

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lee View
Centre ID:	OSV-0005517
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 August 2017 09:30 To: 22 August 2017 16:30

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 was the second inspection of this designated centre by the Health Information and Quality Authority (HIQA). The centre was recently registered but this inspection was carried out to monitor compliance with the regulations and standards following an application to vary a condition of registration; the provider had applied to increase the number of residents that could be accommodated from two to three.

How we gathered our evidence:

The inspector reviewed the information held by HIQA in regard to this centre such as the last inspection findings. The inspection was facilitated by the person in charge and the social care worker who was a person participating in the management of the centre (PPIM); the inspector also met with the manager of services during the inspection and at the verbal feedback at the conclusion of the inspection. The inspector viewed the building, and reviewed and discussed with staff records such as person planning, medication and health and safety and fire safety records.

The inspector met with both residents living in the centre; residents welcomed the inspector into their home and provided refreshments. Residents chatted about their plans for the day in their day service including the celebration of a peer's birthday. Residents spoke about recent trips they had enjoyed, recent contact with family, outings to the recent local festival and their current work experience. The inspector noted that residents were relaxed and comfortable with the staff on duty; observed interactions were respectful and equitable.

Description of the service:

The provider is required to produce a document called the statement of purpose that describes the centre and the service provided. Residential services were provided to two adult residents. This centre is a two-storey semi-detached dwelling in a residential area close to a town. The inspector found that the statement of purpose was an accurate reflection of the centre.

Overall judgment of our findings:

The inspection findings were satisfactory. There was evidence of good person-centred practice throughout the inspection and of the 12 Outcomes inspected the provider was found to be compliant in all of them.

The design and layout of the premises and the space available was suited to the accommodation of an additional resident.

There were management systems in place to ensure that the service provided to residents was safe, appropriate to residents needs, consistent and effectively monitored.

Staff had completed a comprehensive assessment of residents needs and, based on the findings of those assessments had devised plans of support. Staff confirmed that this process would also be completed for any proposed admission to the centre.

The inspector saw that residents were supported to develop a sense of ownership and control over their home, its management and routines.

Details of the inspection findings are described in each Outcome in the report. There were no actions required from this inspection

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):

No actions were required from the previous inspection.

Findings:

While a review was recommended of the frequency and format of the formal system for consulting with each resident, overall there was evidence of consistent good practice of recognising and promoting residents rights, choices and independence.

Residents were facilitated to have access to and control over their personal finances. Equally because safeguarding support was provided by staff, staff maintained records detailing each financial transaction and the purpose for which monies were used; supporting receipts were retained; oversight was maintained by the person in charge.

Resident's individual spiritual choices and preferences were ascertained and facilitated in line with the expressed preference.

The provider operated a system of local, regional and national advocacy in which residents participated; details as to how to access independent/external advocacy were also available.

The complaints procedure was displayed in an accessible format. Staff advised that to date no complaints had been received and accredited this in part to the robust transition plans that had been in place for both residents and their families prior to the opening of the service.

Residents spoke of and there was documentary evidence of how practice supported and promoted resident individuality, ability, independence and choice. Both residents had access to a day service and a range of activities such as swimming, horse-riding, and

bowling. Residents, as appropriate, were supported to enjoy new experiences and opportunities such as volunteering and work experience in the community. Residents had completed accredited education and training in topics such as computer skills, healthy eating and relationships and sexuality. While the importance of the compatibility of needs and choices was recognised so too was individuality and differing choices; the staff rota was planned to facilitate this, for example if one resident wished to remain in the house and the other wished to go out.

The inspector saw records indicated that there was ongoing communication with residents in relation to issues such as routines, activities and contact with family; the inspector was of the view that residents and their needs and choices led the service rather than staff routines. For example, residents had said that they did not want a planned menu but would rather make their meal choices when grocery shopping; this was facilitated. If residents were showing some signs of emotional upset they were invited to initiate contact with family and for family to visit if they wished.

However, opportunities for formal consultation were offered only on a monthly basis and through the advocacy process. To promote good practice the provider was requested to review the adequacy and appropriateness of this arrangement.

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures on admission, transfer and discharge to and from the designated centre. The provider kept each resident and their needs and choices under review to ensure that these needs could be adequately and appropriately met in the designated centre particularly in the context of any proposed admission.

Residents had been provided with a detailed contract for the provision of services; both residents and their representatives were seen to have signed the contract. The contract detailed the fee to be charged, what was to be provided for this fee and the general terms of what residents were personally liable for, for example personal items, non-essential therapies and social events.

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:

While minor improvements were recommended, the inspector saw that there was a recent comprehensive assessment of resident needs and plans of support were in place based on the findings of the assessment.

The assessment and plan reviewed were comprehensive and focussed on the resident, their needs and abilities. The plan of support reflected the assessment and offered sufficient guidance to staff as to the care and support required; staff spoken with were very familiar with the plan.

The plans of support were seen to be further informed by consultation with the resident, family and other relevant persons such as the general practitioner (GP). The plan was seen to be kept under review in line with changing needs and to reflect any recommendations made by the multidisciplinary team; for example the recent discharge from one service unless further review was required.

The accessibility of the plan to the resident was enhanced through the use of pictorial and photographic supports; the language used was person centred and respectful.

The support plan incorporated the process for identifying and progressing resident's personal goals and priorities; timeframes and responsible persons were identified.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was suitable for its stated purpose; sufficient space and facilities were available for the accommodation of a third resident.

This premises was a two-storey semi-detached dwelling in a residential area within walking distance of the busy town. The centre was homely and welcoming in presentation, well maintained and visibly clean.

There are separate bedrooms for each resident; two bedrooms were on the first floor and one was on the ground floor; this arrangement was suited to the needs of the residents. Each bedroom offered sufficient space including provision for personal storage. There was a further bedroom utilised by staff on sleepover duty.

One of the bedrooms had a spacious en suite with toilet, shower and wash-hand basin. There was a further compact but sufficient bathroom upstairs and at ground floor level there was another spacious bathroom with toilet, shower and hand washing facilities.

The main communal room, the kitchen, utility area and staff office were all located on the ground floor. The kitchen was appropriately equipped and incorporated sufficient dining space. Laundry facilities were located in the utility area.

Residents had access to an enclosed garden at the rear of the house.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were systems in place to promote the health and safety of residents, visitors and staff.

There was a safety statement and a risk management policy. A risk register was maintained; it contained a good range of centre specific, work-related and resident-specific risk assessments. The risks as specifically required to be assessed by Regulation 26 were also included in the register, for example the unexpected absence of any resident from the centre.

The inspector reviewed fire safety procedures. The provider had arranged for the house to be examined by a fire safety consultant; a report issued; the works recommended were signed off as having been completed.

An automated fire detection system, fire fighting equipment, emergency lighting and fire resistant doors to protect the main escape route had been provided. Records were seen confirming the inspection and testing of fire safety measures at the prescribed intervals and most recently in August 2017.

There were additional procedures in place for daily checks by staff of the fire panel, exits, carbon monoxide alarm and emergency lighting; these checks were recorded.

There was a policy on and procedures for fire prevention. Domestic gas installations had been inspected by a registered contractor in March 2017.

Escape routes were clearly indicated; final fastenings were seen to be easily released thumb-turn devices. The evacuation plan and action to be taken in the event of fire was displayed in a format that was meaningful to residents. Each resident had a personal emergency evacuation plan and staff undertook with residents simulated evacuation exercises. The records of these exercises indicated that residents responded well and good evacuation times were achieved; a drill that simulated a night-time scenario was planned.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were measures in place to protect residents from harm and abuse; these included organisational and national policies and procedures, a designated person, risk assessments and staff training.

There was evidence that the provider sought to support residents to develop knowledge and skills in for self-care and protection; safeguarding, personal finances and how to complaint were discussed regularly with residents. The provider had also produced a DVD specifically for residents and role-played by peers; examples of realistic and relevant day-to-day abusive scenarios were depicted as was the impact, how to complain and who to speak to.

The inspector was advised that there were no safeguarding concerns in the centre; the person in charge said that she had confidence in the staff team both in the quality of the supports that they delivered and in their reporting responsibilities.

The assessed needs of residents did not include behaviours of concern or risk to themselves and others. The provider was aware of the requirement to ensure that admission decisions did not expose residents to the risk of abuse by a peer. Staff had completed training in both safeguarding and in responding to behaviours of concern.

Staff spoken with articulated a good understanding of what might constitute a restrictive practice. There was a policy on the use of restrictive practice; there was a formal process for the identification, sanction and review of restrictive practices. There had been one restrictive practice in use in the centre; the use of an audio monitor in response to possible seizure activity. This had been reviewed and an alternative had been sourced; a sensor that monitored and differentiated between normal movements and seizure activity while in bed was now in use.

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 was satisfied that residents' healthcare needs were met through a comprehensive assessment of their needs and timely access to health care services.

Residents' healthcare needs were appropriately and comprehensively assessed; additional information had been sourced from family and relevant healthcare professionals such as the general practitioner (GP) prior to admission.

The assessments informed the development of individual healthcare plans for each resident. Staff were familiar with the content of plans and their implementation and there was evidence of communication between residential and day services to ensure the continuity of the plan. However, the inspector did discuss and recommend with staff how the existing plans would have benefited for the collation of all of the information into one specific health focussed plan.

There was evidence of regular monitoring and assessment of health and wellbeing. Residents' body weight was measured monthly to identify any loss or gain that may require intervention.

Residents attended their choice of general practitioner (GP); as with the pharmacy arrangement these were reported to be longstanding GP arrangements. An "out of hours" service was available if required.

In line with their needs, residents had access to health professionals including neurology, cardiology, chiropody, optical, occupational therapy and dental care; records of reviews and recommendations were maintained and included in the support plan.

There was evidence to support that staff encouraged residents to make healthy lifestyle choices; residents had also completed accredited education in healthy eating. The suggested menu plan reviewed was varied.

Residents and their representatives were consulted about and involved in the meeting of health and medical needs.

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):

No actions were required from the previous inspection.

Findings:

There was evidence of safe medicines management practice.

Medicines for residents were supplied by two local community pharmacies as residents were facilitated to retain their preferred pharmacist. The inspector noted that the pharmacist was facilitated to meet their obligations to residents in accordance with relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Staff reported that the pharmacist had a longstanding relationship with the residents and that residents went with staff to the pharmacy to collect their medicines.

Medicines were seen to be securely stored, supplied in the original container with the appropriate label affixed by the pharmacy.

A medicines management policy was in place which detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. The inspector spoke with staff who demonstrated an understanding of safe medication management policy and procedures. Training records indicated that all staff had completed the safe administration of medicines training including the administration of prescribed rescue/emergency medicines.

A sample of medication prescription and administration records was reviewed. Medication prescription records were current and contained the information required by legislation. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. Staff also maintained a record of each PRN (medicines taken as required) medicine administered; this record included the reason for their administration and their effectiveness.

There were procedures for the identification, reporting and investigation of medicines related incidents.

Staff completed weekly stock balance reconciliations to monitor the administration of medicines to residents as prescribed.

Residents were not participating in the management of their medicines; their preference, willingness and capacity to participate had been formally assessed by staff.

Individual plans were developed for the administration of emergency medicine in the event of seizure activity. Clear guidance to staff was outlined on the administration of emergency medicine, recovery times, repeat administration and, when and why the assistance of emergency services may be required.

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose contained all of the information prescribed by Regulation 3 and Schedule 1; the statement was kept under review and accurately described the centre and the supports and services to be provided to residents.

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:

Management systems were in place to ensure that the centre was effectively governed and the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre; staff spoken with were clear on their respective roles, responsibilities and reporting relationships.

The person in charge was employed fulltime and was suitably qualified and experienced. Though very recently appointed to this centre, the person in charge was responsible since April 2016 for the management of another designated centre. The person in

charge held relevant qualifications to Masters level in family support studies and had also completed and attained a relevant management qualification. On a day-to-day basis the person in charge had the practical support of a social care worker in each designated centre. The person in charge was confident that she had the capacity and the support to ensure the effective governance and operational management of each of the designated centres. The person in charge was clear on her responsibilities and said that she would be supported by the provider to raise any concerns in this regard.

The social care worker who was one of the nominated PPIMs was suitably qualified in social science, disability and nursing studies; had a sound understanding of residents and of the operational management of the centre in line with the provider's policies and procedures.

There was reported daily contact as needed between staff and management; structured formal meetings were convened at regular intervals; staff described good flow of relevant information between frontline staff and senior management.

There were systems of audit and review within the centre itself, for example medicines management checks, the review of accidents and incidents and the meetings referenced above. Arrangements were also in place for the completion of the annual review of the quality and safety of the care and supports provided and the six monthly unannounced visits as required by Regulation 23. As the centre was only recently operational these formal reviews had not been undertaken but were planned for October 2017.

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:
Staffing levels and arrangements were suited to the number and needs of the residents accommodated; there was no planned increase in staffing based on the known needs of the resident proposed for admission; the provider confirmed however that this would be kept under review pending the completion of a full needs assessment.

A planned and actual staff rota was maintained; this indicated that, as described by staff, there was at least one staff on duty at all times when residents were in the centre. There were regular occasions on weekdays and at the weekend when two staff were on duty, predominantly to ensure that each resident would have opportunities to participate in individualised activities of their choice.

A record was maintained of training completed by all staff employed; refresher training requirements were monitored. This record indicated that all staff had completed all mandatory training within the required timeframe, that is, safeguarding, fire safety, manual handling and responding to behaviours that challenged. Additional training completed by staff included the safe administration of medicines, infection prevention and control and first aid.

Staff files were not reviewed; files had all the required documents as outlined in Schedule 2 of the regulations such as suitable references, Garda vetting and photographic identification at the time of the last inspection.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that 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 were in place. The required records were retrieved for the inspector with ease; the records were well maintained. Core records such as the complaints procedures were available to residents in an easy read format.

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:

Mary Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority