Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Eden Lodge
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	07 January 2020
Centre ID:	OSV-0002032
Fieldwork ID:	MON-0028489

About the designated centre

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

Eden Lodge is run by Enable Ireland Disability Services Limited. The centre is located on the outskirts of a town in Co. Clare and provides respite care for up to six male and female residents who are under the age of 18 years and have an intellectual disability. The centre comprises of one large two-storey dwelling, which provides residents with their own bedroom, en-suite facilities, shared bathroom, sitting rooms, kitchen and dining area, utility and access to an enclosed garden space. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Tuesday 7 January 2020	09:30hrs to 13:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

Due to the nature of this respite service, the inspector did not have the opportunity to meet with any residents as part of this inspection. This inspection was conducted upon receipt of unsolicited information with regards to medication management practices within this service. The person in charge and director of services facilitated the inspection and were found to have good knowledge of the residents, their specific needs and of the centre's medication management system.

Capacity and capability

This inspection was conducted in response to unsolicited information received by the Chief Inspector of Social Services with regards to medication practices at this centre. In the main, the inspector found that the provider had suitable medication management systems in place and had adequate resources available to effectively respond to medication errors, ensuring residents received a safer service. In response to a recent medication error, the provider had effectively implemented all relevant systems and resources to ensure the root cause of the medication error was identified, addressed and that all staff were suitably supported following the incident.

The person in charge held the overall responsibility for this service and she was supported by her line manager and staff team in the running and management of this centre. She was present full-time at the centre, which gave her the capacity to have regular oversight of the service delivered to residents. The person in charge and director of services both spoke with the inspector about the recent medication error and of how the current governance and management arrangements supported a prompt response, including timely escalation to alert senior management of the error. In addition, all staff were made aware of the error, of the immediate measures to be implemented and the provider ensured they had access to revised policies and refresher training in the area of medication management. As well as this, there was an immediate increase in managements oversight of medication administration practices at the centre. The overall effectiveness of these measures was, at present, subject to daily review by the person in charge and director of services, to ensure a timely response where any of these measures were found to be ineffective. The person in charge also had plans to meet with staff to discuss the incident and ensure they were kept informed of any further changes required to the centre's medication system.

In addition, the provider had systems in place to monitor the centre's medication management practices, including a medication audit which was scheduled to commence the day subsequent to this inspection. Furthermore, medication

management was regularly reviewed as part of six monthly provider-led audits. However, due to the broad nature of some of these monitoring systems, these didn't always support the provider to focus on identifying specific areas of improvement required to medication management. For example, the most recent six monthly provider-led visit reviewed by the inspector only provided a summary of the types of medication errors occurring at the centre, which were already previously trended by the person in charge. As this monitoring system did not focus on specific aspects of medication management, this didn't support the provider to adequately detect specific improvements required, impacting on the provider ability to ensure medication management practices were at all times sufficiently monitored.

Regulation 23: Governance and management

The provider had suitable persons appointed to manage this service and sufficient resources were available to ensure residents received a safe and good quality service. Although six monthly provider led visits and routine audits were occurring at the centre, some monitoring systems required review to ensure their effectiveness in identifying specific areas of improvement required within the service.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found the provider had effective arrangements in place to support regular oversight of the centre's medication management system. Robust incident reporting, risk management and escalation systems also ensured that where medication errors occurred at the centre, these were promptly addressed and subject to regular review.

The provider had various arrangements in place to support the centre's medication management system. Prescription and medication administration records were found to be legible and were subject to regular review by each resident's General Practitioner. Suitable medication storage arrangements were available and an effective checking system was also in place to ensure records of medicines received, returned and disposed of were also maintained. In response to a recent medication error at the centre, the provider had implemented various additional measures to support the safe administration of medicines to residents. These measures included, two staff checking system for all medicines administered, refresher training for all staff on the safe administration of medicines and increased management oversight by the director of services and person in charge in regards to medication administration practices at the centre .

Upon review of the medication administration policy, the inspector noted that it stated that where possible, two staff were required for the safe administration of medicines. On the day the medication error occurred, due to rostering arrangements, the administration of medicines was carried out by one staff member and the policy did not consider the procedure to be followed by staff where such circumstances arose. In addition, although the centre's local medication management procedure was recently reviewed by the person in charge to include additional safety measures recently implemented, it required further review to ensure clarity for staff on these measures and of the specific procedure to be followed by staff should the wrong medicine be administered to a resident. Furthermore, following review of some prescription records, the inspector identified that some records required review to ensure all medicines were prescribed in accordance with the centre's medication management policy.

Where medication errors occurred at the centre, these were recorded, responded to and reviewed by the person in charge in accordance with the centre's incident reporting system. In response to the recent medication error, the person in charge also had an escalation pathway available to her, ensuring she was supported to alert senior management and seek their support in appropriately responding and reviewing the incident. Each resident had a risk assessment in place which identified specific risks associated with medication management, including the administration of incorrect medicine. However, these risk assessments required review to ensure identified risks were accurately rated and that specific control measures implemented in response were clearly documented. Similarly, the person in charge had recently reviewed the centre's risk register following the medication administration incident, but it too required review to ensure accuracy in the risk rating, consideration for when two staff were unavailable to administer medicines and clarity regarding the specific measures recently put in place by the provider to mitigate against a similar incident from re-occurring. Although procedures were in place to guide staff on what to do following an incident at the centre, some clarity was required to these procedures to ensure the specific steps to be taken by staff following the administration of incorrect medicine to a resident were adequately documented.

Regulation 26: Risk management procedures

The provider responded in a timely manner to incidents arising within the centre and ensured measures were put in place in response to such incidents. An escalation pathway was also available to the person in charge, which ensured senior management were made aware of any high rated-risks at the centre. However, some improvement was required to risk assessments to ensure specific risks were accurately rated and that specific measures put in place by the provider in response to risk were clearly documented, to allow for their overall effectiveness to be adequately reviewed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The medication management system was subject to regular review by the person in charge. In response to a medication error at the centre, the provider had put additional measures in place to support the safe administration of medicines at the centre. However, the centre's medication management procedure required review to ensure clarity on the additional medication administration measures put in place, arrangements for when medication administration could not take place in line with the centre's current policy and of the procedure to be followed should residents receive incorrect medicine. Furthermore, following review of residents' prescription records, it was identified that some records required review to ensure all medicines were prescribed in accordance with the centre's medication management policy.

Judgment: Substantially 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
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

Compliance Plan for Eden Lodge OSV-0002032

Inspection ID: MON-0028489

Date of inspection: 07/01/2020

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: Implementation of 6 monthly medication audits, each focusing on different areas of medication management, in order to obtain more specific results: audit number 1 of 2020, Medication management audit carried out on 08/01/2020, focusing on Prescription and recording sheets. New recommendation for quarterly audits using a new audit tool. Review of the prescription sheets that were not in accordance with Medication Management policy by 31/01/2020. Full time Nurse starting in February, to enhance the skill mix and give clinical oversight: start date 03/02/2020. Team meeting on 16th January 2020: review of medication error at same and discussion around safe administration of medication.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Implementation of new Local policy: Medication Administration Policy and Protocol in the event of a Medication Error Policy, clearly outlining role of 2 designated staff in medication administration, since 10/01/2020. This also includes a protocol for staff to follow on the occasions where only one member of staff is available to administer	

medication. Review of risk assessments and implementation of new template clearly showing risk rating by 31/03/2020.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Implementation of 2 staff check and sign for medication administration, new local policy in place to instruct on procedure: implemented on 10/01/2020. All staff to attend Medication management training before 31/01/2020: 1st session carried out on 10/01/2020. 2nd date carried out on 28/01/2020. Relevant practical assessments carried out before 29/02/2020. Team meeting on 16/01/2020 with emphasis on safe medication management. Team meeting on 30/01/2020, section on medication, implementation of a discussion highlighting one medication relevant to the area of work and emphasis on medication safety. Setting up of regional clinical group to review and discuss best practice in Medication management and sharing of information, 1st meeting 29th January 2020.

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	29/02/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/03/2020
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre	Substantially Compliant	Yellow	29/02/2020

	has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			