

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Centre 1 - Aras Attracta
Centre ID:	OSV-0003321
Centre county:	Mayo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Anne Marie Byrne
Support inspector(s):	Christopher Regan-Rushe; Ivan Cormican
Type of inspection	Unannounced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 January 2018 10:00	08 January 2018 18:00
09 January 2018 09:00	09 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 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 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

In May 2016, following the conclusion of a two-year regulatory programme, an inspection was completed in order to inform a registration decision. During that inspection inspectors found significant non-compliance with the regulations leading to a poor quality of life for residents. In addition, inspectors found that the provider's governance and management arrangements were inadequate and were failing to ensure that the service that was being provided was of sufficient quality and was keeping residents safe. Due to the significant failings found during the May 2017 inspection the provider was issued with a notice of proposal to cancel the registration of the centre in September 2017.

In November 2017 the provider submitted written representations to the Office of the Chief Inspector, setting out the actions they had taken to address the failings identified in the May 2017 inspection. HIQA published details of the inspection reports from the two-year regulatory programme in November 2017 and summarised these in an overview report. These reports are available at www.hiqa.ie.

Following the publication of the overview report and the receipt of the provider's representation to the notice of proposal to cancel the registration of the centre, the Office of the Chief Inspector notified the Health Service Executive (HSE) that a final decision on the registration of the centre would be made by February 2018.

This inspection was completed to verify the implementation and impact of the actions the provider stated they had taken. Inspectors considered whether there had been any progress to improve the quality and safety of the service, as described in the provider's representation response dated 27 November 2017 and the actions arising from the May 2017 inspection. The findings from this inspection will be used to inform a registration decision.

How we gathered our evidence:

During the inspection, inspectors spoke directly with four staff members, the clinical nurse managers, the person in charge and the provider's representative. Residents were invited to meet with inspectors if they wished, but they declined to do so. Inspectors also met with four other staff members who worked across the campus, including the speech and language therapist, the occupational therapist, the safeguarding officer and the behavioural support specialist. Inspectors reviewed documentation such as communication plans, behavioural support plans, medication records, audits, risk assessments, fire precautions, policies and staff files.

Description of the service:

The designated centre comprised of two units that accommodated up to 33 residents who have intellectual disabilities, psychiatric and medical conditions. The units were located on a large campus-based setting on the outskirts of a rural town. While some residents had their own bedrooms, many residents shared bedrooms, with up to three other residents. Each unit 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.

Overall judgment of findings:

Since the last inspection of this centre in May 2017, inspectors found the provider had made improvements to many areas of the service including, communication, complaints management, social care, risk management, safeguarding, behavioural support, medication management, resources, documentation management and workforce. Significant improvements were also made to the governance and management arrangements, with revised management and meetings structures now in place. Overall, inspectors found these improvements had resulted in positive outcomes for the residents living in the centre.

Of the 46 actions required from the last inspection, 38 of these were due to be

completed at the time of this inspection. The inspectors found eight of these were not satisfactorily completed; however, the provider demonstrated to inspectors the ongoing review in place to monitor the progress of these overdue actions. Improvements were still required to: personal planning arrangements - to ensure personal plans were available to residents in an accessible format, the premises, fire safety, end-of-life care, assessment of residents' capacity to engage in education and training and to the statement of purpose. Of the 16 outcomes inspected, 10 outcomes were found to be compliant, four outcomes were found to be substantially compliant and two were in moderate non-compliance 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):

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

Findings:

Since the last inspection, the provider had made significant improvements to the assessment, consultation and support of residents' communication needs. In addition, improvements were also made to the centre's complaints process. Of the six actions required from the last inspection, all six were satisfactorily completed.

Following the last inspection, a letter of apology was issued to all residents whose money was used to buy assistive technology, without an appropriate assessment of their need for this technology. The provider had also ensured that a refund was provided to these residents, with evidence of all refunds available to inspectors. An appropriate assessment process was now in place to assess residents' interest and capacity to use assistive technology and a number of assessments were completed at the time of this inspection. Where residents used such technology or other communication aids, the cost of these were now met by the provider. The provider also had arrangements in place to ensure residents and their representatives were consulted with, where residents were assessed as requiring such aids. This meant that residents who were using assistive technology at the time of this inspection had an appropriate assessment in place which identified their need for the device they used. Residents were now also consulted prior to the purchase of the aid and plans were now in place to guide staff on how to best support the resident to use it. A number of staff working in the centre were involved in the implementation of a person-centred culture programme. Staff told the inspector that the intended purpose of this programme was to promote residents' rights and choice and to ensure residents' were consulted in all aspects of their care.

New bed-screening was provided in shared bedrooms and inspectors observed that this

screening fully encompassed beds to provide residents with adequate privacy and dignity arrangements. The provider had ensured that each resident now had access to their own locked cupboard in their bedroom, however; the provider did not have adequate security arrangements in place to safeguard residents' possessions. This was brought to the attention of the person in charge, who developed a risk assessment during the inspection to demonstrate to inspectors the measures she planned to put in place to rectify this.

The person in charge now maintained a record of all complaints, including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the complainant was satisfied with the outcome of the process. Arrangements were also in place for the regular auditing of the complaints process. The person in charge had recently completed a review of the complaints received to date and could demonstrate to inspectors the number of complaints in progress and the actions in place to resolve these. Following a review of minutes from some residents' meetings, inspectors saw that residents said there had been an improvement in the response to the complaints. Documentary evidence was available to inspectors to demonstrate how staff satisfactorily managed residents' complaints through the centre's complaints process.

Judgment:

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):

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

Findings:

The provider had put arrangements in place to ensure residents had access to the internet and were supported to use assistive technology. Two actions were required from the last inspection and these were completed.

Since the last inspection, access to the Internet has been made available to residents. Residents now receive one-to-one support from staff in accessing the Internet and the person in charge told inspectors that further plans were in place to help boost the Internet connection within the centre. Inspectors observed that a recent audit of residents' communication passports identified some improvements, which has resulted in residents having better guidance documentation in place to inform staff on how best to communicate with them. Since the last inspection, a review of the centre's communication policy has been completed to reflect these changes.

Inspectors found that significant improvements have been made in supporting residents with their communication needs, which has had a positive impact on the lives of residents who use assistive technology. Six residents living in the centre have their own assistive technology devices, with another resident awaiting a trial of other assistive technology which they had been assessed for. Inspectors observed that each of these residents now have an appropriate assessment completed, have a personal plan in place and have staff available to support them to use their aids. More opportunities were now available to residents to be assessed for various communication aids, with on-site speech and language support available to over-see this process.

Staff have started one-to-one training with residents to show them how to use their communication aids and a record of these one-to-one sessions was available for inspectors to review. The provider had also sourced an external course in assistive technology for residents to attend if they wish. The speech and language therapist has also conducted various communication training courses with staff working in the centre, to enhance their ability to effectively communicate with the residents who have communication needs.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

Since the last inspection, a review of the written agreements had taken place to ensure they clearly identified the weekly contributions to be made by residents and how this amount was calculated. Revised written agreements were provided to residents and their representatives. The provider was awaiting some signed written agreements to be returned and the director of services was assisting residents and their representatives with any queries they had in relation to these agreements.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Since the last inspection, the provider had put significant arrangements in place to improve the quality of social care provided to residents. Improvements had been made to activity schedules, transport arrangements, assessment of residents with dementia and one-to-one social care support. Of the four actions required from the last inspection, three were found to be satisfactorily completed. Improvements were still required to provide residents with an accessible format of their personal plans.

Following the last inspection, additional transport had been made available to residents who were wheelchair users. Staff who spoke with the inspectors said that this provided these residents with the same opportunities as their peers to access the community, with these residents are now accessing the community more frequently. Other staff members told the inspector that it allowed for more effective event and activity planning, as transport was more accessible to residents who are wheelchair users.

Improvements were also found in the availability of staff to support residents achieve their assessed social care needs. During the last inspection, it was identified that a number of staff from the activation team were regularly deployed from their social care duties to cover staff absenteeism, resulting in residents' planned activities being cancelled. During this inspection, inspectors observed a significant reduction in the number of times that this was now occurring. This had a positive impact for residents and ensured that their activities were occurring as planned.

Staff from the activation team told inspectors of further positive changes to the previous social care arrangements, including the development of an internal activities programme for the centre. Staff who were part of this programme told inspectors that the activity programme was developed following a recent assessment of residents' needs, focusing on encouraging residents to participate in activities of interest to them, rather than just attending timetabled activities. For residents who spent a lot of their time in the communal areas of the centre or who required a high level of social care support, this programme now provided these residents with the support they required and promoted positive engagement between staff and these residents. Further improvements were also found to the social care arrangements in place for residents who presented with

behaviours that challenge. For instance, due to increased behavioural support and regular medication reviews since the last inspection, residents who previously did not leave the centre due to their behaviours, were now supported to frequently participate in external activities.

Since the last inspection, a clinical psychologist has been appointed to the service to complete a number of assessments in relation to dementia. No residents living in the centre had a diagnosis of dementia at the time of this inspection; however; staff from the activation team told inspectors that good communication was maintained between them and the clinical psychologist. Where residents were preparing to transition from the centre, transition plans were now in place which clearly identified the services and supports required by residents to ensure a positive transition into the community.

Following on from the last inspection, the provider has put arrangements in place to source an accessible format of residents' personal plans. Staff who spoke with the inspector said that these were not currently in place, as the centre was awaiting approval of the format to be used.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

During the inspection, inspectors found that further improvements were required in regards to the premises. However, inspectors did note that since the last inspection, residents' bedrooms were found to have been decorated with various pictures and photographs of them attending family events such as weddings and birthday parties, which gave more of a homely feel to the centre since the previous inspection. One action from the previous inspection was satisfactorily addressed with all hoists serviced as required; however, three actions were not addressed in regards to residents' access to kitchen facilities, maintenance, residents sharing bedrooms and suitability of communal areas.

Inspectors found that the provider had an action plan in place to address the issues

which were found on the last inspection. This included the completion of fire upgrades in the centre prior to further decoration of residents' bedrooms, communal living areas and cosmetic maintenance in the centre. The person in charge also indicated that residents would be fully consulted in regards to their preferences in terms of decoration.

Since the last inspection, the provider had reduced the number of residents accommodated in three-bedded bedrooms. Although, this reduction had afforded those residents more suitable accommodation, some residents in the centre continued to share three bedded-bedrooms.

The provider had ensured that all residents had access the regular snacks and refreshments. Residents in one area of the centre had access to kitchen facilities; however, residents in another area of the centre did not have access to kitchen facilities. This was highlighted in the previous inspection of this centre and this issue continued to impact on the lived experience for those residents.

Inspectors found that the centre was warm and clean on the day of inspection. The provider also had an action plan in place to transition residents from this centre to other areas of the campus when suitable accommodation became available.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

On the days of inspection, inspectors found that the health and safety of residents, staff members and visitors was promoted in the designated centre. Significant improvements had been made following the previous inspection of this centre, with six of the seven actions completed in relation to risk management, infection control and fire precautions. The remaining action in relation to the installation of fire doors was partially completed and the provider submitted an action plan to address this subsequent to the inspection. The provider had also mitigated against the risk of fire by ensuring that all washing machine and clothes dryers were not used at night. The provider had also ensured that staff had received fire safety training and that regular checks of fire precautions were being conducted in the centre.

The provider had installed some fire doors in the centre which facilitated residents to be

evacuated in a phased manner; however further fire doors were required in line with the providers fire safety report. Staff had also received fire training and had a good understanding of the phased evacuation arrangements in the centre. Residents' personal emergency evacuation plans (PEEPs) had been updated since the previous inspection and were found to contain relevant information to guide staff to support residents in the event of a fire.

Amended fire precautions were displayed in the centre which accounted for the new fire arrangements and a fire drill was completed subsequent to the inspection, which indicated that all residents could be evacuated in a prompt manner. Inspectors also found that the recommended staffing arrangements were in place at all times of the day and night, which supported all residents to be evacuated from the centre. New wheelchairs had also been acquired for the centre which aided in the evacuation of residents with mobility needs. Additional emergency lighting and illuminated emergency exit signage had been installed.

Risk assessments had been revised and amended since the previous inspection and the person in charge had a good understanding of the current identified risks in the centre. Each risk management plan was regularly reviewed and appropriate control measures were now in place to mitigate against risks such as fire, infection control and safeguarding. The risk management policy had also been amended and now met the requirements of the regulations.

The provider had appropriate infection control procedures in place and a number of infection control audits had been recently completed by clinical nurse managers. A number of issues were highlighted on these audits and the person in charge had an action plan in place to address these issues. All staff had completed training in hand hygiene and two staff members were facilitated to become hand hygiene instructors. Contracted cleaning staff in the centre had also confirmed that they had read and understood the infection control policy which was implemented in the centre.

The provider had systems in place to record, monitor and review adverse events in the centre and staff who spoke with the inspector had a good understanding of this system. The person in charge reviewed each adverse event which was also referred to a twice-weekly meeting, which was attended by the designated officer, behavioural support specialists and the person in charge. At this meeting adverse events were reviewed in terms of trends, severity and any actions which were required to address identified issues.

Judgment:

Non Compliant - Moderate

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, inspectors found that significant improvements had been made to safeguarding since the previous inspection and this was having a positive impact on the safety and quality of care delivered to residents in this centre. Inspectors found that all actions from the previous inspection had been implemented.

Inspectors found that the provider had acted in line with national policy in regards to responding to allegations of abuse. A recent incident in the centre had been referred to the designated officer, an external organisation's safeguarding team and HIQA's Chief Inspector. The provider also implemented a safeguarding plan in response to this issue which involved additional staffing being deployed in the centre. Inspectors found that these measures had positively impacted on the quality of care delivered to residents and a review of adverse events in the centre indicated that similar incidents observed in the previous inspection were no longer occurring.

The provider and designated officer had implemented effective oversight of safeguarding measures since the previous inspection. There was now an overarching safeguarding plan which monitored the number of active safeguarding plans, their implementation date, the reason why they were in place and the required review dates. All individual safeguarding plans had been reviewed since the previous inspection and staff on duty could clearly account for the number of safeguarding plans in use in the centre and also the measures and actions contained in these plans to ensure that residents were safeguarded from abuse. The designated officer was also conducting regular interviews with staff to assess their knowledge of the residents' safeguarding plans and their understanding of safeguarding procedures employed in the designated centre.

Behavioural support plans were in place for a number of residents and inspectors found that these plans had been formally reviewed by the behavioural support specialist since the last inspection. Recommendations were made following these reviews; for example, a resident who presented with self-injurious behaviour needed a range of activities to be implemented both within the centre and in their local community to manage this behaviour. This resident also required a referral to the physiotherapist and the introduction of stress-relieving devices for them to use. Inspectors found that the combined work of this review and staff implementing the associated recommendations resulted in a marked reduction in the episodes of self-injurious behaviour experienced by this resident. Furthermore, the use of 'as required' chemical interventions for this resident had greatly reduced since the last inspection of this centre. In addition, this resident now enjoyed a range of normal social experiences such as attending the

theatre to see plays, local community facilities and local areas of interest.

The provider had also introduced a referral system for residents who required behavioural support and the person in charge attended the daily staff hand-over meeting to monitor for issues and trends to inform the review of current behavioural support plans. Staff had received training in the management of behaviours that challenge and were also found to have good knowledge of the plans used to support residents. Inspectors also found that suitable staff numbers were in place to support residents who required these interventions.

There were some restrictive practices in use in the centre and the inspector found that consent had been sought from the resident and their representatives for the use of these interventions. There were also some chemical interventions in use in the centre which were supported by 'as required' medication protocols and associated positive behavioural support plans. Both of these documents were used in conjunction with each other and gave clear guidance as to when a chemical intervention should be used and the criteria for its review.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

Inspectors found all required notifiable incident were notified to HIQA within the required timeframes.

Judgment:
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):

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

Findings:

Since the last inspection, the provider had put an assessment process in place to ensure residents were supported to access education, training and development in accordance with their assessed needs. However, further improvements were required to ensure this assessment process assessed residents' capacity to participate in these areas.

An assessment was completed with all residents to identify the past, present and future interests that they may have. For example, the assessment process looked at previous education undertaken by residents, past employment opportunities and current interests. Staff who were involved in this assessment process said that it informed them of the education and training types that residents may be interested in. However, inspectors observed this assessment process failed to consider the capacity of residents or the support they may require to engage in these areas.

No residents were involved in employment or education at the time of inspection; however, staff told inspectors that some residents were offered to attend courses but declined to do so.

Judgment:

Substantially 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):

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

Findings:

Inspectors reviewed the actions taken in regards to end-of-life care plans in the centre since the last inspection. Residents' end-of-life care plans had been recently reviewed and contained some additional information about the spiritual and emotional needs of residents. Residents were referred for support from palliative care services and current end-of-life plans also contained detailed nursing interventions such as supporting residents with oral care, pressure area care and pain management. However, end-of-life

care plans failed to account for the rights and wishes of the resident.

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):

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

Findings:

During the inspection, inspectors found that the actions from the previous inspection had been addressed. A review of a sample of medication prescription sheets and associated administration records indicated that medications were now being administered as prescribed. Medication prescription sheets also contained relevant known drug allergies and the route and frequency of medicine administration. Inspectors also reviewed a sample of 'as required' protocols and found that they were in line with the associated prescription sheets.

Overall, inspectors found that these improvements to the management of medication had significantly improved safe medicines management practices within the centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors reviewed the designated centre's statement of purpose and found that the actions from the previous inspection were not fully addressed as some further improvements were required in regards to this document. The statement of purpose contained many aspects of Schedule 1 of the regulations; however, this document did not clearly describe the following

- the facilities which are provided
- a legible floor plan
- the arrangements made for respecting the privacy and dignity of residents
- arrangements made for consultation with residents
- the fire precautions in the designated centre.

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:

Since the last inspection, significant improvements have been made to the governance and management arrangements of this centre. The provider has introduced a new leadership arrangement within the centre and implemented various systems to monitor the quality and safety of the service. Of the four actions required from the last inspection, all four were satisfactorily completed.

The provider had appointed a new person in charge, two new persons participating in management and a new provider's representative since the last inspection. The person in charge was appointed to this full-time role in November 2017 and was based on the campus. She held a nursing qualification, had in excess of the required three years management experience and had completed a course in management. She was found to be very knowledgeable of the regulations, of residents' needs and was familiar with staff working in the centre. She had the capacity to visit the centre each day and regularly met with residents and staff. She was very aware of the on-going quality improvement works being implemented by the provider and demonstrated her involvement in this process to inspectors. She was supported by two clinical nurse managers who were both

very familiar with the residents living in the centre and of the various systems in place. Both the clinical nurse managers supported the person in charge to adequately oversee the quality of care and its delivery in the centre. The person in charge was also supported by the director of services and the provider's representative.

A review of the centre's meeting structures had also taken place, with various senior management meetings now occurring on a regular basis. The person in charge met with staff each day at handover meetings to discuss any issues arising within the centre. The person in charge also met regularly with both clinical nurse managers and she informed inspectors that plans are in place to formalise these meetings in 2018. Quality and safety committees were established to support in the review of the centre's quality improvement plan and its risk management systems. The person in charge was involved in a weekly telephone conference call to monitor the progress of the centre's quality improvement plans. The provider now had arrangements in place to ensure that any overdue actions were identified and escalated to the head of social care and, where necessary, linked to the risk register. Further arrangements were now also in place to allow a separate conference call to be held when a serious incident occurs, although no serious incidents had occurred in the centre since the last inspection.

The annual review of the service was recently completed and a copy was now available to residents in an accessible format. Residents and their representatives' were involved in this review through questionnaires and the person in charge told inspectors that family forum meetings were also due to commence on 10th January 2018. The annual review had an action plan in place to demonstrate how the issues raised in the review would be resolved. Although the provider had delegated responsibility within this action plan, not all actions had measurable time frames in place. This was brought to the attention of the person in charge who commenced a review of these timeframes on the day of inspection. An audit schedule was in place for the centre which showed the last six monthly unannounced audit was completed in May 2017; however, plans were in place to conduct a further audit in the coming weeks.

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):

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

Findings:

Since the last inspection, inspectors found the provider had put additional resources in

place to meet the needs of residents living in the centre. One action was required from the last inspection and this was found to be completed.

Overall, inspectors found the provider had put more effective arrangements in place to manage staff resources. The provider was still using agency staff at the time of this inspection, with a number of staff vacancies awaiting to be filled. However, regular agency staff were being used to ensure residents would receive continuity of care and support. The person in charge told inspectors that where staff shortages occurred at short notice, better staff contingency plans were in place to manage staff resources to reduce the impact to residents. During the inspection, inspectors observed a significant reduction in the number of staff deployed from the social care activation team to delivery care.

Following on from the last inspection, additional wheelchair transport was provided to the centre. Staff who spoke with inspectors stated that this additional resource means that residents who are wheelchair users, now have the same opportunities as their peers to access meaningful activities in the community.

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):

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

Findings:

Since the last inspection, improvements have been made to staffing arrangements, maintenance of schedule 2 documents and to the completion of staff training.

Inspectors found that more effective workforce arrangements were now in place. The provider was still using agency staff at the time of this inspection; however, the person in charge told inspectors that there was an overall increase in the consistency of agency staff provided. Recruitment processes were also in place, with nine whole time equivalent roles vacant within the service. The person in charge told inspectors that an emphasis was being placed on filling these roles, with a view to reducing the number of agency staff working in the centre. The provider had also recruited a team leader for the service, who commenced employment on the second day of this inspection. The person

in charge told inspectors that the purpose of this role was to support staff in promoting a social care-led service for the residents who lived there.

Inspectors reviewed the staff training matrix and found that staff were up to date with training needs and had completed training in areas such as fire safety, safeguarding, manual handling and supporting residents with behaviours which may challenge.

Inspectors reviewed a sample of staff records and found that the provider had assurances in place to ensure that residents were safeguarded, such as completed vetting disclosures, references and complete employment histories. All other required documentation as stated in Schedule 2 of the regulations was also in place.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

Since the last inspection, the provider had put arrangements in place to improve the maintenance of records and documentation within the centre. Of the three actions required from the last inspection, all three were completed, with improvements found to the directory of residents and to the maintenance of schedule 3 and 4 documentation.

The provider had reviewed the directory of residents and inspectors found that this now included the name, address and telephone number of each resident's general practitioner (GP). Inspectors found no further gaps in the maintenance of the directory.

Following the last inspection, a review had also been completed of the records maintained of restrictive practices. Inspectors found that these records were now all in place as required by the Regulations.

Improvements were also found to the records of complaints made within the centre.

Inspectors found accurate records were now maintained of the complaints made, the action taken on foot of the complaint, the outcome and the satisfaction level of the complainant.

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:

Anne Marie Byrne
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-0003321
Date of Inspection:	08 & 09 January 2018
Date of response:	26 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 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 residents' personal plans were available to them in an accessible format

1. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are

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

made available in an accessible format to the residents and, where appropriate, their representatives.

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

We have commenced, in conjunction with the National HSE Quality Improvement Team and NMPDU a quality improvement project on residents Personal Profiles.

This involves a Plan Do Study Act (PDSA) cycle to finalise content of personal profiles which has commenced in Centre 1.

The Personal Profile includes an assessment of the personal, social and health needs of each resident and the development of their care and support plan to meet the identified resident needs. The Personal Profile will be reviewed in the PDSA by the MDT and improved until agreement is reached. This will be completed by 05th March 2018.

Each personal profile will be put into accessible format and will encapsulate what is important to the particular individual; this will be developed with each resident. All residents will be consulted to identify their will and preference and what is important to them and this will be provided in an accessible format.

Documentation is modelled on nationally agreed documents as introduced to HIQA on 24th January 2018.

Plans and accessibility format will be completed by 30th September 2018 working on 4 residents per month from 05th March 2018.

Proposed Timescale: 30/09/2018

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 premises did not meet the requirements of Schedule 6 of the regulations, including:

- bedroom accommodation arrangements for residents in three bedded bedrooms
- privacy and the suitability of communal areas.

2. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

We are reviewing all areas of accommodation in association with residents their families and the transition team to advice regarding improving bedroom accommodation arrangements. Currently residents and families are being consulted. The aim is to reduce all three bedded areas to maximum of two residents and where possible one resident. Agreement has to be reached with the residents and their families.

This will be advanced prior to registration application.

An interior designer has reviewed centre 1 on two visits, latest on 08/01/2018 and currently awaiting his plans for improvement for communal areas.

Proposed Timescale: 30/09/2018

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 kitchen facilities were accessible to all residents in the designated centre.

3. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

We have reviewed the current kitchenette with maintenance manager and OT with a view to upgrading it to an accessible standard as kitchen facility.

In addition, the facilities that are currently available in day care training area has an accessible kitchen and is available for Residents use from Centre 1. The Social Care Leader is putting a plan in place for residents who wish to use this.

Proposed Timescale: 30/06/2018

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 water damage to ceiling panels had been repaired.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Centre One, Unit One - In conjunction with fire safety upgrade works, consideration is now being given to decongregate the entire area. Discussions with residents and their families are currently being advanced. In the event this is not possible, these works will be completed in the second phase of works scheduled for September 2018.

For Centre One, Unit Two – these will be completed as part of the programme of fire works which will be forwarded to HIQA by 28th February 2018.

Water damaged ceiling tiles will be replaced with immediate start and will be complete by April 30th 2018.

Proposed Timescale: 30/04/2018

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 fire doors were in place in the designated centre.

5. 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:

Works have commenced in Centre One comprising of upgrade of fire alarm system and addressing the emergency fire lighting and the fire separation of units one and two.

The Fire Consultant in conjunction with Estates and the Estate Manager Fire Safety Officer has carried out a review of the works completed to date. These works are being taken into consideration in reviewing the fire safety assessment report on the agreed program of works on selected bungalows which is due to commence early March 2018.

The plan is to decongregate the majority of clients from Centre 1 to bungalows within the complex that will have fire compliance. This will offer clients a better quality of life with more homely surroundings. Clients and their families are currently being consulted, those who wish to remain in Centre 1 will be accommodated in Centre 1 Unit 2.

This will inform a revised schedule of works that need to be progressed in 2018, a meeting is planned Wednesday 28th February with contractor and the plan will then be forwarded to HIQA. This meeting will inform the revised program of works to be completed.

A tender for extensive works has been assessed and on conclusion of the review the intention is to progress prioritised works with the contractor. Once this review has been completed, we will advise HIQA of proposed timeframes for fireworks completion.

The fire risk assessment will be kept under review in conjunction with the de-congregation and revised occupancy levels in Aras Attracta.

Proposed Timescale: 30/09/2018

Outcome 10. General Welfare and Development

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 an assessment process was in place which considered the supports required by residents to engage in education, training or employment.

6. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

All residents have been assessed using the newly modified national tool to assess the ability of the resident to engage in education, training and employment. The findings will be reviewed by MDT.

Proposed Timescale: 26/01/2018

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 ensure that end of life care plans accounted for the rights and wishes of residents.

7. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

We are undergoing a quality improvement aspect of this project and initially the PDSA cycle to finalise content of personal plans will be held in Centre 1.

This personal plan is incorporating an end of life care plan for each resident which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Training on end of life care is been arranged for the team as part of this years training plan. Initial training dates in February and March has been confirmed to take place onsite. This training titled "what matters to me" will focus on end of life care and communication focusing on individuals with disabilities.

Proposed Timescale: 31/10/2018

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 prepare a statement of purpose containing the information set out in Schedule 1 of the Regulations.

8. 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:

Statement of Purpose has been updated and has been submitted to the authority.

Proposed Timescale: 26/01/2018