Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Dara Respite House
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	21 March 2018
Centre ID:	OSV-0002326
Fieldwork ID:	MON-0021033

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre provides planned respite breaks for adults with an intellectual disability. The frequency of respite visits is based on a assessment of need conducted by a social worker in another service. The centre is a two storey building. The ground floor consists of a kitchen come dinning room, a small utility room, a sitting room, two bedrooms and a shower room. The first floor has three bedrooms, one of which has a an "en-suite". The main bathroom and a games room is also situated on this floor. The centre has a private garden and is situated close to a town in Co. Kildare.

The following information outlines some additional data on this centre.

Current registration end date:	11/08/2019
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
20 March 2018	10:00hrs to 18:00hrs	Andrew Mooney	Lead

Views of people who use the service

The inspector met and spoke with four residents during the inspection who were very complimentary towards the care and support in the centre. They spoke fondly of the staff and stated that they were happy in the centre. They told the inspector they felt safe and looked forward to their respite visits.

Residents said they were very happy with the quality of the food they received and the range of activities they were supported to engage in. They told the inspector that they were involved in decision making about the day-to-day running of the house. This was facilitated through weekly residents' meetings, which included menu planning, shopping and cooking.

The inspector viewed similar positive comments in the residents annual questionnaires, which were used to inform the centres annual report on quality and safety.

Capacity and capability

Overall, the inspector found the governance and management of the centre led to positive quality of life outcomes for residents.

The inspector found that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. Staff indicated they received supervision on a monthly basis and this corresponded with supervision records. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents.

The centre had effective leadership, governance and management arrangements in place and clear lines of accountability. The provider had complied with the regulations, by ensuring there was an unannounced inspection of the service every six months. There was an annual review of the quality and safety of the centre, which provided for consultation with residents.

Each person's complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. There was a user friendly complaints procedure displayed in a prominent position and staff and residents were knowledgeable about its use. However, on review of complaints, it was unclear if complainants were

satisfied with the outcome of their complaints, as this was not clearly recorded.

Residents had contracts of care that were in accordance with regulatory requirements.

Regulation 15: Staffing

The registered provider ensured that there was adequate numbers of staff ,with the appropriate qualifications and skills mix to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had access to training and refresher training in line with the statement of purpose. Staff were appropriately supervised and had access to the Act, regulations and standards as required.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources available in the centre to ensure effective delivery of care and support in line with the statement of purpose.

The annual review of the quality and safety of care, and six monthly visits by the provider, provided for consultation with residents and their representatives.
A number of internal audits were also completed regularly in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were appropriate agreements of care in place that met the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were appropriate policies, procedures and practices in place but there are some gaps in the associated documentation. The satisfaction level of complainants was not recorded in line with the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the quality and safety arrangements in place ensured residents safety was assured. Risks were generally managed well and there were good safeguarding systems in place. Improvements were required in the maintenance of some documentation.

Medication management systems within the centre required substantial improvement as they were not in keeping with good practice. The current arrangements did not ensure that valid prescription sheets were available and this did not assure the inspector that safe medication practices were in place. Additionally, the centres policy on medication management stated that a "kardex must be reviewed and updated on a yearly basis". However, this guidance is not sufficient to comply with the medical product regulations 2003, which indicates such reviews should be no less than six monthly. The inspector also noted that the kardexs on site did not have photos attached to them. Notwithstanding this, there were some good medication management systems in place. These included the appropriate training of all staff, which included on site clinical assessments. Additionally, there was a robust medication error system in place.

The centre had a risk management policy in place for the assessment, management and ongoing review of risk. This included a location risk register and some risk assessments. However, while there was evidence that the service was safe there were some gaps in documentation, such as pertinent risk assessments. The centre had effective processes in place to protect residents, which included staff training, personal plans and where required support plans. This protected residents from abuse and neglect and ensured residents safety and welfare was promoted. While there were some restrictions in place to support the assessed needs' of residents, it was unclear if they were reviewed in line with the regulations. For instance, a bell was used to alert staff to a resident exiting the centre and the press where washing detergents were kept was locked.

There were adequate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. However, the review

process for these personal plans did not clearly document the process taken. Therefore, it was difficult to ascertain if the review was multidisciplinary, how residents were involved and whether the review assessed the effectiveness of the personal plans.

Discharges from the service were managed in accordance with the providers policy. The provider ensured any such discharges were conducted in a planned manner and in consultation with residents and their representatives.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. Residents could clearly indicate to the inspector what the the fire evacuation procedure was.

Regulation 25: Temporary absence, transition and discharge of residents

Any discharges from the centre were completed in line with the providers policy.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a system in place for the assessment, management and ongoing review of risk. However, while there is evidence that the service is safe there were some gaps in documentation.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire and all staff have received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The medication policy guidance on the review of prescription sheets was not in line with the regulations. Some records relating to prescriptions were not reviewed in line with the regulations.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident within the designated centre had a personal plan, residents were involved in their development and they were available in an accessible format. However, there were gaps in the documentation of the review process.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare is made available for each resident, having regard to residents' personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

It was unclear why some restrictions were in place and if they were the least restrictive option for the shortest duration possible, as there were gaps in documentation.

Judgment: Substantially compliant

Regulation 8: Protection

Residents are assisted and supported to develop knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are

protected from all forms of abuse and
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dara Respite House OSV-0002326

Inspection ID: MON-0021033

Date of inspection: 21/03/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints policy is under review and will be signed off by the Board by 30/06/18 This Policy will set out a procedure to ensure compliance with the Care and Support Regulations. A new complaints form will form part of this procedure to ensure there is a more robust system of responding to complaints within the organisation. This form is now in operation and made available in the Respite House date 10/05/18	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: This policy sets out how the organisation responds to and reviews risk. Individuals whom have areas of risk will have a person centered risk assessment in place subject to review. Where a risk assessment has a control that is considered a restrictive practice it will be notified to HIQA at the end of each quarter. The Restrictive practice policy is under review and will be signed off by the Board by 30/06/18	
Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Medication Policy is under review to ensure compliance with relevant legislation with particular emphasis that all all kardex and prescriptions received into respite will be within 6 months. This is being communicated to relevant families by the Respite PIC. This policy will be signed by the Board by 30/06/18	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The effectiveness of each respite user's personal plan (All about me and how to support me document) when in Respite will be reviewed at the end of each respite stay. Any learning or changes will be updated and this will guide future support when next in respite. The template has been updated to reflect this. 31/05/18	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Where a behavior support plan or positive support plan includes a restrictive practice or rights restriction this will be subject to an individual person centered risk assessment, and a notification to HIQA at end each quarter will be completed. The Restrictive practice policy has been updated and this will be signed by the Board by 30/06/18	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/04/18
Regulation 29(2)	The person in charge shall facilitate a pharmacist made available under paragraph (1) in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland. The person in charge shall provide	Not Compliant	Orange	30/06/18

	appropriate support for the resident if required, in his/her dealings with the pharmacist.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/06/18
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/04/18
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	30/06/18

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/05/18
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of	Substantially Compliant	Yellow	31/05/18

	the plan.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/05/18