

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by North West Parents and Friends Association
<b>Centre ID:</b>	ORG-0008142
<b>Centre county:</b>	Sligo
<b>Email address:</b>	rsw@iolfree.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	North West Parents and Friends Association
<b>Provider Nominee:</b>	Evelyn Carroll
<b>Person in charge:</b>	Evelyn Carroll
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	Geraldine Jolley
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 13 May 2014 17:00 To: 13 May 2014 21:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This monitoring inspection was the first inspection of this centre carried out by the Health Information and Quality Authority (The Authority). Inspectors had reviewed documentation with regard to the governance and management of the centre, staff files and some key policies at head office on the 8 May 2014 at the organization's head office. The post of provider representative/Person in Charge is a joint post. (Referred to as Person in Charge throughout this report).

The designated centre is part of the service provided by the North West parents and friends association (NWPFA) in Sligo. The NWPFA provides service users, day services and education services to both male and female adults and children, with an intellectual disability, in Counties Sligo and Leitrim.

This designated centre provided support and accommodation to both males and females who have a mild to moderate intellectual disability. Inspectors met with the staff member on duty at the time of the inspection. She has worked for the organisation for over 30 years. Service users knew inspectors were due to attend. The inspectors requested the consent of the service users to enter their home. There were three service users in the centre at the time of inspection and they warmly greeted the inspectors. The designated centre was clean, tidy and was a domestic style setting.

Inspectors spoke with two of the three service users living in the centre. The other

service user was at home with his family and one other service user was in the local acute hospital. The inspectors were told by service users that they enjoyed living in the house and felt that they were provided with a “really good” quality service. They described how they were able to exercise choice in the running of the service and could make decisions and choices over how they spent their time. All service users attended the day run by the provider organisation from 09:30hrs to 16:30hrs daily where they participated in a range of activities. They had been accommodated at the centre for considerable periods of time.

Inspectors found that in the main there was evidence of good practice in the service, however, some improvements were required in order for the designated centre to comply with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for residential Services for Children and Adults with Disabilities. Areas of non-compliance related to risk management, fire safety and use of assistive technology.

**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 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

**Judgement:**  
 Compliant

**Findings:**  
 The service users we spoke with said that they had no complaints. If anything worried them, they said they would speak to staff. They said staff “would sort anything out” for them. In the complaints book, a record of one expression of concern had been made. Inspectors found that this had been properly followed up and saw that people had been reminded about how to complain in a service users meeting. Inspectors looked at the complaints procedure and found that the procedure outlined the centre’s responsibility to investigate complaints. It directed people to complain to the staff member on duty and if people had not been satisfied with the organisation's investigation then there was an independent adjudication process. The provider confirmed that she met with service users and relatives on a daily basis and as they and usually resolved any issues which

arose before they became a source of discontent.

### **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

#### **Judgement:**

Non Compliant - Moderate

#### **Findings:**

Inspectors found evidence of a person-centred approach being promoted that met the health and social care needs of service users. Service users were given the opportunity to review their case files and person centred plans with the inspectors. Plans included information on service user's specific social, emotional and participation needs, preferences and preferred routines. Their care and support reflected their assessed needs, and were clearly set out in personal plans that had been developed with the service users, key workers and family where appropriate.

Inspectors found that there were opportunities for service users to participate in meaningful activities appropriate to their interests and capabilities during the day time. Recreational activities were available for service users in day services five days a week in the day service and included education courses and leisure activities such as social club, drama classes and shopping. However, there was a lack of evening activities. Service users informed the inspectors that they would occasionally attend leisure activities outside the centre and a mystery tour was planned for the following week. Consideration should be given to the development of a leisure buddy system to assist service users with developing individual evening leisure activities and provide service users with inclusion in activities of their choice in the community independent of the staff of the organisation.

Service users confirmed that their plan was reviewed regularly and had a complete review annually or more often if required. Reviews involved the service user, family members and significant others. The personal plans contained information about people who were important to the service user, and service users told the inspectors they were supported by staff to keep links alive with their loved ones, for example one service user told the inspectors that he was brought by staff once a month to see his mother. Service users invited the inspectors to view their bedrooms and accompanied the inspectors while they viewed their bedrooms. Each service user had their own bedroom which met their needs. Bedrooms were personalised, tidy and very clean with

appropriate storage for personal items. They proudly informed the inspectors that they could design their bedroom as they wished. Service users could have a key to their bedrooms if they wished. Service users had access to an advocacy service.

One area of the personal plans that required review the personal plan did not reflect any planning for the future the change in circumstances and there was no transition plan drawn up to support service users should their needs change for example development of poor mobility, deterioration in physical health, dementia or other common associated problems.

### **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

**Judgement:**

Compliant

**Findings:**

'Thornvilla' is a two storey house community house. Two bedrooms are located on the ground floor and four bedrooms and a bathroom are located upstairs. A wet room style shower and toilet is located downstairs with a kitchen sitting and dining room. There is a well maintained garden to the front and side. To the rear of the house lies the social club. The house currently accommodates three male and two female service users. At the time of inspection there were three service users in the centre, one service user was on leave at home with his family and another resident was in the local acute hospital. All service users have their own bedroom.

The grounds were attractive and had a well-maintained garden for use by service users.

### **Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Moderate

**Findings:**

Risk Management

The inspector found that steps had been put in place to promote the health and safety

of the service user's, staff and visitors. There were a number of policies and procedures relating to health and safety in place. A safety statement was also available. The available risk management policy did not meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. The person in charge confirmed that policies were available on unexpected absence of a service user and accidental injury to service users. However, accidental injury to visitors or staff, aggression and violence and self harm were not covered in any policies. It also failed to reference other policies that were available in relation to risk.

The inspector viewed a number of service users risk assessments and found evidence that risk assessments were in place and staff took a proactive approach to mitigate risk to service users. These were being used to ensure that service users could participate in activities with identified controls and supports in place to ensure the safety of service users. An emergency plan was in place with a place of safety identified should evacuation be deemed necessary. The Person in Charge told the inspector that all vehicles used to transport service users were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained.

Accidents, incidents and near misses were recorded and reviewed to try and limit re-occurrence, however the accident and incident form required review to record that the incident was reported to senior staff and their supervision of the said incident and the time-scale in relation to same. Accident and incident recorded were reviewed by Person in Charge and discussed at a monthly quality and risk group.

A policy was available on fire safety. Inspectors spoke with staff and service users and found they were knowledgeable about what to do in the event of a fire. The inspector also spoke with service users and they displayed an awareness that if the fire alarm sounded they would have to evacuate. While fire drills were carried out at regular intervals completion of fire drills over the night time period had not taken place to ensure that staff could safely evacuate at night time. The fire extinguishers were serviced on an annual basis and quarterly servicing of the fire alarms was occurring. Documentary evidence was available. Fire safety training for all staff had taken place and included evacuation procedures. The procedure to be followed in the event of fire was displayed in the centre. All service users were independently mobile.

The inspector reviewed staff training records and found that staff had received training in safe moving and handling of service users. An infection control policy was available and staff were aware of infection control procedures. Staff had received training in hand hygiene and posters were available over hand washing sinks detailing good practice guidelines. Staff were aware of laundry procedures should there be an outbreak of infection.

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**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

**Judgement:**

Compliant

**Findings:**

Measures to protect service users being harmed or suffering abuse were in place. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults. The inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These gave clear guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse. Staff were aware of the name and contact details of the designated contact person and the staff member spoken with confirmed that that she was aware of the policy, and of the responsibility to report any allegations or suspicions of abuse. Service users informed inspectors that they felt safe and well cared for by staff and could talk to staff. There have been no allegations of abuse reported to date at this service.

There were clear plans in place for personal and intimate care to be provided in a way that promoted independence, protected privacy and upheld the dignity of service users. There were policy guidelines on "responding to challenging behaviour". Staff informed the inspector that there was currently no service user in the home who was displaying challenging behaviour.

With regard to personal finances, records were maintained. These records showed monies paid by service users to the organisation and money deposited in a financial institution on behalf of the residents with their consent and the remainder which was given to the residents for their own personal use. Staff confirmed that if a resident wished to access their money this would be facilitated by staff in a timely fashion. Service users spoken with were clear on the process to access their money and stated that they were aware and had consented to depositing some of their money in a financial institution on a weekly basis.



## **Outcome 11. Healthcare Needs**

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

### **Theme:**

Health and Development

### **Judgement:**

Compliant

### **Findings:**

The health care needs of residents are managed by a local general practitioner (GP) practice. An out-of-hours service was also available. Letters of referrals, and reports were available as part of service users records. Service users spoken with confirmed they had access to health services when they needed them, and felt their needs were being met.

There was evidence of timely access to allied health services to include ophthalmic, dental physiotherapy and speech and language therapy. Clinical overview by psychiatric and psychological services was available to residents and to staff in an advisory and supportive capacity. Routine monitoring of health was undertaken including blood sugars, weights, blood pressure and blood tests where required.

Inspectors spoke with the three service users with regard to the food. They said that they enjoyed the food and stated "We choose what we want to eat at our weekly meetings", and confirmed they do the weekly grocery shopping supported by staff. Care plans contained information about food that people liked and disliked.

## **Outcome 12. Medication Management**

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

### **Theme:**

Health and Development

### **Judgement:**

Compliant

### **Findings:**

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to service users. One of the inspectors reviewed the prescription records and medication administration record and found that documentation was complete. The staff member on duty displayed knowledge of the rationale for the requirement of the medication was familiar with the processes in place for the handling of medication and was able to

describe the process competently including administration. Staff had completed medication management training.

Inspectors reviewed the prescription records and medication administration records for residents and found that documentation was generally complete. There was a system in place for the reporting and management of medication errors. Staff spoken to knew what process they had to follow if they made an error. Inspectors observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection.

#### **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

#### **Judgement:**

Compliant

#### **Findings:**

The person in charge/provider is a joint post known as the services manager. She is based at the day service facilities and generally works 09:00 Hrs to 17:00hrs. She has been working on the service for over 30 years.

The Person in Charge is responsible for three houses in Co. Sligo and is the provider representative for two houses in Leitrim (one of which is a children's service). She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal needs of each service user. She was in regular contact with staff and visited each centre regularly.

Inspectors found that there was an effective management system in place, clearly defined management structures and the Person in Charge had the required skills and experience to manage the designated centre. Staff and service users were clear in relation to lines of authority and service users were able to identify the Person in Charge.

The Person in Charge outlined the arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss any issues relating to the running of the home and ensure the welfare of service users was protected. Meetings between care assistants (who supervise each house on a day to day basis) and the Person in Charge took place regularly and minutes were available of these meetings. There was a good communication process between the day and residential services. Care assistants reported each morning to the registered nurse in day services. An integrated day and

residential communication file was in place where all information pertinent to the service user was available to the staff in the home. This was transported on a daily basis between the home and the day service.

### **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

#### **Judgement:**

Compliant

#### **Findings:**

The staff member on duty was pleasant and welcomed the inspectors. Inspectors observed that the staff member knew service users well and there was a relaxed and comfortable environment in the home. The staff member stated that she "enjoyed her work and had recently completed a course in disability". She displayed a great interest in the service user's day to day life and was firmly committed to ensuring that they were protected and well cared for.

#### Staff Support and supervision

Regular staff meetings were held where staff from all the residential services met with the Person in Charge. There was an also individual house meeting with the Person in Charge. The Person in Charge also dropped into the house on an ad hoc basis for a cup of coffee to see staff and service users. Staff were complimentary of the Person in Charge and service users confirmed that they knew the Person in Charge and seen her regularly. Staff confirmed that the Person in Charge was freely available by phone out of hours and if she was away a deputising person was put in place. This was communicated to the residential service by memo.

The inspectors noted adequate staffing levels to meet the needs of service users at the time of inspection. There was normally one staff member on duty in the evening that slept overnight in the home. A staffing roster showing staff on duty was available. The staff member prepares the dinner which is chosen by the service users at their weekly meeting prior to the service users returning from the day centre. Service users confirmed that the food was good. Service users told the inspectors that they did not have to wait an excessive time for assistance with personal care or to access a staff member on any occasion.

The inspectors reviewed the recruitment practices and found there were robust systems in place to ensure all the required documentation for staff employed in the centre was in place. The inspectors reviewed six staff files and found that all required documents as

outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

The organisation valued their staff and was committed to providing ongoing training to staff. Staff had attended training in health and safety and risk management, protection and safety of vulnerable adults, epilepsy management, first aid, person centred planning, report writing, dementia training and dysphasia. There was a training plan in place for 2014.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Mary McCann  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by North West Parents and Friends Association
<b>Centre ID:</b>	ORG-0008142
<b>Date of Inspection:</b>	13 May 2014
<b>Date of response:</b>	07 July 2014

### 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

### 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:**

Service users informed the inspectors that they would occasionally attend leisure activities outside the centre and a mystery tour was planned for the following week. Consideration should be given to the development of a leisure buddy system to assist service users with developing individual evening leisure activities and provide service users with inclusion in activities of their choice in the community independent of the staff of the organisation.

**Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

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

- Research is presently being carried out in relation to the setting up of a leisure buddy system to build on existing opportunities within the community.
- 5 people have expressed an interest in becoming part of the buddy system whom are known to the Service users but are outside the staff.
- Garda vetting is being processed.

**Proposed Timescale:** 30/09/2014**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

One area of the personal plans that required review the personal plan did not reflect any planning for the future the change in circumstances and there was no transition plan drawn up to support service users should their needs change for example development of poor mobility, deterioration in physical health, dementia or other common associated problems.

**Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- An interagency group has been set up that commenced on 4th July, 2014. A large piece of work is being undertaken collectively in relation to admissions and discharges to Community Group Homes to collate existing assessment processes, interdisciplinary processes, descriptors for support based on will and preferences of the service user.
- This work will be processed in conjunction with our existing contracts of care and our statement of purpose.

**Proposed Timescale:** 30/12/2014**Outcome 07: Health and Safety and Risk Management****Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The available risk management policy did not meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. Additionally accidental injury to visitors or staff, aggression and violence and self harm were not covered in any policies. It also failed to reference other policies that were available in relation to risk.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and

learning from, serious incidents or adverse events involving residents.

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

- Existing risk management policy will be reviewed at our QSRM meetings to include and reference all policies under Regulation 26

**Proposed Timescale:** 25/11/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

While fire drills were carried out at regular intervals completion of fire drills over the night time period had not taken place to ensure that staff could safely evacuate residents at night time.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- Night time fire drills have been successfully carried out in Thornvilla in June and documented.

**Proposed Timescale:** 30/06/2014