

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	An Lochán
Centre ID:	OSV-0005708
Centre county:	Mayo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 January 2018 09:00 To: 03 January 2018 13:30

The table below sets out the outcomes that were inspected against on this inspection.

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a new designated centre which was not previously registered or inspected by the Health Information and Quality Authority (HIQA). This inspection was carried out to monitor compliance with the regulations and to inform a registration decision. The provider had applied to register this centre to support four residents who currently live in a congregated setting, to move to community.

How we gathered our evidence:

As part of the inspection, the inspector met with the residents who were identified to transition from a congregated setting to the community. One resident spoke freely in regards to her happiness with moving to a new home in the community and stated that she thought such a move would never happen. She showed the inspector her new home and explained how she had visited her proposed home on numerous occasions. The other resident interacted with the inspector on her own terms and was also appeared happy and content in her new home. The inspector also met with the person in charge, an area manager, the transition coordinator and a staff nurse who currently works with the residents and is also part of the proposed staff team. The inspector visited the proposed designated centre and reviewed documentation

such as assessments of need, transition plans, health and safety documentation, resident's assessments of need and staff files.

Description of the service:

The provider had produced a document called the statement of purpose that explains the service they provide. This service proposed to provide a residential service for four residents. The proposed centre was a large sized, detached two-storey house which was located within walking distance of a large town, where public transport such as trains, buses and taxis were available. The centre had two reception rooms, a large sized kitchen and dining room, five large bedrooms - four of which were en-suite and one main bathroom.

Overall judgment of our findings:

The inspector found that overall the proposed centre would meet the assessed needs of the proposed residents identified for admission. Compliance with the regulations were observed in all outcomes which were inspected such as admissions, social care needs, premises, health and safety, safeguarding, healthcare, medications, statement of purpose, governance and management and workforce.

The reasons for these findings are explained under each outcome in the report.

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 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):

This was the centre's first inspection by the Authority.

Findings:

The provider had proposed written agreements in place which clearly outlined the fees residents would be charged and any additional costs which they may incur. Residents and their representatives had been supplied with these agreements prior to the inspection and the provider was awaiting their return.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that social care needs of residents would be promoted in the

proposed designated centre.

The provider had completed an assessment of need for each resident which examined their health, social and personal needs. This assessment had been completed by appropriate healthcare professionals and outlined the supports that each resident would require to live in the community.

Transition plans had been formulated for each resident and the inspector reviewed a sample of these plans which examined areas such as the resident's past history, family and friends, social roles, meaningful day and their preferred living arrangements. The inspector spoke with a resident who stated their involvement in choosing their new home and bedroom which decorated following their consultation. The person in charge also stated that residents will have a key for their own bedroom and house.

The person in charge stated that resident's personal plans which were currently under review would be completed within 28 days of each resident's admission to the centre. The person in charge also stated that plans would be made available to residents in an accessible format where required.

Residents would also be supported to identify and achieve their chosen goals through an individual planning process which would commence following their admission to the centre.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the premises would meet the assessed needs of the proposed residents.

The centre was warm and clean on the day of inspection and had appropriate lighting and ventilation. The centre was located within walking distance of a large town and transport would be made available for residents to access their local community. There was a large kitchen and dining room available and one resident who spoke with the

inspector stated that they intended to use the kitchen to bake brown bread and to further develop their cooking skills.

Each resident would have their own bedroom which had appropriate storage in place for their personal possessions and three of the residents would have an en-suite bathrooms. There was also a large enclosed garden and patio area for residents to enjoy and there was also an appropriate number of reception rooms for residents to receive visitors in private, if they so wished.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the proposed designated centre promoted the health and safety of residents, visitors and staff.

The centre had a fire alarm, smoke detectors, heat detectors, emergency lighting and fire doors in place. The person in charge stated that a personal emergency evacuation plan (PEEP) would be developed for each resident, following their admission to the centre. The person in charge also proposed to display general evacuation procedures to advise staff on how to assist residents in the event of an emergency occurring.

The centre had procedures in place to monitor fire precautions within the centre. The person in charge stated that staff would conduct regular checks of the fire panel, exits, emergency lighting, extinguishers and smoke detectors. Fire drills were also scheduled to occur at regular intervals following the admission of residents to the centre.

The centre had a risk management policy in place. The person in charge maintained a risk register and had completed risk assessments for the proposed residents. Each risk assessment was risk rated and included a comprehensive list of control measures to mitigate the identified risk. The centre also had systems in place for the monitoring and response to adverse events.

The provider proposed to have a cleaning schedule and colour coded mops to guide staff in regards to their usage.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the proposed designated centre would have systems in place to protect residents from potential abuse.

The provider had a safeguarding policy in place and a staff who were interviewed had a good knowledge of this policy, including reporting procedures used within the organisation. The provider had a designated officer assigned to manage allegations of abuse and the person in charge proposed to have information available in the centre in regards to the identifying and reporting of potential abuse.

Some residents required support with behaviours of concern in their current living environment; however, the person in charge indicated that these supports would not be required in the proposed designated centre. The person in charge also stated that this would be kept under review and a referral to the behavioural support specialists would be made, if required, following the residents' admission to the centre.

The person in charge also stated that there would be no restrictive practices in place in the proposed designated centre.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the best possible health of residents would be promoted in the proposed designated centre.

Each resident was supported to identify their general practitioner of choice, which they would attend to at least annually and in times of illness. Each resident had a detailed medical history and an associated healthcare plan for each identified healthcare need such as epilepsy, incontinence, mental health needs and respiratory care.

The person in charge indicated that residents would be assisted to prepare home cooked meals. Residents would also be supported, if required, to attend allied health professionals such as physiotherapy, occupational health therapy, speech and language therapy and dietitians.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the proposed centre had policies and procedures in place for the safe administration of medications.

Residents were facilitated to use their pharmacy of choice and the person in charge stated that they would be assessed to self-medicate following their admission to the centre.

Proposed prescription sheets contained appropriate information for the safe administration of medications and a medication administration recording system was in place. As required protocols were also in place to support staff in the administration of chemical interventions.

The centre did not have any medications in place on the day of inspection; however, the

person in charge stated that appropriate storage facilities for medications would be in place prior to residents' admission to 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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the provider had produced a statement of purpose which clearly outlined the service which would be provided in the proposed designated centre. The inspector found that this document met the requirements of the regulations.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the provider had proposed to implement effective governance and management systems within the designated centre.

The inspector found that the person in charge had a management qualification and was suitably experienced to manage the designated centre. The person in charge also demonstrated a good knowledge and understanding of the regulations and required notifications, which were to be submitted to the Health Information and Quality Authority (HIQA).

The person in charge was in a full-time role and would be present in the centre five days per week. The person in charge was also supported by one additional person participating in management, who would be present in the centre one day per week.

The person in charge stated that the centre would have management systems in place to provide appropriate care and support to residents. The person in charge stated that they would be carrying out regular audits of medications, residents' finances, complaints, fire precautions and health and safety within the service.

The person in charge stated that the organisation would conduct six-monthly audits of the care and support offered in the centre and that an annual review of the service provided, would be completed as required, following a consultation process with the residents and their representatives.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the proposed staffing arrangements would meet the assessed needs of residents.

The provider had a proposed rota in place, which outlined the staffing supports to be provided in the designated centre. The inspector also reviewed a sample of staff files and found they contained all the requirements of Schedule 2 of the regulations.

The training matrix indicated that staff had received training in fire safety, manual

handling, supporting residents with behaviour that challenges and safeguarding. The person in charge also stated that all staff would be trained in the safe administration of medications and supporting residents with eating, drinking and swallowing prior to residents being admitted to the centre.

The person in charge proposed that staff would receive regular support and supervision and a schedule of staff meetings would be in place.

There were no volunteers identified for this service on the day of inspection.

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:

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