

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Telford Houses & Apartments
Centre ID:	OSV-0002314
Centre county:	Dublin 4
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Mary's Centre (Telford)
Lead inspector:	Helen Thompson
Support inspector(s):	Marie Byrne (Day 2)
Type of inspection	Unannounced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	5

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 renewal decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 November 2017 09:50	28 November 2017 16:30
29 November 2017 09:00	29 November 2017 19:25

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 the inspection

This was an unannounced inspection that was conducted to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre.

This was the centre's fifth inspection and was conducted over two days; the required actions from the centre's most recent inspection in April 2017 were also followed up as part of this inspection.

How we gathered our evidence

The inspectors met with a number of the staff team which included healthcare assistants, the social care manager and the provider nominee. Over the course of the two days, the inspectors met and spoke with 11 of the residents who were happy to show the inspectors around their homes. Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement and interactions with residents.

Residents in general expressed their satisfaction with the service that they received, noting that they felt safe living in the centre, that overall their needs were well supported, and that they found the staff team to be supportive. The main area for improvement cited related to the need for increased facilitation of social activities.

As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, some residents' files, centre data sets/records and a number of the centre's policy documents. The inspectors also completed a walk through the centre's premises, visiting all three houses and a number of residents' individual apartments.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The statement of purpose stated that the centre provided care and accommodation to ladies of all ages with a visual impairment and those with other disabilities as per their service agreement.

The centre was located in a suburban area close to a range of amenities and public transport options. It was comprised of 10 individual apartments for supported living, and three houses providing shared accommodation for assisted living

There was capacity for 24 residents and on the day of inspection it was home to 19 ladies over 18 years of age.

Overall judgment of our findings

Eighteen outcomes were inspected against and overall the inspectors observed an increase in the level of compliance with the regulations as compared to the previous inspection. The resident's medication, communication, general welfare and development, safeguarding and healthcare needs were found to be compliant with the regulations. Their family and personal relationships and links with the community were also found to be well supported.

However, there were still areas for improvement identified with regard to the supporting of some resident's social care needs and with the centre's health, safety and risk management system. Improvement was also required with the centre's workforce, particularly with regard to ensuring that there was sufficient staff consistently available over the 24 hour period to optimally support the resident's needs.

Inspectors also found that a number of areas in the centre's premises required attention to ensure that each resident's home met their needs in a homely and comfortable manner.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall, the inspectors found that residents were consulted with, and participated in decisions with regard to their care, and with the running of the centre. In general, the residents were noted to self-direct their day to day lives.

Information was provided regarding the resident's rights, advocacy services, the ombudsman and the confidential recipient. Residents were encouraged to access these services. There was also a complaints procedure for the service which residents were aware of. An accessible format was made available and other augmentative communication tools, for example, an audio scanner was utilised.

The centre's complaints log was reviewed and demonstrated that recorded complaints were followed up and responded to by the provider.

Residents were encouraged to maintain relationships and to receive visitors to the centre, which were noted to be comprehensively supported in a respectful manner. Residents were observed to be encouraged and facilitated to maintain control over their own possessions.

Residents' individual interests were fostered and encouraged, with them observed to participate in a variety of meaningful community based activities. Residents' meetings were taking place in the centre with good agenda items noted.

Judgment:

Compliant

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Outcome 02: Communication <i>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.</i>
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Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings: Overall, the inspectors found that residents were facilitated to communicate. Their individual needs were considered and assessed, with the required supports and interventions made available. Staff were observed to be aware of the resident's communication style and needs. Communication aids and appliances were available to promote capability in line with the resident's profile. This included talking watches, talking computers and the use of audio scanners. A number of residents also utilised Braille, and some centre documents, for example, the resident's guide was produced in this format. The resident had access to a variety of media outlets, with the inspectors observing that the radio was especially utilised and enjoyed. Also, the resident as individually required was supported to access and utilise the internet. A policy document as required by regulation was available to inform and guide staff practice.

Judgment: Compliant

Outcome 03: Family and personal relationships and links with the community <i>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.</i>

Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings: The inspectors found that the residents were supported to foster and maintain their

relationships with their family and friends. Staff were noted to be very aware of the importance of these relationships in the resident's life.

Visits to the centre were encouraged and where required supported, with the inspectors observing examples of the resident's family joining them for coffee and meals. Also, if required the resident was supported to go and visit their relative in other settings. The centre had a policy in situ regarding visitors.

Residents were observed to freely access a variety of community amenities and activities.

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:

Overall, the inspectors found that admissions and discharges were well managed in the centre. There was a policy on, and procedures in place for admissions, transfer, discharge and temporary absence of residents. This policy was reviewed and updated since the last inspection.

The inspectors reviewed a transition plan for a proposed resident's admission to the centre. There was an admission application form completed in line with the statement of purpose of the centre. A comprehensive pre-admission assessment was completed with the proposed resident. The assessment included review of the person's activities of daily living, hobbies, interests, and goals.

There was a schedule in place, with a number of planned visits for the proposed resident to visit the centre and meet with residents and staff. Inspectors reviewed minutes of a meeting held with residents in the centre to seek their opinions and discuss the admission and transition plan for the new resident. An impact risk assessment was completed to identify the potential impact on the new resident and the other residents in the centre.

There was a written agreement in place for residents in the centre. It detailed the services provided to residents and the fees to be charged. It also detailed what

residents must supply themselves.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall, the inspectors observed that since the last inspection, improvement had been made with the centre's care planning system that underpinned the assessment and supporting of each resident's needs. However, further improvement was required to ensure that this system was optimally utilised for all residents, particularly with regard to their social needs assessment process and the review of their plans. Residents' support requirements at times of change in their lives was supported.

From observations over the inspection days, talking with residents and associated file reviews, the inspectors found that some residents' social care assessment process needed attention as they were observed to have a lot of unstructured downtime, with no clear evidence based programme.

Improvement was also required with the identification of socially valid goals, and with the review process for some residents' care plans review to ensure that it was systematic, outcomes focused and brought about positive change. These regulatory deficits were identified at the previous inspection and during the opening meeting the provider had highlighted that these areas were still a work in progress.

However, the inspectors did acknowledge that some other residents were well engaged from a social needs perspective and in line with their profile and choice were accessing a number of community based activities.

The inspectors observed that the resident was supported at times of change and transition in their life, with consultation and forward planning noted.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that some maintenance issues and a number of premises areas required attention to ensure that each resident's home supported their needs in a homely and comfortable manner.

Identified deficits included:

- painting required across a number of areas both inside, and in the residents' external environment, particularly handrails utilised by residents
- scuffed floor covering and skirting boards
- an issue with vents in some areas
- kitchen presses that were worn and dated looking

A number of these deficits were cited by the provider on the first day of the inspection process.

Inspectors observed that the premises was adapted as required in line with the residents' needs which included specialised lighting. Accessibility was also promoted.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, inspectors found that the health and safety of residents, visitors and staff was promoted and protected in the centre. However, some improvement was required with regard to the follow up of incidents, and a risk identified during the inspection process had not been considered or included in the risk register of the centre.

There were policies and procedures in place for risk management and emergency planning in the centre. However, they were in draft format. The centre had a policy in place relating to incidents where a resident goes missing.

Satisfactory procedures were in place for the prevention and control of infection. Cleaning schedules were in place and the centre was found to be clean throughout.

Arrangements were in place for investigating and learning from incidents. Inspectors reviewed a number of incident reports for the centre. There was evidence of learning and follow up for the majority of incidents. However, appropriate follow up was not documented following some incidents in the centre.

There was a risk register in place in the centre which detailed hazards, current controls and risk level. There was evidence of regular review and update of this document, but as outlined above the register did not capture and address all possible risks.

Inspectors reviewed records relating to the transport vehicle in the centre. There was evidence of tax, insurance, NCT, and regular servicing of the vehicle.

Suitable fire equipment was available throughout the centre. There was documentary evidence of servicing of that equipment in line with the requirement of regulations. There was a fire safety register in place in the centre which included service records of fire alarm testing, and emergency lighting and fire equipment. There were adequate means of escape and emergency lighting in place throughout the centre. Following the inspection, the provider forwarded assurances to the inspectors in relation to fire containment in the centre.

Residents had personal emergency evacuation plans (PEEPS) in place. The PEEPS detailed levels of support and assistance which residents required to safely evacuate in the event of a fire. The inspectors spoke to a number of staff and residents who described how to safely evacuate the centre in the event of a fire.

The majority of staff had completed fire safety training. Fire drills were completed regularly, and records maintained in the centre.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. Residents' emotional, behavioural and therapeutic needs were recognised and supported. A restrictive free environment was promoted.

Since the previous inspection there was now a manager available over the 24 hour period to facilitate the reporting of any incidents or allegations of abuse. Inspectors noted that no safeguarding incidents were notified in the intervening inspection period. Staff had also been facilitated to attend safeguarding training, and in general their knowledge was found to be good.

Staff interactions and engagement with residents were observed to be positive. Residents reported to the inspectors that they felt safe in the centre.

Residents, as appropriate to their individual needs were supported to attend community mental health services. Staff had recently been facilitated with an introductory educational session on mental health conditions.

A restrictive free environment was promoted and restrictive practices identified on the previous inspection were now discontinued.

The policies as required by regulation were available in the centre.

Judgment:

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:

A record of all incidents occurring in the centre is maintained. However, on reviewing incident reports for the centre, a number of incidents were not notified to HIQA as required.

A quarterly report was provided to the Chief Inspector of incidents as outlined in the regulations.

Judgment:

Non Compliant - Moderate

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:

In general, the inspectors observed that the residents' opportunities for new experiences, social participation, education, training and employment was facilitated and supported in keeping with their individual profile and choice.

A number of residents attended a variety of formalised day service and training options. Progression to further training, education, volunteering and employment was also fostered and encouraged. Other residents were observed to self-direct their meaningful day. Activities that residents accessed included the cinema, using the library service, concerts, prayer groups, pilates classes, gym usage, shopping and visiting local pubs to have coffee or lunches.

A policy on access to education, training and development was available in the centre.

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):

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

Findings:

In general, the residents' individual healthcare needs were recognised, assessed and supported with plans present to inform staff member's support delivery.

Residents had access to a general practitioner of their choice. They were also supported to attend a range of community care facilities, including ophthalmology, audiology, physiotherapy, diabetic clinics, chiropody and mental health services. The inspectors also noted that the resident's evolving needs were identified and supported with some residents having been referred to, and assessed by the Department of Old Age Medicine.

The inspectors observed that the resident's care planning system provided scope for consideration of their individual end of life wishes and plans.

Information on a number of medical conditions was available in the resident's file.

Each resident's food and nutrition needs were recognised, assessed and supported. Speech and language and the support of a dietician were available as appropriate. Specialised dietary requirements were facilitated.

The resident's choice was facilitated with drinks and snacks noted to be freely available.

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, the inspectors found that each resident was protected by the centre's policies

and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Staff had received training on the safe administration of medicines. Medicines were individually labelled for residents. PRN (medication given as the need arises) stocks were held centrally and clear protocols were in place to guide staff practice.

Individual medication plans were appropriately implemented and reviewed as part of the individual's personal plan. There were appropriate processes in place for the handling of medicines in the centre. Staff in the centre adhered to appropriate medication management practices. There were appropriate procedures in place for the handling and disposal of unused and out of date medicines.

There were appropriate measures in place for the collection and storage of controlled drugs. There was a controlled drug register in place, and a stock check in place which was completed and signed by two staff.

Residents were responsible for their own medicines following appropriate assessments. These assessments were regularly reviewed.

A system was in place for reviewing and monitoring safe medication management practices. A recent pharmacy audit was reviewed by inspectors. It was comprehensive and no actions were required. Medication audits were completed on a three monthly basis in the centre. Medication administration sheet audits were completed regularly, and no issues identified.

A number of medication error forms were reviewed by inspectors. There was evidence of learning and appropriate follow up from incidents.

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:

There was a written statement of purpose that accurately described the service provided

in the centre. It outlined the services and facilities available in the centre. It outlined the aims, objectives and ethos of the centre.

It contained all the information required by Schedule 1 of the regulations and had been reviewed within the last twelve months.

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:

Overall, the inspectors observed that there were systems in place to underpin the safety and quality of care provided to the residents.

There was a clearly defined management structure with distinct roles and clear lines of authority and accountability. The person in charge/Clinical services manager, who also had responsibility for another designated centre on campus, was supported in their role by a social care manager and by the provider representative.

There was a management process and meeting system in operation to ensure communication, and review of the safety and quality of the care delivered in the centre.

Inspectors observed a system of self-monitoring through auditing, provider visits and the completion of an annual review of the quality and safety of care delivered. The observed annual review did provide for, and reflect residents' feedback which had been garnered through residents' council meetings and surveys completed with residents and their representatives.

However, inspectors observed that the provider's six monthly visits contained a lot of information that referenced, and was identifiable to individual residents.

The management team had developed and were guided by an overarching quality improvement plan for the centre which underpinned and drove further improvement.

It was observed that there were arrangements in place for staff to express concerns about the quality and safety of care provided in the centre.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the designated centre for a 28 day period.

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:

From interviews with residents and members of the staff team, and observations over the inspection process, the inspectors observed that improvement was required with the centre's workforce complement. This staffing gap had been highlighted at the time of the previous inspection and was not yet addressed to a satisfactory level for the residents.

The required number of staff was not consistently available over the 24 hour period to support the residents' needs and wishes. This was especially noted from gaps in the

provision of residents' social care needs, as in line with their assessed specialised needs a number of residents required support on a one to one basis when going out. Subsequently some residents highlighted to the inspectors that sometimes they didn't get out and about as much as they would have liked. Also, it was noted to the inspectors that on occasions they may have to wait if they call staff for support.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Overall, inspectors found that staff had up-to-date mandatory training and access to training to meet the needs of residents. However, a member of staff had not completed care planning, fire safety or manual handling training and other staff required attendance at safeguarding training.

Staff supervision was completed in the centre. Supervision records reviewed by inspectors were detailed and included review of the quality of the staff member's work, knowledge base, use of initiative, organizing and planning skills, reliability and punctuality, annual leave planning, training and development, and any other business. Staff meetings were held on a regular basis and minutes maintained in the centre.

Records were reviewed for a volunteer in the centre. There was a clearly defined role description in place. There was evidence that supervision had been carried out. There were details of the supports available to the volunteer. There was Garda vetting in place and the volunteer had attended some relevant training programmes in the centre.

A number of staff files were reviewed by inspectors. They were found to contain the majority of information required by schedule 2 of the regulations. However, two staff files contained gaps in their employment history. Also, one staff file did not contain a second work reference.

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:

Overall, the inspectors found that complete records were maintained in the centre. Records were generally kept up-to-date and secure yet easily retrievable.

There was a resident's guide and directory of residents maintained in the centre.

The centre had all the policies as required by schedule 5 of the regulations. However, some of these policies were only available in draft format.

The centre was adequately insured against injuries to residents, staff and visitors. There was public and employer's liability cover included.

Following the last inspection by HIQA a new resident's records policy was developed. This policy outlined the circumstances of when staff should record notes in the resident's care plans.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Mary's Centre (Telford)
Centre ID:	OSV-0002314
Date of Inspection:	28 & 29 November 2017
Date of response:	06 March 2018

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 05: Social Care Needs

Theme: Effective Services

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

The social care needs assessment process required improvement for some residents of the centre.

1. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

All social care needs assessments are scheduled to be reviewed in January/beginning of February as part of their holistic care plan review and on completion of this process a weekly schedule of activities will be drawn up in line with the interests and wishes of the residents. This schedule will be available and communicated to all residents. Included in the preadmission assessment is a section on social activities and all potential residents are encouraged to maintain their interests/ hobbies/clubs and links with their friend and local community.

All activities in Loyola and St. Oliver's nursing units are also available to all residents, should they wish to engage. A list of activities on a weekly basis will be formally drawn up to demonstrate all options on site that are available to residents to choose from (Commenced February 2018).

In addition, notices are displayed and residents are informed where outside entertainment is being brought in or of if there is an off-site visit scheduled e.g. theatre, shopping, cinema, shows etc. (Ongoing practice)

Proposed Timescale: Effective immediately (05.02.18)

Proposed Timescale: 05/02/2018

Theme: Effective Services

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

The review process for some residents' personal plans required improvement to ensure that it facilitated change and improvement in their life.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

At present all assessments and care plans are being reviewed and updated to reflect any changes and provide support to the residents where they need it most. There is a specific social needs assessment form used by staff as part of the overall review process. (Commenced January 2018 and for completion by 16.02.18).

Residents are supported and encouraged to make goals for social and recreational activities and to try new experiences also. All such interactions will be documented in future and the outcomes of same to determine whether or not they were effective in bringing about positive change for the resident. (Commenced January 2018 and for

completion by 16.02.18).

All activities in Loyola and St. Oliver's nursing units are also available to all residents, should they wish to engage. A list of activities on a weekly basis will be formally drawn up to demonstrate all options on site that are available to residents to choose from (Commenced February 2018).

In addition, notices are displayed and residents are informed where outside entertainment is being brought in or of if there is an off-site visit scheduled e.g. theatre, shopping, cinema, shows etc. (Ongoing practice)

Proposed Timescale: 20/04/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As cited in the body of the report a number of premises areas required care and attention to ensure that the resident's home was comfortable and well maintained.

3. 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:

St. Mary's had previously identified the need for improvements with regards to the premises. A copy of the report has been provided to the maintenance department and the HSE A spreadsheet of actions will be developed that the maintenance department can address. For larger items of work, the HSE have requested that costings and timeframes be submitted to them for their approval for funding. Work will take place in consultation with the residents to minimise the impact on their daily routines. Residents have already chosen the paint colours for both shared areas and their bedrooms.

A revamp of each kitchen is also being planned to be included in the spreadsheet of actions for environment.

New carpets were laid in the hall, stairs and landing of each house in 2017. It is planned to review and determine high priority bedrooms/areas for re-laying of new carpets/flooring (subject to residents wishes) in 2018 and after.

An audit of the cleaning will take place to determine effectiveness and identify any areas for improvement.

A deep clean takes place twice a year for all the premises, subject to permission by the residents. In addition, there is a regular cleaner on site to maintain the standard of hygiene.

Proposed Timescale: 31/07/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was no documentary evidence of follow up for some incidents that occurred in the centre.

4. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

All incidents are reported and reviewed at the quarterly Quality and Safety Committee, monthly Plenary and the 4 – 6 weekly MDT meetings. In addition, the Clinical Services Manager now discusses and follows up on all incidents with the Social Care Manager and other departments as appropriate. The close out of all incidents will be discussed with staff to ensure learning takes place and future risks are reduced/managed.

All schedule 5 policies were finalised in December 2017 and available to all staff through the Q-Pulse system, provided by HealthCare Informed. Schedule 5 policies are due to be updated again in 2020, unless the need arises beforehand.

The updated Emergency Plan is currently being finalised as external providers assistance is being sought; so that formal arrangements are in place prior to having to undertake a mass evacuation. This will be completed by the end of February.

Proposed Timescale: 28/02/2018

Theme: Effective Services

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

Some risks identified in the centre were not included on the risk register, and had not been risk assessed.

5. 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:

Risk register has been updated to include the additional risk of having children stay

overnight with a resident. A risk assessment was completed with relevant resident on risks involved in children staying and controls put in place for risks discussed. Protocol were developed in December 2017 to ensure that St. Mary's are aware that children are staying overnight and for, if and when an emergency occurs with the resident.

In addition, all residents are provided with personal alarms which are linked to main reception which is manned 24/7. Overnight security is available, plus medical assistance where required.

In 2017, an evening, night and weekend on call manager system was established to provide staff with the appropriate support, if and when an emergency occurs.

Since 2017, a risk register specific sub - committee of the Quality and Safety Committee was established to ensure that the risk register is reviewed and updated on a quarterly basis. All department managers are members of this committee.

The updated Emergency Plan is currently being finalised as external providers assistance is being sought; so that formal arrangements are in place prior to having to undertake a mass evacuation. This will be completed by the end of February.

Proposed Timescale: 28/02/2018

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Some allegations were not notified to the chief inspector as required.

6. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

One place is booked on the next Nursing Homes Ireland Safeguarding Awareness training day. Attendance will be dependent on whether or not the safeguarding office are in a position to provide training before then. The office hope to have training back up and running from March 2018.

All incidents are reported and reviewed at the quarterly Quality and Safety Committee, monthly Plenary and the 4 – 6 weekly MDT meetings. In addition, the Clinical Services Manager now discusses and follows up on all incidents with the Social Care Manager and other departments as appropriate. The close out of all incidents will be discussed with staff to ensure learning takes place and future risks are reduced/managed.

In future, all reportable incidents will be submitted within the required timeframe.

Proposed Timescale: 05/02/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

As outlined in the body of the report, the quality of the provider's unannounced visit report required improvement to ensure that it could be made available to others.

7. Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

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

With immediate effect, all reports will be clearly anonymised to ensure that they can be made available to the residents, their representatives and the chief inspector on request.

The last 6 monthly report will be reviewed, anonymised and made available to view by residents and their representatives on request.

Proposed Timescale: 12/02/2018

Outcome 16: Use of Resources

Theme: Use of Resources

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

The required number of staff was not consistently available to support the residents' needs and wishes.

8. Action Required:

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

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

Three relief staff are currently engaged to release fulltime staff, so that residents can participate in additional activities over and above those provided in the Houses and Apartments, in the resource room, one resident avails of activities in Loyola. (Commenced January 2018, subject to their availability).

For long term releasing of staff so they can engage in more activities with residents (on either a group or one to one basis), an application was made to the HSE in 2017 for a Social Care Team Lead. This application was made based on the previous HIQA inspection report. The application was re-submitted in January 2018 along with the latest HIQA report, preceding a meeting with the HSE on the 7th of February 2018. HSE advised at meeting on 7th February 2018 that they plan to revert to us shortly with a decision on our application.

When this additional staff member is recruited, residents will have greater access to staff to undertake desired activities on and off site. The daily schedule will then be amended to reflect the increase in staff and therefore, enable a better redistribution of evening hours to the benefit of the residents.

Proposed Timescale: 20/04/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all information and documents required by schedule 2 of the regulations were found in some staff files as outlined in the body of the report.

9. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

St. Mary's do have a checklist process to ensure that all files contain the required information. An audit was conducted to determine where the gaps in employment history and lack of second reference were. These are currently being addressed.

Proposed Timescale: 31/03/2018

Theme: Responsive Workforce

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

Some gaps were identified with regard to staff training and education.

10. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Not all staff have completed formal care plan training. Off-site courses are currently being sourced. Fire safety and use of equipment training is scheduled for the 7th of February 2018. Manual and patient handling training is to be arranged for March 2018. One staff member and a relief staff member are awaiting training In Safeguarding awareness. St. Mary's has contacted the Safeguarding office in CHO6 and await dates for such. All staff have been trained in elder abuse and refresher training will commence in February 2018. In addition, staff will attend challenging behaviour and dementia related training.

Proposed Timescale: 31/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

Some Schedule 5 policy documents needed to be finalised and signed off.

11. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

All schedule 5 policies were finalised in December 2017 and available to all staff through the Q-Pulse system, provided by HealthCare Informed. Schedule 5 policies are due to be updated again in 2020, unless the need arises beforehand.

Proposed Timescale: 05/02/2018