Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Oakridge
Name of provider:	St Aidan's Day Care Centre Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	19 February 2019
Centre ID:	OSV-0001853
Fieldwork ID:	MON-0022437

About the designated centre

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

In the statement of purpose the provider outlines that they will provide full-time supported residential care for four adults. The service is provided for male and female with intellectual disabilities, autism and mental health issues. The centre is based in a semi-independent environment with the emphasis on the development of life skills and ultimately to live in independent accommodation if they so wish. Staff support is available at all times and nursing oversight is available as needed from within the broader organisation.

The following information outlines some additional data on this centre.

Current registration end date:	26/06/2019
Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
19 February 2019	09:00hrs to 19:00hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met and spoke with three of the four residents after their return from work and training. Residents were busy getting ready to go out to a birthday party for one of the residents. They said that they really liked living in the centre and felt very safe there and well looked after by the staff. Residents told the inspector that they had good supports for all of their activities and a lot of independence which they enjoyed. Residents explained how the various supports systems / phone numbers and alarm systems and staff arrangements worked and how these meant they could be independent but still safe.

All residents were now living full-time in the centre and they said this was a much better arrangement for them and they were happy with this.

Capacity and capability

This inspection was undertaken in order to inform for re-registration of the centre. The centre was granted registration in July 2016. The inspector found a much improved service since the previous inspection. The most significant change in this centre was the allocation of a full-time placement to one resident who previously had to vacate the centre at weekends in order to facilitate a resident from another centre. This change had a very beneficial outcome for the resident.

Two of the provider's centres had been the subject of regulatory escalation in 2018. As result of this, the provider had made significant changes to the management structures in the organisation to provide better direction and monitoring of practice.

These changes included the recruitment of a suitably qualified person as quality and compliance manager with defined responsibility for organisational oversight and quality improvements. These revised systems were not as yet embedded in practice however. This is demonstrated by the lack of good auditing systems which would have identified the safeguarding matters outlined in the quality and safety section of this report. However, there was sufficient evidence of change and further planned improvements which would result in better monitoring of the quality and safety of care for the residents. A full-time, suitably qualified and experienced person in charge had also been appointed in 2018. This had resulted in more effective assessment and review of the residents' care needs.

There was evidence of a number of quality improvement initiatives including an

internal inspection (as required by the regulations) of the centre in December 2018. This detailed review identified issues for improvement such as the management of complaints and these had been promptly addressed. A number of parents and relatives had also been contacted for their views on the service and these were found to be very positive. These reviews would form part of the annual review of the service which was in process at the time of the inspection.

There was also evidence of more effective communication and reporting structures between the senior and local management. Staff advised the inspector that these changes to the internal structures were effective and very helpful to them.

Although the findings of the providers review/report indicated that systems for recognising and responding to abusive interactions required improvements, the residents experienced person-centred support which enhanced their quality of life.

Staff numbers, skill-mix and training were suitable to meet the needs of the residents and the small staff group was managed so as to ensure consistency of care for the residents. Effective staff supervision and communication systems were also implemented. From a review of a sample of personnel files, the inspector found that recruitment procedures were also satisfactory. The inspector observed that staff and residents were very engaged and staff were very familiar with their individual needs and preferences.

The statement of purpose is a crucial document by which the provider outlines the services to be provided and how they will be provided. In this instance the practices in the centre accurately reflected the service provided in the centre. The application and other documents required for the re-registration of the centre were forwarded in a timely manner.

The risk management policy required some alterations to be compliant with the regulations and this was addressed during the inspection. Additionally, while all documents pertaining to residents were available and in order the crucial information was not easily retrieved. This was also discussed and the provider agreed to address the matter.

Registration Regulation 5: Application for registration or renewal of registration

The application and other documents required for the re-registration of the centre were forwarded in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably experienced, qualified and carried out the role effectively.

Judgment: Compliant

Regulation 15: Staffing

Staff numbers, skill mix and training were suitable to meet the needs of the residents.

Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had a range of core and ongoing training to allow them to carry out their roles effectively.

Judgment: Compliant

Regulation 21: Records

All of the required records were maintained.

Judgment: Compliant

Regulation 22: Insurance

Evidence of satisfactory and current insurance was forwarded as part of the application for registration.

Judgment: Compliant

Regulation 23: Governance and management

While there were good management structures and systems in place improvements were needed to ensure adequate monitoring of and response to incidents occurring in the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Admission procedures were satisfactory and the contract for services was clearly outlined and signed by the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information and admission and care practices were reflective of the statement.

Judgment: Compliant

Regulation 31: Notification of incidents

A number of incidents which occurred had not been notified to the Chief Inspector as required.

Judgment: Not compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

HIQA had been advised of the arrangements for any absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints which arose were being managed appropriately.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required policies were in place.

Judgment: Compliant

Quality and safety

The residents explained and the inspection process found that they had a good quality of life in the centre which was driven by their own preferences, needs and attention to detail in supporting them.

There were improvements evident in access to relevant assessments and comprehensive reviews of the residents' needs which they participated in. Very detailed support plans were implemented for health, psychological and social care needs were implemented which supported them in their lives. There was regular monitoring of the residents' personal plans to ensure the actions identified were carried out. The inspector saw that ongoing development of life, social and self-care skills, independence and training competencies were prioritised in a very detailed and considered manner by staff in consultation with the residents. Easy read notices and booklets were available to the residents and staff were completing sign language training to support one resident who occasionally used this medium.

Systems and processes for the protection of residents from abuse were in place. The inspector found that residents had access to education and good support so as to protect themselves. There was evidence that this had worked very well in the community and where necessary additional plans were implemented in consultation with the residents.

None the less, some changes were necessary within the centre to address incidents of behaviours which impacted on other residents. From a review of a number of such incident reports the inspector found that additional clinical behaviour,

psychological supports and medicines review had been undertaken to address the underlying causes of the behaviours. There had been a significant reduction in such incidents in the weeks prior to the inspection. However, prior to this reduction no actions had been taken to support or safeguard the residents who were impacted by the behaviours and this impact was not duly considered as harmful to them.

The residents' rights were actively promoted and they had access to information on advocacy.They managed their own medicines and finances with staff support and all were registered to vote. No restrictive practices were used in the centre. The residents attended tailored day services day or supported employment and training. A number had undergone training to diploma level and another had training in flower arranging and was sourcing part-time employment in this area. They were very proud of these accomplishments. The residents had independent access to and were part of the local community.

The premises was well maintained, very homely with sufficient space for privacy and communal living, and all of the residents own possessions.

Fire safety management systems were overall satisfactory with the required equipment and fire containment systems in place and serviced as required. The inspector noted one area where the containment system required review and this was discussed with the provider at the feedback meeting. Residents participated in fire drills and told the inspector about how these worked.

Risk management systems were effective, proportionate and considered. There was evidence that staff made every effort to address risks for the residents while also supporting them to maintaining their independence. For example, falls risks were promptly reviewed and additional environmental supports put in place. Personal alarms were used to good effect to ensure residents had access to their chosen activities, their community and could remain alone in the house on occasions.The residents told the inspector about these and that they worked well for them. Staff were supported by a lone working policy and also had quick access to managers or assistance if needed.

Regulation 10: Communication

Residents did not have specific communication needs but there were measures in place to support them none the less.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had numerous personal and favourite possessions and were supported by staff in purchasing and looking after these.

Judgment: Compliant

Regulation 13: General welfare and development

Residents choices for activities, recreation training and work were very well supported.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained, very homely and with sufficient space for privacy and communal living and all of the residents' possessions.

Adaptations had been made to promote residents mobility and continued independence.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents choose,shopped for and cooked their meals with support. Special dietary needs were identified and staff assisted the residents to manage these.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was detailed information available should residents require admission to, for example, acute care.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were effective, balanced and responsive to any risks identified.

Judgment: Compliant

Regulation 28: Fire precautions

While overall fire safety management systems were good, there was a potential risk identified in one area where the containment system may not be sufficient.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were managed in a safe manner with residents being assessed to self-medicate with some staff support and oversight. There were systems in place for the safe storage and reconciliation of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had access to relevant assessments, and all of their needs were reviewed annually or as changes occurred. They had relevant support plans to promote their quality of life and independence.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were identified, monitored and well supported.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to clinical guidance and support plans to manage their behaviours and staff had appropriate training and guidance to support them.

Judgment: Compliant

Regulation 8: Protection

While there were systems in place to protect residents and help them to protect themselves, the impact some incidents of behaviours that challenged had on other residents was not recognised or addressed as a safeguarding matter.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents rights were actively promoted in all aspects of their lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oakridge OSV-0001853

Inspection ID: MON-0022437

Date of inspection: 19/02/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Revised systems are now in place to ensure good auditing systems identify safeguarding matters. A Behaviour Monitoring DRAN-03 Part 2 form has been devised by the behaviour support committee which captures behaviours that challenge and the presenting trends. Each resident will have their own individualised KPI data analysis form which will record and highlight current trends and emerging trends. It will also alert/record the required HIQA notifications. In relation to the impact of an abusive interaction or behaviours that challenge by one resident on another occurring this will be actioned on and both individuals will be referred to the Behaviour Support Committee and GP to support and safeguard the individuals. As part of the role of the PIC all accident/incident reports are screened and audited ensuring that remedial actions are completed.	
Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Staff on duty to report any incidents to the on call manager. An NF06 to be submitted to HIQA when a behavior that challenges has an impact on any other resident. This is to be completed by the PIC, within three days as per regulation.

In the event of the absence of the PIC the Service Provider/PPIM will submit notification to HIQA.

Peer to peer abuse was addressed at the last scheduled behavior support committee on 21st March 2019. A draft standing operating procedure has been devised as part of the procedure for dealing with abusive interactions between peers within this designated centre. This SOP will be reviewed at the next scheduled Behaviour Support Committee Meeting on 18th April for approval.

Furthermore, the PIC requested all staff working in this designated centre to ensure that they are familiar with the procedure regarding safeguarding and prevention of abuse. A staff meeting is scheduled for 5th April 2019 and this procedure is on the agenda for discussion. PIC has informed staff of the reporting procedures, zero tolerance to abuse as per safeguarding policy to which includes any incidents of peer on peer abuse.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The dryer has been removed from kitchen area to the utility area where washing machine is also located.

On 25th February 2019 Service Provider contacted person to assess doors that require fire proofing. On 12th March 2019 PIC contacted person again to enquire when doors would be assessed. Doors were assessed on 21st March 2019 and the PPIM has provided correspondence to the Inspector to evidence that the doors are adequate and compliant.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Safety Plans of each individual were updated following inspection to ensure that the required supports are in place in relation to safeguarding residents in the event of abusive incidents occurring.

Residents will be referred to the behavior support committee for support post incident. Also, availability of GP if residents request/require further external supports in relation to the impact that behaviors that challenge can cause to resident.

Additionally, staff have liaised with a GP to source specialised psychiatry input which is required to ensure health and wellbeing of a resident who requires such supports.

Recent correspondence received post inspection from a psychiatrist suggests that the mental health wellbeing of this resident, who engages in behaviours that challenge can have seasonal episodes of relapse and also suggests other underlining conditions. (Note: this psychiatrist has recently retired from working in the CHO5 area)

CBT sessions have commenced with the behaviour support specialist with this resident. This intervention appears to be working well for the individual.

Furthermore, any resident presenting with behaviours that challenge will be referred to the behaviour support committee post incidents for further input/supports in relation to strategies for deescalating behaviours that challenge.

Moreover, a draft standing operating procedure has been devised as part of the procedure for dealing with abusive interactions between peers within this designated centre. This SOP will be reviewed at the next scheduled Behaviour Support Committee Meeting on 18th April for approval. Once approved will be reviewed on an ongoing basis with the behavior support committee at scheduled monthly clinics.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/03/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	21/03/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any	Not Compliant	Orange	20/02/2019

	allegation, suspected or confirmed, of abuse of any resident.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	28/02/2019