

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Centre 3 - Aras Attracta
Centre ID:	OSV-0004911
Centre county:	Mayo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Jackie Warren
Support inspector(s):	Catherine Glynn; Christopher Regan-Rushe
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	6

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 10:15	08 January 2018 18:00
09 January 2018 09:10	09 January 2018 14:30

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 inspection:

In May 2016, following the conclusion of a two-year regulatory programme, an inspection was completed 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 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 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:

As part of the inspection, inspectors observed practices and reviewed documentation such as health and social care files, staff files, health and safety documentation, and safeguarding records. Inspectors met with eight residents who lived in the centre. Some residents told inspectors that they liked the changes in the centre and some were looking forward to moving to the community. Other residents, who were not able to communicate verbally, appeared to be relaxed and comfortable in the centre and in the company of staff. They appeared to be enjoying the daily activities and their leisure time. Inspectors also observed several staff at work and spoke with seven staff members. Inspectors also spent time with the person in charge who was based at the centre and met with the designated safeguarding officer and the behavior support specialist, both of whom were based in the complex. Inspectors did not have the opportunity to meet with any residents' families as none were present on the days of inspection.

Description of the service:

The centre comprised six houses on a campus setting close to a rural town. This centre provided residential accommodation to male and female adults with an intellectual disability and complex health needs. While the centre had capacity for 33 residents, the occupancy had been reduced to 27 to provide a safer and more comfortable living environment. The houses generally met the needs of residents with single bedrooms, accessible outdoor spaces, well-equipped kitchens, and comfortably furnished rooms.

Overall judgment of findings:

The inspector found a high level of compliance with some of the regulations, with nine of the outcomes being found compliant and five substantially compliant. One outcome was moderately non-compliant and there was one outcome in major non-compliance. Most of the actions arising from the previous inspection of the centre had been suitably addressed.

Residents received a good level of health and social care, had access to healthcare professionals and they appeared happy in the centre. In addition, the required improvements to medication management practices had been addressed. There were measures in place to safeguard residents and good communication plans had been developed.

Non-compliance was found in relation to evidence of Garda Síochána (police) vetting of staff, the six-monthly unannounced visits to the centre and staff training in dysphagia. Minor improvement was also required to service agreements, personal plans, premises, fire containment and behaviour management training.

Findings from the inspection are explained in the body of the report and actions required are found 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:

During the last inspection of this centre in May 2017, some residents did not have the opportunity to fully exercise choice around catering and domestic activities including involvement in preparing their meals and the option of using bed linens of their own choice. Some improvement to the complaints process was also required. During this inspection, inspectors found that these actions had been suitably addressed.

Since the last inspection, institutional practices had been replaced by social models of care in all houses in the centre and this resulted in an improvement in quality of life for residents living in these houses. In all of the houses, residents now lived a domestic lifestyle, and were involved in important aspects of their day-to-day lives such as meal planning, grocery shopping and meal preparation, which they indicated to inspectors that they enjoyed. Residents planned their menus for the week, and decided on their shopping lists at weekly meetings that took place in each house. Residents were also involved in meal preparation, and other household tasks at a level of their choice.

There had been improvements for residents in relation to laundry arrangements. In all houses, residents had the option of doing their own laundry with the required staff support. Inspectors found that all residents now had personal linens and bed coverings of their own choice.

Inspectors found that there had been improvements in the complaints process. All complaints were now being recorded and investigated in line with the provider's policy with the actions taken and outcomes of investigations clearly documented - including details of whether or not the complainant was satisfied.

Since the last inspection, the person in charge had developed an easy-to-read guide to using the appeals process, if required, and this information was readily accessible to residents in the houses. The person in charge stated her intention to also include details of the appeals process in a letter to any person who was not satisfied with their complaint resolution, but since the last inspection this had not been required as any complaints received had been resolved to the satisfaction of the complainant.

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:

Inspectors found that residents' communication needs were met by staff. In addition, where required, they had received an assistive technology assessment by a suitably qualified professional.

On the previous inspection, inspectors found that staff had not received communication training in line with residents' needs. Inspectors reviewed training records and found that this training was now complete and that staff were able to confirm their attendance at this training during discussion with inspectors. In addition, the provider had ensured that residents had received an assistive technology assessment to identify any supports they may require to meet their communication needs.

Each resident now had a communication passport which clearly described how they communicated and how staff should support them. Inspectors spoke with staff about residents' communication needs and found that their knowledge reflected the communication passports reviewed. Furthermore, inspectors found that residents' communication passports were regularly updated by their key workers and audited by the person in charge.

Throughout the inspection, inspectors observed residents being supported by staff to express their needs and wishes through a range of communication methods as described in their communication passports, such as sign language, hand gestures, photographs and objects of reference.

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):

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

Findings:

During the last inspection of this centre in May 2017, the provider had failed to ensure that written agreements, which detailed the terms on which the residents would reside in the designated centre, had been agreed by the resident or their representative. In addition, the provider had admitted a resident to the designated centre outside of the admissions terms outlined in the statement of purpose. On this inspection, inspectors found that admissions had been suitably addressed while, although some further improvement was required, most residents' contracts had been addressed.

There had been no further admissions to the centre since the previous inspection. The person in charge was mindful of the importance of carrying out pre-admission assessments of compatibility and had made some changes within the centre based on resident compatibility.

Agreements for the provision of services in the centre had been supplied to all residents and the majority had been returned to the provider signed either by the resident or their representatives. However, one agreement had not yet been finalised and the person in charge explained the measures that were being taken to address this.

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:

Inspectors found that residents' assessed needs were being met in-line with their personal plan, although plans were not available to some residents in an accessible version.

Following the last inspection, the provider had ensured that all residents' personal plans had now been subject to an annual review. The inspectors reviewed meeting minutes and found that all aspects of the residents' plans had been discussed at these meetings. This also involved an assessment of the plan's effectiveness in meeting the residents' assessed needs. Meetings involved the resident, their representatives, the person in charge, centre staff and multidisciplinary professionals such as dietitians and behavioural specialists. Inspectors found that review meetings discussed and identified future goals for residents, in-line with their assessed needs and wishes, and records included named staff supports and expected time frames for achieving these goals.

Inspectors found that residents' personal plans had been updated following their annual review meetings and reflected both observed practices and staff knowledge. Inspectors also found that residents' key workers had developed accessible versions of personal plans for most residents which included information on their likes and dislikes, family support networks, and goals. However, accessible plans were not available to some residents at the time of inspection, although evidence provided to inspectors showed that these were being developed by staff and the organisation's speech and language therapist.

Inspectors reviewed residents' activity records and found that, since the last inspection, all residents were now being supported to access a range of activities in line with their interests and assessed needs. Records and discussions showed that residents were supported by a suitably qualified and knowledgeable staff team in each house, with each resident having a named key worker. Records showed that residents' key workers ensured that their assessed needs were addressed and agreed goals were regularly evaluated to ensure progress towards their achievement. This meant that all residents were now being supported to participate in meaningful social care activities outside the centre. This had significantly improved the quality of life for residents who had previously been only participating in campus-based activities.

Furthermore, the provider had ensured that additional community resources were available to residents through the establishment of the 'community connectors' team to further support residents to access community activities of their choice. Some residents were facilitated with individualised supports to enhance their weekly social engagement.

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 last inspection of this centre in May 2017, the provider had failed to ensure that the centre was suitably maintained and repaired, that all areas internally and externally were clean and suitably decorated, and that the centre met the requirements of schedule 6 of the regulations. On this inspection, these actions had been suitably addressed. The required upgrade works in one area of the centre remained incomplete; however, this was being addressed within the agreed time frame.

During this inspection, inspectors visited most houses in the centre, although some houses were not accessible as the residents had gone out. Inspectors found that all the houses visited were maintained to a good standard of décor and furnishing, were warm, clean and comfortable.

Since the last inspection, inspectors found that houses had been painted, as needed, and improvements were carried out to the kitchens and bathrooms as required. Renovations to two bathrooms, that had been in progress during the last inspection, had now been completed, which ensured that an adequate number of bathroom facilities were available to residents.

To ensure that maintenance and repair work was being carried out as required, the person in charge had developed a maintenance works schedule and the works identified in the schedule had generally been completed. However, safe and suitable paths had not yet been provided at the rear of some houses. The completion of this work was within the proposed time frame and was due to take place in February 2018.

Overall, the completed works and ongoing renovations to houses in the centre resulted in an improvement to appearance and quality of the environment, and improved the comfort of residents.

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:

Inspectors did not inspect all aspects of this outcome, but focused on actions arising from the last inspection and the actions set out in the provider's representation response. Inspectors found that improvements had been made to the required fire safety measures identified in a previous fire risk report. Inspectors found that the fire risk report was up to date and available for review in the centre. Furthermore, the provider had a plan in place for the completion of any additional fire safety work. All records of incidents and accidents were now being maintained and available for review during this inspection. All training gaps identified during the last inspection in May 2017 had now been addressed by the provider.

The provider had ensured that fire safety measures were in place throughout the centre; however, improvement was required to the containment of fire and the provider had a plan in place to ensure that fire doors would be provided throughout the centre within the agreed time frames. Records confirmed that fire drills were conducted as scheduled and there were examples of drills completed with minimum staffing levels. Inspectors observed that each house had appropriate fire safety equipment in place, and records were being maintained of the routine and maintenance checks of this equipment. These included daily, weekly and monthly checks to ensure that all fire safety measures were in place. On review of training records, inspectors found that all staff were now up to date in their fire safety training and staff spoken with were clear on fire procedures.

The centre's fire evacuation plans were displayed, along with an accessible pictorial version for residents. These reflected both resident and staff knowledge. In addition, all residents had an up-to-date 'personal emergency evacuation plan' (PEEP) which assessed their ability to evacuate the building and any support they would require in the event of fire. Inspectors found that staff knowledge reflected residents' PEEPs reviewed during the inspection.

Inspectors reviewed staff training records and found that all staff had received up-to-date fire safety training in-line with the provider's policies following the last inspection.

Inspectors found that, since the last inspection, risk management arrangements had been reviewed and the person in charge was now ensuring that all controls were

recorded in relation to all risks identified, and that all high level risks were being escalated through the revised quality and safety committees for review by senior managers. On review of risk assessments in personal plans, inspectors noted that slips, trips and falls risks were now being identified and assessed. These assessments included multidisciplinary involvement as required by local policy.

Hand hygiene and infection control information was displayed throughout the centre. All residents now had access to appropriate hand washing facilities, which ensured they were supported to practice good hand hygiene, in line with the organisational policy. Furthermore, on review of training records inspectors found that all staff were trained in hand hygiene, since the last inspection.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

During this inspection, inspectors found that considerable improvement had been made in the management of safeguarding in the centre, and most of the issues identified at the previous inspection had been suitably addressed. Inspectors found that the changes that had occurred in centre since the last inspection had resulted in positive outcomes for residents. These included a reduction in the occupancy of each house in the centre, allocation changes within the centre based on compatibility of residents, the introduction of an individualised day service to address a resident's assessed needs, an increased staff-to-resident ratio to ensure adequate supervision, and implementation of safeguarding plans and suitable social support.

During the last inspection, it was found that that some external workers contracted to the centre had not been suitably trained in safeguarding, and this has since been addressed. The person in charge showed inspectors documentary evidence that staff contracted from an external agency had completed safeguarding training.

Inspectors reviewed a sample of safeguarding plans for residents living in the centre, and found that the plans contained detailed information about how each resident would be protected from harm. Staff who spoke with inspectors knew the content of the plans and understood how they were being implemented. The implementation of safeguarding plans appeared to be effective as the number of required safeguarding plans had reduced and the level of peer-to-peer incidents occurring in the centre had decreased. While there had previously been a lack of clarity around the number of active safeguarding plans in the centre, on this inspection inspectors found that the person in charge, staff and the designated officer were very clear about the number and content of active safeguarding plans. These plans had been developed in response to any events or incidents that could result in harm to a resident.

During the last inspection of this centre, inspectors found that the majority of staff had received behaviour management training. This continued to be the case on this inspection; however, three staff members had not attended formal training. The person in charge had identified this deficit through a staff training audit, and a request had been made to an external trainer to provide this training, which was expected to take place early in 2018. In the interim, the provider and person in charge had measures in place to ensure that all staff had adequate knowledge of behaviour management. For example, the behaviour management specialist in the organisation had delivered in-house behaviour management presentations to all staff, had worked through existing behaviour management plans with staff and had carried out knowledge audits with all staff.

Inspectors viewed a sample of behaviour support plans that had been developed for residents and discussed these plans with staff. Staff were very clear about residents' support needs and explained proactive and reactive measures that would be used if required. These plans were being suitably reviewed and updated to ensure that the most up-to-date information was available to guide staff.

Environmental restrictive practices were not being used in the centre for behaviour management and there were no residents in the centre who used bedrails at the time of inspection. Inspectors found that there was suitable information guiding staff on the interpretation and use of chemical restraint. This was clearly described in the medication policy.

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:

Inspectors found that the centre had submitted notifications to the Chief Inspector as required by the regulations.

Since the previous inspection, a review of all notifications submitted to the Health Information and Quality Authority (HIQA) was conducted. Inspectors reviewed accident and incident logs in the centre and found that all notifiable events had been submitted as required within the appropriate time frames and appropriate records of these were maintained in the centre.

Inspectors found that the person in charge and the provider were aware of their responsibilities with regard to reporting and recording all notifiable events in the designated centre.

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):

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

Findings:

During the last inspection of this centre in May 2017, some residents had limited opportunities and choices for training and for the development of daily living skills. On this inspection, inspectors found that this had been suitably addressed.

Previously, opportunities for development had been very different in three of the houses compared with the other three. Since the last inspection, the social model of care had been extended to all houses in the centre, which resulted in all residents having good opportunities for new experiences and to develop further skills.

Inspectors found that most residents were now working successfully with staff to develop daily living and housekeeping skills, such as household shopping, food preparation, baking and laundry, as a form of skill building. Some residents told inspectors that they enjoyed being more involved in some aspects of housekeeping, shopping and meal preparation. Some residents had chosen not to take part in

household activities at present and this decision was respected by staff. In addition, all residents' developmental and training needs had been assessed and opportunities to suit residents' wishes were being regularly organised in the local community, such as going to sporting events, gym membership and library membership.

Since the last inspection, some residents had moved from this centre to community-based housing, while some others were moving in the near future. There were measures in place to support these residents to develop living skills in preparation for the transition. These residents were involved in increased community activities such as visiting the area of their new homes, shopping and using amenities there. In addition, residents were now attending community-based general practitioners (GPs) and pharmacists. These residents told inspectors that they were very much looking forward to their move to the community.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

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

Findings:

Inspectors found significant improvement had occurred in meeting residents' healthcare needs since the last inspection. All actions were satisfactorily addressed from the previous inspection and residents were enjoying the improvements in the centre. Inspectors found that centralised practices were no longer in place with regard to catering, pharmacy and access to GP throughout the centre.

Centralised practices had been discontinued since the last inspection and residents were now enjoying engaging and participating in preparation and cooking for all meals in the centre. Pictorial books were now being used to assist all residents, where required, to make their meal choices known to staff at weekly meetings. Residents were also being supported to purchase and prepare snacks of their choice in the kitchens provided in the centre. Facilities had been allocated to ensure that staff were able to support the residents with making snacks. All residents were now able to access toasters, liquidisers, a kettle and a microwave.

Inspectors found that records of food intake were being recorded and maintained by all staff, for all residents in the centre. These records were reviewed by inspectors and were found to reflect the daily meal choices. Residents spoken with also confirmed the

changes in the centre and also appeared relaxed and engaging with staff.

Staff who spoke with the inspectors described their enjoyment of and positive interactions with residents following the improvements to meal planning and preparation. Inspectors observed evidence of meal plans and menu choices in each house in the centre. Overall, inspectors found that this change had significantly improved the quality of life for all residents in the centre as they were now developing independent living skills and actively engaging and participating in making choices about their diet and daily lives in the centre.

Inspectors found that all residents now had access to GP services throughout the week. Services available were clearly displayed for all staff and residents, which included the GP's surgery hours and their contact details. Residents' choices were supported, for example, when residents requested female or male GP support, this was facilitated.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

During the last inspection of this centre in May 2017, discontinued medications were not being suitably stored and segregated from other medication in use. On this inspection, this had been suitably addressed.

An inspector viewed the arrangements for the storage of unused, out-of-date, and discontinued medication in a sample of the houses and found that clearly labelled, covered boxes were now being used for the storage of these medications. These boxes were securely stored and were kept separate from other medication.

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):

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

Findings:

Inspectors found that the statement of purpose reflected the services and facilities provided in the centre.

The centre's statement of purpose now contained all information required under schedule 1 of the regulations. Furthermore, inspectors found that the person in charge had updated the statement of purpose following a reduction in the number of residents living in the centre.

Inspectors found that the statement of purpose was in an accessible format for residents or their representatives where required.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

During the last inspection of this centre in May 2017, the provider had failed to put management systems in place which ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. It was found that arrangements were not in place to consult with residents' family and their representative when preparing the annual review of the service. It was also found that suitable measures were not in place to address issues identified in the six-monthly unannounced

visits in a timely manner. In addition, the recruitment information for the person in charge had not met the requirements of schedule 2 of the regulations. On this inspection, inspectors found that issues in respect of management systems, the person in charge recruitment criteria, and relatives' feedback for the annual review had been addressed. However, the six-monthly audit procedure still required improvement.

During this inspection, inspectors found that the centre had effective management systems in place. The actions from the previous inspection had been addressed, and inspectors found significant improvement to the management structures to ensure the quality and safety of the service delivered to residents. The provider and person in charge had addressed the majority of the actions required from the last inspection and had also implemented their representation response. The provider had made changes to the leadership arrangement within the organisation and implemented various systems to monitor the quality and safety of the service.

Since the last inspection, changes to the centre's meeting structures had taken place to ensure that improved governance was ensured and that any issues of concern were promptly addressed. A quality improvement plan had been developed which identified deficits in the service and detailed plans and time frames to address these. The person in charge and other staff in the centre were familiar with this plan and were committed to its implementation. Quality and safety committees had been set up to review and support the quality improvement plan, and to ensure that risk management systems were effective. The provider had also introduced arrangements to ensure that any overdue actions were identified and escalated to the head of social care and, where necessary, linked to the risk register. In addition, in the event of the occurrence of a serious incident, a conference call with the senior management team could be made, although this had not been required since the last inspection as no serious incidents had occurred.

Changes had recently been made to the management structure in the centre. The provider had assigned a team leader to each house in the centre to assist the person in charge and to oversee the quality of service. A new provider's representative had been appointed since the last inspection. In addition, a new person participating in management had also been appointed. She had the capacity to visit the centre daily and regularly met with residents and staff. The person in charge was based in an office adjacent to residents' houses and had daily contact with residents and staff in the centre. She was knowledgeable of the regulations and standards and her legal responsibilities, and was very aware of the care needs of each resident. The person in charge was also involved in the implementation of the quality improvement plan. Staff told inspectors that they had regular contact with the person in charge, and that she was supportive and available to them as required.

The person in charge was ensuring that an extensive range of audits was being carried out in the centre and audit findings were being addressed. She had developed an audit schedule for the year to ensure that all required audits were carried out promptly.

The current annual review of the quality of the service was being completed by the person in charge on behalf of the provider, and was currently in draft format. Consultation with residents' families had taken place and this feedback was being

included in the report. Furthermore, suitable actions had been taken by the provider to address the issues that were identified as requiring improvement in the previous annual report.

The provider had arranged for a member of the management team to complete unannounced visits to the centre at six-monthly intervals in order to audit the service and legal compliance in the centre. Inspectors reviewed the most recent six-monthly audit and found that it did not provide a comprehensive review of the service or clearly identify the improvements required. Furthermore, this audit was out of date, as it was over six months since the last audit had been carried out.

Since the last inspection, the provider had obtained the information required by the regulations to ensure that the person in charge was suitable for this post. An inspector reviewed the person in charge's staff file and found that all the required recruitment information was present, including photographic identification, current Garda vetting, and a contract of employment for her current role.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that the services and facilities provided at the centre had improved significantly and reflected the statement of purpose and residents' assessed needs.

Staffing levels and resources at the centre were sufficient to meet residents' needs as reflected in these documents. Furthermore, the person in charge had completed a staffing needs and skill-mix assessment for the centre. This ensured that appropriate staffing levels were provided. Inspectors found that nurses were assigned in some areas of the service due to residents' ageing or medical needs that required support. Inspectors found that staff were replaced in the centre when absent. In addition, staffing levels were not reduced when staff were required to attend training.

The inspector found that vehicles were available at the centre as well as access to other local transport. This ensured that residents had access to local amenities, such as shops, cafes and places of interest. Inspectors found that residents had been supported to attend music events and meals out as planned, and there had been no restriction on

access to the community due to transport availability.

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:

During the last inspection of this centre in May 2017, the skill-mix and number of staff in the centre were not sufficient to meet the assessed needs of residents, staff recruitment files did not meet the requirements of schedule 2 of the regulations, staff training required improvement and no training needs analysis had been completed. On this inspection, inspectors found that staff recruitment requirements and training had not been suitably addressed. However, improvements to staffing levels and skill-mix, and training needs analysis had been completed.

Inspectors found that since the last inspection, the provider and person in charge had ensured that suitable numbers and skill-mix of staff had been allocated to meet the assessed needs of residents. A review of staffing needs had been carried out and was being used to inform staff allocations.

Since the last inspection of the centre, some staff had been re-assigned to work with and support residents who had moved to community housing. Although the numbers of residents in the centre had reduced, additional staff had been assigned to each house to support residents and to ensure that their needs were being met. Staff confirmed that now there were always enough staff on duty. During visits to the houses, inspectors observed adequate numbers of staff and found that many residents were out and about with staff doing things in the local community. Furthermore, since the last inspection, a team leader had been assigned to each house in the centre to oversee the day-to-day management of the house in addition to being involved in resident care and support. Team leaders who spoke with inspectors confirmed that they worked full-time and that 50% of their hours were dedicated to management functions and supervision.

A staff training needs analysis had been carried out and, in addition to scheduled

mandatory training, the person in charge had identified a further range of training that would be of benefit to staff. Staff had attended a wide range of training relevant to their roles. However, although there was a training schedule in place, some staff had not received some relevant training as required. For example, some staff had not completed training in eating and drinking support, even though this had been identified as a requirement to support the assessed needs of some residents in this centre.

During the last inspection, the provider had not maintained all staff recruitment records required by schedule 2 of the regulations. On this inspection, inspectors viewed a sample of staff recruitment files and found that the required records were available apart from copies of Garda vetting disclosures. However, inspectors were assured by the centre's director of services that requests had been made to acquire copies of the disclosures, although these had not been received at the time of the 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):

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

Findings:

Inspectors found that records and documentation maintained at the centre was in accordance with regulatory requirements.

During the previous inspection, some of the required documentation was not in place at the centre, in relation to organisational policies and residents.

Inspectors reviewed records and documentation required under schedule 3 and 4 of the regulations and found that following the last inspection, all records were now in place and were being maintained. For example, up-to-date complaint management records showed investigations were now being completed in-line with the provider's policy and included a record of the complainant's satisfaction. Inspectors reviewed accident and incident records and found that they were comprehensive, legible and well maintained.

In addition, inspectors found that following the last inspection, the provider had ensured that all organisational policies as required under Schedule 5 of the regulations were available at the centre. Available policies included the provider's recruitment and selection policy which had not been available at the time of the last inspection. In addition, the provider had ensured further compliance with the requirements of schedule 5 and clarity for staff through the development of a separate restrictive practices policy. The previous restrictive practices policy had been incorporated into the provider's behaviour support policy.

The directory of residents was viewed on this inspection and found that names, address and telephone numbers of GPs were now being recorded.

Records of food provided for residents were suitably recorded in the centre.

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:

Jackie Warren
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-0004911
Date of Inspection:	08 & 09 January 2018
Date of response:	28 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 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:

One agreement for the provision of service in the centre had been had not yet been finalised.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each

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

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:

All Service Agreements are now complete.

Proposed Timescale: 12/01/2018

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:

Some personal plans were not available in accessible formats in the centre at the time of inspection.

2. Action Required:

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

All residents personal plans will be made available in accessible format to the resident and where appropriate their representatives to be completed by March 31st 2018. There are currently 5 residents plans in progress due to be completed by March 10th 2018.

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:

Safe and suitable paths had not been provided at the rear of some houses.

3. Action Required:

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

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

The paths are part of the fire works scheduled to be completed by 30th June 2018

Proposed Timescale: 30/06/2018

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:

Fire doors had not been installed in all areas of the centre as identified in a fire risk report.

4. 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:

Fire works review has been completed today 28.02.2018. The fire risk assessment is being updated and it will be issued by 02.03.2018 in line with this. The letter of acceptance to the contractor will issue tomorrow 01.03.2018 and the contractor will issue his works programme on 02.03.2018. The works programme to complete Bungalows 9 and 13 will also issue from the contactors on 02.03.2018. The intent is that works will be completed on Bungalows 9 and 13 by 15.03.2018. The remainder of the fire works for all bungalows is scheduled to be completed by 30.06.2018.

Proposed Timescale: 30/06/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some staff had not attended behaviour support training.

5. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

3 of the 4 staff completed studio 3 training on the 8th February 2018, remaining 1 staff will complete the training by 14th April 2018

Proposed Timescale: 14/04/2018

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:

The most recent unannounced six-monthly audit did not provide a comprehensive review of the service or clearly identify required action.

An unannounced audit had not been carried out within the past six months as required by the regulations.

6. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Registered Provider has advised he will complete an unannounced inspection prior to end of March 2018. The new template as provided by HIQA is now been utilised and an action plan will be put in place following inspection.

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:

Staff recruitment files did not contain all information required under Schedule 2 of the regulations.

7. 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:

Staff files contain all Schedule 2 documentation with the exception of Garda Vetting disclosures, which is securely stored elsewhere for data protection reasons. Staff files have been reviewed and all staff who works in Centre 3 and external contractors who provide a service in Centre 3 have been checked and have Gardai vetting. The HSE process is that the disclosures are kept by a HSE Data Controller and submitted to HIQA within 72 hours of inspection as required under legislation. They are posted by registered post to Registration Office, Cork if request by HIQA Inspector.

Proposed Timescale: 10/01/2018

Theme: Responsive Workforce

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

Some staff had not received some relevant training required to support the assessed needs of some residents.

8. 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:

On inspection 24 staff required EDS training. Since that date 17 staff have completed the training. The remaining 7 staff will complete EDS by 19th April 2018.

Proposed Timescale: 19/04/2018