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:	Sruthan House
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	17 October 2018
Centre ID:	OSV-0002565
Fieldwork ID:	MON-0022476

About the designated centre

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

Sruthan House provides a respite service for people with physical and/or sensory disabilities. The centre provides twenty four hour respite care to both males and females aged 18 – 65 years old. The centre opens for ten days each fortnight. The house is located in a large town in Co. Louth. The house includes three single bedrooms and two bathrooms. There are ceiling hoisting tracks in all bedrooms. There is also a fourth bedroom currently allocated as a staff sleepover bedroom and storage space. The house contains a sitting room, a kitchen and dining area, a laundry room with w/c and a shower room. There is a small garden out the front of the house and a large accessible garden with an open roofed area out the back. There is accessible transport available to the residents for community activities and trips. There is a full time person in charge and nine full-time health care workers employed in this centre.

The following information outlines some additional data on this centre.

Current registration end date:	19/12/2019
Number of residents on the date of inspection:	3

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
17 October 2018	11:00hrs to 18:00hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met with three of the residents who availed of the respite service. During these engagements the residents relayed their views to the inspector. Residents' views were also taken from Health Information and Quality Authority questionnaires, observations, the centre's feedback and suggestion logs, residents' evaluation forms of their respite stay and various other records that endeavoured to voice the residents' opinions.

The residents, who the inspector spoke with, advised the inspector that they were happy availing of this centre for respite services.

One resident advised that they availed of the service twice a year and really enjoyed their stay each time.

One resident showed the inspector the room they were staying in and advised the inspector that it was a nice room with suitable storage, easy access and a comfortable bed.

There was a large framed poster in the main hallway of the house containing positive feedback and comments regarding the happy and enjoyable experience residents had during their respite stay. The feedback poster also included positive comments about the care and service staff provided.

The inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Overall, questionnaires submitted by residents and their families relayed very positive comments about staff in the centre; one resident commented that the staff were very friendly and provided a welcoming home from home atmosphere.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs, wishes and intrinsic

value were taken in to account.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was a continuity of staffing so that attachments were not disrupted. The inspector spoke with a number of staff who had worked in the service for a long period. The person in charge informed the inspector that where relief staff were required, only relief staff who were familiar to the residents and their needs were employed.

The inspector found that overall, staff training was up to date. Staff who spoke with the inspector demonstrated a good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents.

One to one supervision meetings were taking place to support staff perform their duties to the best of their ability every six months. Staff advised the inspector that they found these meetings to be beneficial to their practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

The person in charge was committed to continuous professional development. The inspector was informed by the person in charge that they had recently completed training on supervision practices, advocacy and clinical auditing.

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Governance and management systems in place ensured the resident received positive outcomes in their life.

The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service. Further to the annual and six monthly reviews the person in charge carried out monthly themed audits which were reviewed and signed by senior management. These audits assisted the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery and overall, better outcomes for residents.

The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflects up-to-date, evidence-based practice.

On the day of inspection, the inspector found that not all staff training was up to date however, those that were not, a training course had been booked.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Unannounced six monthly reviews and annual reviews were being carried out in line with regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

Overall, the service being delivered was in line with the current statement of purpose. A few alterations were made to the statement on the day and the final copy was emailed to the inspector the next day.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaint policies and procedures in place that ensured the service was

committed to the making, handling and investigation of complaints and that all residents and family members were aware of this. There was a poster of the complaints officer displayed in a communal area.

Judgment: Compliant

Quality and safety

The inspector found that residents' well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for the residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs.

The residents' personal plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector looked at a sample of personal plans and found them to be up-to-date and reviewed on a regular basis including in advance of the resident's respite stay.

The residents were supported to live a life of their choosing in accordance with their own wishes, needs and aspirations There was a system in place to ensure the assessed needs of the resident were updated where appropriate each time a resident availed of the respite service. On arrival residents sat down with staff member and talked about how they would like to spend their time during their respite break. There were many community based activities offered to residents however, residents could choose activities outside the ones offered. In some cases residents made requests for certain activities in advance of their stay so that staff could organise and prepare necessary supports that were required for the activity.

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. A number of residents were supported to organise new outdoor accessible garden furniture for the outdoor space at the back of the house. The residents were supported to consult with a local men's community group to discuss their design and organise the furniture being made.

Residents were supported to engage in social activities that promoted community inclusion such as going to the local cinema, attend religious services including an annual religious event in the town and also dining out in nearby restaurants, pubs and cafés.

Residents had the choice to attend their day activation service during their respite stay or engage in an individualised service within the house which was assessed

and personalised to meet their needs. Residents enjoyed activities such as listening to music, art and crafts sessions and holistic, beauty and relaxing therapy treatments.

The health and well-being of each resident was promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical activities. The person in charge and staff were proactive in referring residents to health care professionals and had an excellent working partnerships with them. The person in charge organised a chiropodist and aromatherapist to visit the house on a regular basis for residents to avail of if they so wished.

The inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected.

The design and layout of the of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents during their respite stay in the house. The physical environment of the house was clean and in good decorative and structural repair. The inspector saw that residents had been consulted and were part of the creation of a relaxing, sensory and accessible outdoor space to the front of the house.

The inspector found that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes. The fire fighting equipment and fire alarm system were appropriately serviced and checked. However, the inspector found that improvements were required to the documentation of simulated evacuation procedures.

The inspector found that overall, the processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. Where medication was administered by staff or self-administered by the resident, it was monitored according to best practice as individually and clinically indicated to increase the quality of each person’s life. The inspector found that the residents medication was reviewed in advance of residents attending a respite break and details were documented in residents' personal plans.

Regulation 12: Personal possessions

Where possible, residents retained access to and control over their own belongings during their respite stay.

Judgment: Compliant

Regulation 17: Premises

The premises met the needs of the residents and the design and layout promoted resident's safety, dignity, independence and well-being.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, protection against infection was effectively and efficiently managed in the centre however, the inspector found that a newly installed specialised toilet facility, which was in the same room where the laundry took place, had no cover seat fitted. On the day of the inspection the person in charge carried out a risk assessment and followed up on the cover seat to be ordered.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire and fire drills had been carried out. However, the inspector found that the documentation for the simulated fire drills did not provide clear details of aids required to support residents and how effective the aids were.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Overall, safe medical management practices were in place and were appropriately reviewed. However, the inspector found that clinical oversight was required in some of the guidance documentation provided to staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector found that residents were supported to engage activities and goals which promoted meaningfulness, personal development, independence and community inclusion.

Judgment: Compliant

Regulation 8: Protection

Staff who spoke with the inspector understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to put into practice when necessary.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sruthan House OSV-0002565

Inspection ID: MON-0022476

Date of inspection: 17/10/2018

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Review of all training records on 24/10/2018. Staff followed up on training and attended courses. All on line courses will be completed by 19/11/2018. Application for next available date for refresher food hygiene training for one staff member will be completed when date advertised.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Followed up on order of WC cover for specialised toilet. Cover fitted on 24/10/2018. Review meeting booked with infection control CNM2 on site for 12/11/2018 to review risk assessment. To discuss completed risk assessment at staff meeting 19/11/2018	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drill carried on 8/11/2018 and relevant information recorded in fire drill section of fire drill section of fire register. Individual PEEPS reviewed & updated as relevant on that date. To discuss at staff meeting on 19/11/2018.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Contacted safe medication support team. Agreed procedure for clinical oversight on PRN medication on 6/11/2018. Individual PRN medication protocol will be counter signed when prescriptions are been checked prior to arrival to respite. This will be ongoing.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	19/11/2018
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the	Substantially Compliant	Yellow	19/11/2018

	Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	19/11/2018
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.	Substantially Compliant	Yellow	6/11/2018