safety training.

10. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Staff have completed fire safety training

Proposed Timescale: 30/11/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One co-worker had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

11. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

MAPA Training has been booked and will be undertaken

Proposed Timescale: 28/02/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Keys for the cupboard used to store medicines were not stored securely.

12. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

We will put in place the Code box as shown in the inspection

Proposed Timescale: 14/12/2016

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:

It was not demonstrated that the annual review of the quality and safety of care included consultation with residents and their representatives.

13. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Audit template will be updated to include consultation with residents and their representatives.

Proposed Timescale: 28/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The medicines management policy required review.

14. 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:

Review of the Medication Policy

Proposed Timescale: 28/12/2016