

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Saimer View & Eske House Community Group Homes
Centre ID:	OSV-0002495
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Ivan Cormican
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 January 2018 09:00	30 January 2018 18:00
31 January 2018 09:00	31 January 2018 14:00

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 inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and to inform a registration decision. This centre had been recently reconfigured and this was the first inspection conducted in line with the centre's revised statement of purpose.

How we gathered our evidence:

As part of the inspection, the inspector met with four residents. The inspector

observed that residents' bedrooms were individually decorated with personal photographs of family and friends and areas of personal interest. The inspector met with five staff members, including the person in charge and a person representing the provider. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records, healthcare plans, fire precautions, emergency planning and staffing arrangements within the centre were also reviewed.

Description of the service:

On the day of inspection, the designated centre comprised of two houses which were situated in a county in the West of Ireland. Each house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. One house was located within a short drive of a large town where public transport such as buses and taxis were available. The other house was located within walking distance of a medium sized town where similar public transport links were available. Residents also had the shared use of transport which was provided by the designated centre.

Overall judgment of our findings:

Inspectors found that residents received a service which met their assessed needs and provided them with a good quality of life. Residents appeared happy in the centre and staff were observed to interact in a warm and caring manner. Staff members were also found to have a good understanding of the residents' care needs and also offered residents a range of activities. However, improvements were required, with major non compliances found in regards to outcomes including health and safety, medications and workforce. Further improvements were also required in regards to social care needs and governance and management which were deemed as moderate non compliance.

All other outcomes inspected showed a good level of compliance with the regulations and were deemed as either complaint or substantially complaint with the regulations. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the rights and dignity of residents were promoted in the designated centre. However, some improvements were required in regards to supporting residents in managing their finances.

The inspector observed that staff interacted with residents in a kind and caring manner and residents who met with the inspector stated that they liked the staff in the centre. Staff openly discussed what residents would like to eat and what activities they would like to engage in, with two residents requesting to go to the cinema on the first day of inspection. Residents also attended weekly house meetings where topics such as activities, rights, meal choice, keeping safe and rights were discussed. The inspector also noted that advocacy services were available for residents but no residents were using this service at the time of inspection.

The provider had a policy on supporting residents to make a complaint and an easy-to-read complaints procedure was available in the centre. Staff had a good understanding of the complaints procedure and residents stated that they could freely make a complaint if they so wished. The provider maintained a record of all received complaints which indicated that that all complainants were given feedback as to the outcome of their complaint.

Staff in the centre maintained accurate financial records of money spent on behalf of residents. Accurate receipts were maintained and balances were checked on a daily basis by staff on duty. However, the inspector noted that the provider did not have a system in place to ensure that transactions completed through local financial institutions

were being monitored on a regular basis.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the communication needs of residents were promoted in the designated centre.

Some residents in the centre could communicate verbally with staff members and the inspector. Some residents required the support of augmented communication systems and communicated through the use of signs and some language skills. The inspector observed that these residents could freely communicate with staff members on duty and make their wishes known. Staff in return were able to offer responses to the resident through the use of language and signs. Communication plans were also reviewed on a regular basis and were in line with methods of communication which were observed by the inspector.

Residents had access to media such as television, newspapers and radio and one house in the designated centre had access to the Internet. The other house in the centre did not have access to the Internet but the person in charge had correspondence available which indicated that they were in the process of acquiring Internet access.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents were supported to have visitors in their home.

Each house in the designated centre had suitable communal areas for residents to have visitors. Daily records indicated that residents were visited by their families on a regular basis and also had daily contact with their families on the telephone.

Residents stated that they were supported to maintain contact with the families and personal photographs indicated that residents were supported to attend family events such as weddings and birthday parties.

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:

On the day of inspection, the inspector found that residents had written agreements in place which outlined the fees that they would be charged and the services that they would receive in return. The sample of written agreements reviewed, were signed by the resident, their NOK and a representative. However, the inspector found that written agreements did not include which party would be responsible for providing furniture, including furniture for personal use, in the centre.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to

meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that residents were supported to access their local community on a regular basis; however, the actions from the previous inspection had not been addressed and further improvements were required in regards to personal plans.

The inspector reviewed a sample of personal plans in the centre. Some of these plans were reviewed on a regular basis and had been made available to residents in an accessible format. However, some plans had not been reviewed as required and some residents did not have their plans made available in an accessible format. The inspector also noted that an annual planning meeting for one resident had not occurred as scheduled.

Residents were supported to identify individual goals on an annual basis and a review of these goals indicated that some goals were achieved as planned. However, some goals did not have clear timelines for achievement and the residents had not achieved some of their chosen goals. The inspector also reviewed some goals which were chosen in the days prior to the inspection; however, it was not evident how the resident was involved in choosing these individual goals.

The inspector reviewed activity sheets, daily records and financial records and all indicated that residents used local community services such as financial institutions, restaurants, public houses, shops and hotels on regular basis. Residents were also supported to engage in regular leisure activities such as attending the cinema, concerts and enjoy local areas of interest.

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:

On the day of inspection, the inspector found that the premises met the assessed needs of the residents. However, the provider was unable to demonstrate that the home heating system was serviced as required.

Each resident had their own bedroom which was of a good size and had suitable storage facilities for their personal belongings. Some residents were happy to show the inspector their rooms, which were individually decorated with items of personal interest, such as; achievements, music posters and pictures of family and friends.

Each house in the designated centre was warm and clean and had suitable lighting and ventilation. Kitchens in both centres were of a suitable size and had appropriate cooking facilities available to residents and staff. The centre also had suitable arrangements for the disposal of clinical and domestic waste. Communal areas were also of a suitable size and were comfortably furnished with couches, coffee tables and soft furnishings.

Some residents had ensuite bedrooms and some residents shared bathrooms which were suitably equipped to meet their needs.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. However, some improvements were required in regards to fire precautions and risk assessments. One action from the previous inspection had not been addressed as one staff member had not completed a fire drill in the centre. The inspector also found that one staff member had not

completed fire training.

The designated centre comprised of two separate houses and staff in each house were conducting regular checks of fire precautions such as emergency lighting, fire doors, fire extinguishers, fire blankets and the alarm system. The inspector also found that the fire precautions used in the centre were being serviced as required. Staff members were also conducting regular fire drills and records of these indicated that residents could be evacuated from the designated centre in a prompt manner. Fire drills had also been completed with minimum available staffing and staff in the centre had a good understanding of residents' personal emergency egress plans.

Both houses had fire doors in place; however, the inspector found that the provider did not have suitable arrangements in place to ensure that fire doors would be closed in the event of a fire occurring. The inspector also found that a fire door was absent from a high risk area of one house where domestic equipment such a clothes dryer, washing machine and fridge was in use.

Both house had suitable equipment in place for the detection of fire but one house did not have a suitable amount of emergency lighting both internally and externally to guide residents to the designated assembly point.

The person in charge maintained a risk register which collectively managed risks in the centre in relations to issues such as fire, falls and violence and aggression. Residents were also supported by individual risk assessments in areas such as behaviours that may challenge. All risk management plans in the centre were regularly reviewed and had appropriate controls in place to mitigate against the likelihood and impact of the risk occurring. However, the inspector found that the lone working risk assessment failed to clarify the use of a restrictive practice when staff members were attending to the personal care needs of residents.

The centre also had a system in place for the monitoring and review of adverse events. The inspector found that staff on duty had a good understanding of this system and that all recorded events were responded to in a prompt manner by the person in charge.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

On the day of inspection, the inspector found that the provider had systems in place to safeguard residents from potential abuse. The actions from the previous inspection were satisfactorily implemented.

Staff were observed to interact with residents in a respectful manner and residents appeared comfortable in the presence of staff members. Staff members also had a good understanding of identifying abuse and could clearly account the measures and actions used in the organisation in responding to allegations of abuse. Residents in the centre stated that they felt safe in the presence of staff and could go to any staff member if they had a concern. Information on identifying and responding to potential abuse was also on display.

Some residents required support in regards to behaviours of concern and the provider had devised behavioural support plans to assist staff in providing care for these residents. These plans had been reviewed on a regular basis and provided staff with proactive and reactive strategies in responding to these behaviours. However, the inspector found that one behaviour support plan did not give sufficient detail in describing the behaviours of concern which the resident presented with.

The centre had reduced the number of restrictive practices since the last inspection of this centre. A recent review by a speech and language and resulted in a resident having free access to a fridge. There was one other restrictive practice in place which involved the locking of external doors when staff were supporting residents with personal care; however, the inspector found that residents had not been consulted in regards to this practice.

The centre had one safeguarding plan in place which was recently updated and reviewed following an incident in the centre. The inspector found that the identified actions to safeguard residents were implemented as described with additional staffing deployed in the centre.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

On the day of inspection, the inspector found that the provider maintained a record of all notifications submitted to the Chief Inspector. The action from the previous inspection had been addressed with all allegations of abuse now being submitted as required. However, the inspector found that inaccurate information had been submitted in regards to the use of restrictive practices in the designated centre.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

On the day of the inspection, the inspector found that residents were supported to access further training through their day services. Residents stated that they enjoyed going to their day service and had recently completed an accredited course in personal development. Residents stated that they would be graduating in the near future and would be receiving their graduation certificates from an external examining body.

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:

On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre. Residents were supported to attend their general practitioner of choice and referrals would be made to allied health professionals as required. However, some improvements were required in regards to nursing interventions.

Each resident was supported by a core nursing assessment which identified any healthcare needs which a resident may have. Nursing interventions were then formulated in areas such as mental health, elimination, breathing and circulation and personal care. However, the inspector found that a suitable nursing intervention had not been formulated to support a resident in regards to their mobility. Furthermore, the resident's care plan had stated that they had been referred for specialist review but the care plan did not indicate when this referral had been made or if any further follow up had been made to support the resident with this referral.

Nutritional records indicated that residents enjoyed a wide and varied diet. The inspector also observed that fresh fruit and snacks were readily available to residents throughout the day.

Judgment:

Substantially 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:

On the day of inspection, the inspector found that some improvements were required in regards to the administration of medications in the designated centre.

The centre had appropriate storage facilities in place and unused and medications to be returned were segregated from current stock. Residents had been assessed to self-medicate but none were self-medicating on the day of inspection.

Staff who met with the inspector had a good knowledge of the safe administration of medications and had received training to administer medication. However, not all staff

had received training in administering medications in line with the centre's medication policy. The inspector also found that one resident had been prescribed rescue medication; however, staff had not received training to administer this medication.

The inspector reviewed a sample of prescription sheets and the associated medication administration recording sheets and found that one medication had been administered in line with an additional note which had been secured to the prescription sheet and not in accordance with the prescribed medication which was signed by the general practitioner. Furthermore, correction fluid had been used on a medication administration recording sheet to blank out a written entry.

Judgment:

Non Compliant - Major

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:

On the day of inspection, the inspector found that the provider had produced a statement of purpose which outlined the services and facilities to be provided in the designated centre. However, this document did not contain all prescribed information as stated in the regulations.

Judgment:

Substantially 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):

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

Findings:

On the day of inspection, the inspector found that some improvements were required to the governance and management arrangements which were in place. One action from the previous inspection had not been satisfactorily implemented as governance and management arrangements failed to identify and address deficits found on this inspection in regards to the review of personal plans, medication practices, fire precautions, staff training and staff files.

The provider had appointed a person in charge to manage the centre who was suitable qualified and experienced. The person in charge was in a full-time role and visited the centre on a regular basis. The person in charge was supported by additional nurses who were also involved in the day-to-day running of the centre.

The person in charge conducted regular audits of complaints, medications, finances, adverse events and health and safety. Appropriate actions plans were also implemented to address any identified deficits which were found following these audits.

The provider also conducted an annual review and a six monthly audit of the quality of care provided in the centre. The annual review was conducted following consultation with residents and both reports had an action plan attached to address any highlighted issues. The inspector found that the person in charge had made good progress in completing the action plan following these audits.

Judgment:

Non Compliant - Moderate

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:

On the day of inspection, the inspector found that the provider was aware of the requirement to notify the Chief Inspector during prescribed absences of the person in

charge. The provider also had suitable arrangements in place for periods when the person in charge was absent from the designated centre.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the centre was adequately resourced to meet the assessed needs of residents. Additional staffing had been deployed following recent inspections of this centre which facilitated residents to access their local community on a regular basis. The centre also had suitable transport available for residents to use and engage in leisure activities.

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):

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

Findings:

On the day of inspection, the inspector found that the staffing arrangements were meeting the assessed needs of residents. However, two actions from the previous

inspection in regards to staff files and training had not been satisfactorily implemented.

The person in charge maintained a staff roster which was found to be accurate. Residents in the centre were supported by staff members directly employed by the provider and by some staff members supplied by an external agency. Staff members from this external agency worked in the centre on a regular and consistent basis.

Staff members attended scheduled support and supervision and regular team meetings were held in the centre. Some staff members were up to date with training needs; however, one staff member had not received training in manual handling.

The inspector also reviewed a sample of staff files and found that they did not contain all the prescribed information with deficits found in regards to vetting disclosures and employment histories.

There were no volunteers in place on the day of inspection.

Judgment:

Non Compliant - Major

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:

On the day of inspection, the inspector found that records and documentation supported the delivery of care to residents in the designated centre.

The directory of residents and residents' guide were reviewed and found to contain all prescribed documentation.

The provider also maintained all policies as stated in Schedule 5 of the regulations. These policies were found to have been reviewed within the required timeframes.

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:

Ivan Cormican
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 Health Service Executive
Centre ID:	OSV-0002495
Date of Inspection:	30 & 31 January 2018
Date of response:	23 February 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The person in charge failed to ensure that transactions completed through financial institutions were being monitored on a regular basis.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

1. The Local Financial Policy will be reviewed to incorporate that transactions with local financial institutions are monitored.
2. The Provider Quarterly Audit will be reviewed to ensure that this practice is being implemented.

Proposed Timescale: 28/02/2018

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Written agreements failed to clarify the arrangements in regards to providing both communal and personal furniture in the centre.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The Provider will complete a review of the written contracts to ensure they contain arrangements in terms of communal and personal furniture in the Centre.

Proposed Timescale: 31/03/2018

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 person in charge failed to ensure that a resident's annual planning meeting had occurred as scheduled. The provider also failed to ensure that personal plans were reviewed on an annual basis

3. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Person in Charge will complete an annual schedule for annual reviews.

All residents will have an annual review completed which includes a review of all personal plans.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

The person in charge failed to ensure that residents' goals had clear timelines for achievement.

4. Action Required:

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

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

The Person in Charge will ensure that each resident's goals have clear timelines for achievements.

Proposed Timescale: 31/03/2018

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:

The provider failed to ensure that the centre's home heating system was serviced as required.

5. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The Person in Charge will ensure that the heating systems are serviced on an annual basis.

Proposed Timescale: 31/03/2018

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:

The provider failed to ensure that the lone working risk assessment clarified the use of a restrictive practice when staff members were attending to the personal care needs of residents.

6. 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:

The Person in Charge will complete a risk assessment regarding lone workers and the use of restrictive practice when staff are attending to personal care needs.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

The provider failed did not have suitable arrangements in place to ensure that fire doors would be closed in the event of a fire occurring.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

1. A Memo has been issued to all staff working in the Centre to ensure internal fire doors are closed at all times.
2. A Discussion with residents has been held with regard to closure of bedroom doors at night time and all agreed to this measure.
3. A Discussion was held with staff regarding closure of their bedroom door at night time, and agreement that for the purposes of supervision this door would remain open.
4. A Fire Assessment has been completed and awaiting report.

Proposed Timescale: 05/02/2018

Theme: Effective Services

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

The provider failed to ensure that all staff had received fire training.

8. Action Required:

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

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

All Staff are now trained in Fire Safety.

Proposed Timescale: 23/02/2018

Theme: Effective Services

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

The provider failed to ensure that all staff members had completed a fire drill.

9. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

All Staff have completed a Fire Drill.

Proposed Timescale: 23/02/2018

Theme: Effective Services

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

The provider failed to ensure that appropriate emergency lighting was in place.

10. Action Required:

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

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

1. As an interim measure hand held torches will be provided at all exits of the centre. These torches will be checked weekly to ensure they are in working order.
2. A Fire Risk Assessment has been completed for the Centre and we are awaiting the Report.
3. Emergency External Lighting will be installed at the Centre.

Proposed Timescale: 31/03/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that residents were consulted in regards to the use a restrictive practice in the centre.

11. Action Required:

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

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

The Person in Charge has consulted with the residents in regards to the use of a restrictive practice in the Centre.

Proposed Timescale: 05/02/2018

Theme: Safe Services

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

The provider failed to ensure that behaviour support plans identified the behaviours of concern which a resident may engage in.

12. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The Person in Charge amended the behaviour Support Plan to include a description of the behaviours of concern that a resident may engage in.

Proposed Timescale: 01/02/2018

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:

The provider failed to ensure that the use of restrictive practices was accurately reported to the Chief Inspector.

13. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The Person in charge will ensure that the use of restrictive practices are accurately reported to the Chief Inspector.

Proposed Timescale: 23/02/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The person in charge failed to clarify when a referral had been made on behalf of a resident. The person in charge also failed to ensure that suitable follow up had been made in regards to supporting the resident with this referral.

14. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The Person in Charge will ensure there is appropriate nursing Interventions in place and support provided to residents in order to follow through on referrals made.

Proposed Timescale: 31/03/2018

Theme: Health and Development

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

The provider failed to ensure that a nursing intervention had been devised for an identified healthcare need.

15. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Person in Charge will ensure that appropriate nursing Interventions are devised for identified healthcare needs.

Proposed Timescale: 31/03/2018

Outcome 12. Medication Management

Theme: Health and Development

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

The person in charge failed to ensure that

- staff had received training in the administration of rescue and regular medications
- medications were administered in line prescription sheets
- medication administration recording sheets were appropriately maintained.

16. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1. The person in Charge will arrange medication management training for all staff in the centre, which will include training in the administration of rescue medication.
2. The Person in Charge will arrange a staff meeting to discuss all current medications prescribed for use in the Centre to ensure that medications are administered in line with prescription sheets, and to ensure that medication administration recording sheets are appropriately maintained.

Proposed Timescale: 31/03/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that the centre's statement of purpose contained all prescribed information as stated in the regulations.

17. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:

The Person in Charge complete an amendment to the Statement of Purpose and will

forward to the regulator.

Proposed Timescale: 28/02/2018

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:

Governance and management arrangements within the centre failed to ensure that the quality and care provided to residents was maintained to a good standard.

18. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The Person in Charge will ensure that the Providers Annual Audit Schedule is fully implemented in the Centre, which includes audit of person Centred Plan, Medication Management, Staff Training and Fire Safety measures.

Proposed Timescale: 31/03/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge failed to ensure that prescribed documents as stated in Schedule 2 of the regulations were in place.

19. 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:

1. The Person in Charge will actively follow up on Garda Vetting disclosures.
2. The Person in Charge will ensure that full employment histories are in place for staff working in the Centre.

Proposed Timescale: 30/04/2018

Theme: Responsive Workforce

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

The person in charge failed to ensure that staff were up to date with training needs.

20. 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:

1. The Person in Charge will complete a review of all training records to identify training deficits.
2. The Person in Charge will arrange for staff to attend the required training.

Proposed Timescale: 31/03/2018