

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002631
Centre county:	Wexford
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Anne Ennis
Lead inspector:	Vincent Kearns
Support inspector(s):	Ide Batan;Kieran Murphy;
Type of inspection	Announced
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	1

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 April 2014 08:30	14 April 2014 19:00
15 April 2014 08:00	15 April 2014 17:00

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

Outcome 03: Family and personal relationships and links with the community
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

As part of the inspection, inspectors met with residents, the person in charge, the provider and staff members. Inspectors spoke with the person in charge and discussed the management and clinical governance arrangements and role of the person in charge. Inspectors reviewed centre-specific policies and procedures which covered issues such as staffing, medication management, accidents and incidents management and residents healthcare. The person in charge informed inspectors that she along with her staff endeavoured to provide a person- centred service to effectively meet the needs of residents. The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- contracts were not in place for the majority of residents
- the admission policy required updating
- a number of the premises were not adequate

- there were health and safety issues including fire safety issues
- a number of the premises were not adequately clean
- there were issues in relation to the prevention of healthcare-associated infections
- the statement of purpose required updating
- staff files did not contain all documents as required by regulation
- volunteers within the centre did not have their roles and responsibilities set out in writing.

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 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

This outcome was not assessed during this inspection however, inspectors noted that in some premises there were no suitable private areas, which was not the resident's room, available to a resident in which to receive a visitor, if required.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the statement of purpose and noted that the centre provided care and support for residents with severe to profound intellectual disabilities. The statement of purpose detailed that residents were afforded respect, choice and dignity through a holistic and person- centered approach to care. Inspectors noted that the statement of purpose also stated that each resident was facilitated to live in a supportive, empowering and homely environment. During the inspection, inspectors observed that there was a welcoming and homelike environment provided in each premises. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff prior

to admission. Inspectors were informed by the person in charge that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors noted that there was an admission policy that detailed preadmission arrangements and the admissions process. However, it was not adequate as it did not detail suitable arrangements to take account of the need to protect residents from abuse by their peers. Inspectors reviewed copies of the written agreements in relation to the term and conditions of admission and noted that five residents contracts' had been completed however, there were no contracts available in relation to the remaining forty-four residents. In addition residents' contracts were not adequate as they did not detail the support, care and welfare of the resident and details of the services to be provided for that resident as required by regulations.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were a number of centre-specific policies in relation to the social care and welfare of residents including policies on meaningful activation and assessing and management of individual social care needs. Inspectors were informed by staff that there were a number of options available for all residents in relation to activities. Inspectors spoke with the Clinical Nurse Specialist (CNS) who was responsible for leading the creative, recreational and diversional activities programmes in the centre. The CNS outlined to inspectors the arrangements to ensure each service user' was individually assessed as part of their individual activities plan in relation to their interests so that meaningful activities could be provided. Inspectors noted that many of the activities occurred in the activation centre; while others occurred in individual residents' houses or in the local community. For example there were activities such as swimming, bowling, art therapy and exercise programmes that involved using the soft play areas located in each house. Inspectors noted that residents also enjoyed social outings to coffee shops, restaurants, and parks. In addition, a number of residents participated in their own individualised

activities; often on a one to one basis with key-workers. For example some residents regularly participated in art therapy, multi-sensory programmes, hand/head massage and relaxation baths. Inspectors also noted that a number of residents regularly went home for weekends.

Inspectors reviewed a selection of personal plans which contained service users' holistic life plans that were individualised, comprehensive and centre-specific. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There were identified key/associated workers responsible for pursuing objectives in conjunction with individual residents and agreed time scales and set dates in relation to identified goals and objectives. There was an activities of daily living and recreational, diversional and creativity activity assessments completed in relation to each resident. There were also proactive risk assessments and health screening tools had been completed. There was evidence of interdisciplinary team involvement in residents' care including nursing, dietician, psychiatric and General Practitioner (GP), dentist and chiropody services. There were service users daily reports that had been completed by staff and there was also an activity profile/activity record that included details of daily activities. In particular, there was a "client profile/key things you need to know about me" was written from the residents' point of view and gave inspectors an insightful picture of each resident.

There was evidence that residents were supported in transition between services and in relocating within the centre. Inspectors viewed records of suitable arrangements made in relation to a resident who had transferred into hospital. There were also details in relation to meetings held with the resident, their representatives, key-worker and management staff regarding the arrangements for the transition of a resident from one premises to another location.

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):

No actions were required from the previous inspection.

Findings:

The centre commenced in 1971 and consisted of five community based premises. Three

of the premises were bungalow type houses and one was a two story premise with a large garden, and the last premise was a large modern dormer type bungalow. Since February 2012 residents and staff have attended a purpose built centralised day centre within the grounds of the St. John's Community Hospital in Enniscorthy. The person in charge outlined to inspectors that this centre provided activation, recreational and diversional activities for residents on a daily basis. The standard of décor in each premises was generally adequate and efforts had been taken to create an atmosphere of homely comfort and relaxation through the use suitable fittings and furnishings. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions.

Inspectors viewed a number of residents' bedrooms and noted most had personalised their rooms with photographs of family and friends and some personal furniture and memorabilia. Inspectors noted that in each premises there was an accessible purpose built outdoor play area. These play areas contained a multitude of activities and sensory-rich structures some of which had been developed through local fund-raising by family and friends of residents. In addition, the external grounds were kept safe, tidy and attractive and inspectors observed a number of residents using these facilities. Generally there was garden seating provided and car parking spaces available in all premises that were accessible for car/mini bus transport. However, a number of the premises were not adequately designed and laid out to meet the aims and objectives of the service or the needs of residents. Inspectors noted that a number of premises did not have a suitable private area, which was not the resident's room, available to a resident in which to receive a visitor, if required. A number of the multi-occupancy bedrooms were not adequate as they were not of a suitable size and layout to meet the needs of residents. For example a number of the multi-occupancy bedroom accommodation consisted of three and four bedrooms and in one premises inspectors had to walk through a double bedroom to access another residents' bedroom.

In another premises there were two four bedded bedrooms that did not provide adequate bedroom space to ensure privacy and dignity for these residents. In these bedrooms, inspectors observed that residents were not able to undertake personal activities in private or meet with relatives in private. In addition, a number of the multi-occupancy bedrooms did not have any bed screens therefore further compromising residents' privacy and dignity. Inspectors noted that in one premises staff made efforts to protect the privacy and dignity of residents through the limited use of a small mobile curtain screen; however, this screen was inadequate and the layout of the premises did not lend itself to the promotion of privacy and dignity of residents.

The limited space between individual residents' beds also impacted on the storage of personal clothing and belongings and a number of premises had inadequate space or suitable storage facilities for residents' personal use. For example a number of residents' bedrooms had no space to accommodate bedroom chairs, bed side lockers and very limited storage space for residents' clothes/belongings. In addition, there was evidence of inadequate storage for equipment for example mobile hoists, unoccupied assisted chairs and wheelchairs were stored in bedrooms, bathrooms or corridors. In one premises inspectors noted there was a wardrobe and a bookshelf stored in the multisensory room and staff explained that this arrangement was due to inadequate

storage facilities in the premises. Staff to whom inspectors spoke confirmed there were a sufficient number baths, showers and toilets to meet the needs of residents in each premises. However, in one premises the layout of the twin toilets was not adequate as this toilet was located in a room that also functioned as an assisted shower room/access to the laundry room and the design and layout of these toilets did not ensure privacy and dignity for residents.

There was a healthcare waste management policy that had been updated in April 2014 and stated that non-risk waste should be placed in black plastic bags. Inspectors noted that there were suitable arrangements for the safe disposal of general domestic waste however; inspectors formed the view that there were inadequate arrangements for the management of waste resulting from healthcare practices for the following reasons:

- there was no risk assessment conducted to identify if healthcare waste generated from healthcare practices or produced by healthcare workers had been identified as infectious
- in some premises there was no segregation system available to ensure the safe management of incontinent products
- the handling and management of potentially infectious materials was not suitable and domestic type bins/black bags were used for all refuse, including incontinent products.

There were laundry facilities provided within each premises however, inspectors noted that they were inadequate for the following reasons:

- a number of laundry rooms were inadequate in design, size and layout so that dirty and clean laundry could not effectively be segregated/managed therefore posing a risk of cross-contamination
- there was no wash-hand basin, soap or drying facility for staff to wash their hands in a number of laundry rooms
- a number of laundry rooms did not have any racking or suitable shelving for managing laundry
- the door lock into one laundry containing cleaning materials and chemicals was faulty therefore leaving access to this room unsecured.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The person in charge outlined the planned actions that would be taken to ensure that a valid certificate of compliance with statutory fire safety and building control

requirements would be provided. These actions included significant construction works in relation to a number of premises. The person in charge agreed to provide a copy of the programme of works in relation to each premises requiring this upgrading; as soon as it was available. The person in charge also agreed to include the management plan and arrangements for the care and welfare of residents during such construction works. Inspectors observed that there were fire evacuation notices and fire plans publicly displayed in each premises. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available and recorded the most recent inspection in February 2014. Inspectors reviewed the fire safety register and noted that fire training for staff was up-to-date. All staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire. The person in charge outlined recent contingencies in relation to improving fire safety including the establishment of a fire safety committee that planned to hold its first meeting at the end of April 2014. However, there were a number of issues in relation to fire safety including the following:

- a fire exit in one premises was partially blocked and this was brought to the attention of staff however, this issue had not been addressed by the second day of inspection
- one staff to whom inspectors spoke had not received fire training
- annual fire training had been provided for most staff however, fire evacuation drills had not been conducted
- there were no individual fire evacuation plans for residents with significant mobility needs.

In addition inspectors noted that one fire door was locked with the key to this door located in a red circular key box. Inspectors requested that the person in charge ensure that these arrangements allowed for safe access and egress of the premise and to confirm that such arrangements were in compliance with statutory fire safety and building control requirements.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included screening for falls risks, daily living support plans such as swallowing, diet and weight management and behaviours that challenge. There were also assessments of risks associated with supporting positive behaviour and the management of epilepsy, were appropriate. There was a safety statement, a risk register and a risk management policy which identified the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. However, the risk management policy was not adequate as the policy did not provide the measures and actions in place to control the following specified risks as required by regulation:

- the unexpected absence of any resident
- accidental injury to residents, visitors or staff
- self-harm

In addition, the risk registrar detailed the hazard identification including slips, trips, falls, manual handling risks, assaultive behaviour and included measures aimed to reduce such hazards. However, the hazard identification and assessment of risks throughout the centre was not adequate as the following risks had not been assessed:

- the unrestricted first floor windows
- the close proximity of a number of premises to busy roads
- there were a number of unprotected first floor stair banisters
- the temperature of the hot water was unregulated and the risk from scalding had not

been assessed

- latex gloves and plastic aprons were stored in the toilets/bathrooms throughout each premises, however the potential risks to residents had not been assessed.

The environment of the premises was homely and generally adequately maintained, with flooring and lighting in adequate condition. The person in charge informed inspectors that the décor would be upgraded following the planned remedial works in relation to the aforementioned fire compliance works. Inspectors were informed by the person in charge that the cleaning of each premises in the centre was done by the staff who had a number of responsibilities including meeting the care and welfare needs of residents. There were supplies of latex gloves that were located in a number of areas throughout the centre and each staff member carried their own supply of alcohol hand gel. However, there were a number of issues in relation to the prevention of healthcare-associated infections:

- there were a number areas including the dining room, bathroom and laundry rooms that were not adequately clean with evidence of dust, cobwebs and stains on floors
- there were a number of unlabelled containers of ointment that were not labelled with residents names and therefore posed a significant risk of staff inadvertently using the same ointment for a number of different residents thus compromising the prevention of healthcare-associated infections
- there was a commode without any cover stored in a bathroom therefore posing a risk of cross contamination
- the limited space between some individual residents' beds in some of the multi-occupancy bedrooms also impacted on the prevention of healthcare-associated infections
- a number of toilet brushes were visibly unclean
- the storage of cleaning mops was inadequate as a number of mops were stored in the bucket when not in use and both mops for kitchens and toilets were stored in close proximity
- the air vents in a number of toilet/bathrooms contained excessive dust
- a respiratory suction machine used to assist residents with breathing difficulties was dusty and stored in a laundry area without any suitable cover.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

There was a Clinical Nurse Manager (CNM) in charge of each premises who was actively involved in the management of the day to day support provision for residents. The CNM's informed inspectors that in conjunction with the person in charge, they monitored safe-guarding practices in each premises and residents and their representatives had access to an outside advocacy service. Staff to whom inspectors spoke were able to clearly outline suitable arrangements for reporting any issues to the CNM's or the person in charge. Inspectors were informed by the person in charge that the safeguarding of residents was enhanced by the small number of residents living in each premise and the continuity staff; both residents and staff were well know to each other and any issues could easily be identified or brought up. The CNM's informed inspectors that as different residents attended different activities both in their homes and in the centralised activation center during the week; this arrangement gave residents the opportunity to meet with a variety of other staff to whom they could also raise any concern. Residents to whom inspectors spoke seemed content and well cared for and staff were observed providing assistance to residents in a supportive and consider manner. Within each house, inspectors noted a positive and respectful atmosphere emanated between residents in their interactions with staff.

The person in charge emphasised to inspectors that she had an open door policy to residents and their representatives or staff; that she welcomed all to approach her if they had any issues. Staff to whom inspectors spoke confirmed that they could easily raise any issues or concerns with both the CNM's and the person in charge. Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse including the HSE national policy "trust in care". Staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse. Inspectors noted that there was a centre-specific policy in relation to behavioural support and procedures. This policy detailed the arrangements for the effective management of behaviour that challenges including alternative approaches to the use of bed rails and chemical restraint.

From a review of residents' personal plans inspectors noted that there were risk assessments completed by key workers and behavioural interventions records gave directions to staff on how to prevent or appropriately respond to behaviour that challenges. Inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had been provided. Staff to whom inspectors spoke confirmed that they had received suitable training in responding to behaviour that is challenging. Staff to whom inspectors spoke described a number of interventions strategies available in relation to the management of behaviour that challenges including: close supervision, re-directing strategies, the use of panic alarms and supportive response.

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):

No actions were required from the previous inspection.

Findings:

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review by their key-worker as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents in making healthy living choices in relation to activity/exercise, weight control and dietary considerations. Inspectors noted that each resident had an individual holistic life plan which was developed in consultation with the resident or their representative and their named key worker. Inspectors were informed by staff that the philosophy of nursing practice was to have a holistic approach to care; that takes into account the total care of residents and considers the totality of their physical, mental, emotional, spiritual, social, cultural, relational, contextual and environmental needs.

Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident personal plan. From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of a range of health assessments being used within the framework of the holistic assessment including physical well-being assessments, epilepsy nursing assessment, falls assessments, people related hazard assessment, eating and drinking assessment. Inspectors noted that there was evidence of multidisciplinary involvement in residents care and welfare including GP visits, dietician, speech and language therapy, dental and occupational therapist involvement. There were a number of short and medium health support plans to address identified healthcare needs and records of support interventions provided by the interdisciplinary team members.

Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom inspectors spoke stated that the quality and choice of food was frequently communicated with individual residents and changes were made to the menu accordingly. Staff described how they knew the likes and dislikes of every resident and inspectors noted that picture information charts were used to assist some residents in making a choice in relation to their meal options. Of particular note, was the individualised place mats designed for each resident. These mats contained residents'

name/photograph and gave an outline of their food preferences/assistance that they may require. Inspectors were informed that residents' meals were prepared off site and delivered in thermally insulated food trolleys. Inspectors reviewed the dining experience and noted that meals were well presented and residents requiring assistance from staff were observed providing such assistance in an appropriate manner.

Inspectors viewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake and noted that residents' weights were checked regularly and weight records were maintained. Appropriate referrals for dietetic reviews were made, the outcome of which was recorded in the residents' personal plans. Staff used weight monitoring and an assessment tool that formed part of a comprehensive holistic resident's assessment on admission to the centre.

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):

No actions were required from the previous inspection.

Findings:

Inspectors noted that there was evidence of good practice when administering medications such as the use of "Do Not Disturb" tabards and availability of reference resources such as the Bord Altranais agus Cnáimhseachais na hÉireann medication guidelines. Nursing staff to whom inspectors spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication was stored and secured in the nurses' office and the medication keys were held by the staff nurse on duty. Staff to whom inspectors spoke outlined that the pharmacy delivered medication to each premise on a monthly basis and on arrival was checked and signed off as correct by two staff. There was evidence of GP and psychiatric medication reviews having been conducted regularly. All residents' medication administration records reviewed had photographic identification in place. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. For residents attending the daily activity centre their medication were brought by the nurse in locked containers and suitably stored in the medication trolley in 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):

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The person in charge confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. Inspectors were informed by the person in charge that a copy of the statement of purpose had been given to each resident or their representative. However, the statement of purpose was not adequate as it did not contain all the details as required under schedule 1 of the regulations including the following:

- the age range of the residents for whom it is intended that accommodation should be provided
- the description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function
- the total staffing complement, in whole-time equivalents, for the designated centre with the management and staffing complements as required in regulations
- it did not adequately provide the arrangements made for dealing with reviews and development of a resident's personal plan
- the arrangements for residents to engage in social activities, hobbies and leisure interests
- the arrangements for residents to access education, training and employment.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There was a full-time person in charge who was a registered nurse with the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. In the absence of the person in charge, the Acting Assistant Director of Nursing (A/ADON) undertook her responsibilities. Inspectors noted that the person in charge was actively engaged in the governance, operational management and administration of the centre and met with the nominated provider regularly. The person in charge outlined how she had easy access and on-going support from the provider. There was evidence that the person in charge had a commitment to her own continued professional development and she had completed a number of relevant courses on a regular basis. The person in charge was also actively involved in the management and monitoring of risk management and fire prevention within the centre. Inspectors were informed by the person in charge how she ensured the effective governance of each premises in the context of the centre being geographically dispersed in three different locations. The person in charge stated that this was achieved by regularly meeting with the CNM's, effective policies and procedures, on-going training of staff and regular reviews/audits of the quality of care and welfare provided to residents. In addition, the person in charge detailed the on-going staff supervision arrangements and inspectors reviewed records of these supervision meetings. The A/ADON outlined that if required; both the person in charge and herself were available to be contacted by staff out-of-hours and that the CNM's were also available out-of-hours on a rotational basis. Staff to whom inspectors spoke were clear about who to report to within the organisational line management structures in the centre. Staff also confirmed that person in charge and the A/ADON were committed and supportive managers.

Throughout the inspection the person in charge demonstrated a good knowledge of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

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):

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The person in charge stated that a large proportion of her staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. Inspectors noted that some staff had worked in the centre for many years and staff outlined that on a daily basis they were supported in their role. The person in charge outlined a number of challenges in relation to the maintaining the staff roster. A number of agency staff were regularly employed; mainly due to staff leave requirements and non replacement of staff as a result of the Health Service Executive (HSE) moratorium on staff recruitment. Nevertheless, the person in charge informed inspectors that she had generally been able to have the same agency staff work in the centre over the past number of years. Inspectors reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements. Inspectors reviewed records of staff meetings that were held regularly. These meetings indicated that issues discussed included policy issues, care planning, staff training, residents' changing needs and standards/regulatory requirements. Staff to whom inspectors spoke were able to articulate clearly the management structure and confirmed that copies of both the regulations and the standards had been made available to them. During the inspection inspectors observed that copies of the standards were in each premises. The person in charge demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The inspectors noted that mandatory ongoing staff training had generally been provided including the following:

- management of challenging behaviours training
- hand hygiene training
- manual handling training
- sharps training
- adult abuse training
- cardio pulmonary training (CPR).

Inspectors reviewed staff files and noted that such files did not contain all of the documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 including

- a evidence of the person's identity, including a recent photograph
- a full employment history, together with a satisfactory history of any gaps in employment
- two written references including a reference from a person's most recent employer (if any).

In addition there were a number of volunteers in the centre however, inspectors noted that volunteers within the centre did not have their roles and responsibilities set out in writing.

Judgment:

Non Compliant - Moderate

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:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002631
Date of Inspection:	14 April 2014
Date of response:	03 October 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

To provide a suitable private area, which is not the resident's room, to be available to a resident in which to receive a visitor if required.

Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

¹ 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:

As in outcome 6

Proposed Timescale: 01/05/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

To ensure that the admission policies take account of the need to protect residents from abuse by their peers.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The Admission to the Service Policy has been reviewed, updated and now takes account of the need to protect residents from abuse by their peers.

Proposed Timescale: 01/05/2014

Theme: Effective Services

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

To ensure that the residents' contract includes the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Terms & Conditions of Residency & Care Provision has now been reviewed and updated to address the non-compliance.

Proposed Timescale: 30/06/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

To ensure that the premises is designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The Registered Provider confirms that development control plans and timelines will be drawn up. This will require a number of stages.

1. The HSE are currently tendering for assessments and surveys of all Disability residential units, in the South East, with a Tender completion date of 31/10/2014. On assignment of the tender the assessments will be carried out between November 2014 and Jan 2015 with a report submission date planned for 28th Feb 2015, for all premises.

These Condition assessment surveys will clearly identify the overall condition and the state of compliance with the various Statutory and National Policy requirements. Following this survey and assessment a 'road map' and development plan will be devised, for each premises which will review options of;

- Upgrade,
- Extend,
- Replace, etc

This will allow costings to be established and then added to the National mix for both Capital and Revenue Funding to allow a realistic plan of works be agreed within an identified timeframe. The Provider will notify the Authority as soon as progress is achieved on this plan in 2015

2. Maintenance issues have been addressed

Proposed Timescale: 1. 28/02/2015
2. 30/04/2014

In relation to item 1 of this action plan the Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Theme: Effective Services

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

To ensure the premises are clean and suitably decorated.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

A Review of the home cleaning schedules has taken place to address non compliance in the area identified.

Proposed Timescale: 01/05/2014

Theme: Effective Services

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

To ensure the following:

1. Adequate private accommodation for residents
2. Rooms of a suitable size and layout suitable for the needs of residents.
3. Adequate space and suitable storage facilities, insofar as is reasonably practicable, for the personal use of residents.
4. Suitable storage.
5. Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents.
6. Suitable arrangements for the safe disposal of clinical waste.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

1. A separate area in each home has been identified and is now in place for residents to receive a visitor separate from their own bedroom.
2. Development control plans will be drawn up and submitted to the Authority as previously outlined.
3. In the interim a review of resident's storage facilities for personal use in the homes identified has been undertaken to determine items that may need to be disposed of or could be sent home to the resident's parent's if no longer in use.
4. The person in charge acknowledges that there is a limited storage facility in some of the homes due to the footprint of the building. This will be addressed in the development control plans to be submitted. The twin toilets in the identified home have been altered, one toilet and wash hand basin has been removed and a wall and door built on the other.
5. The arrangement for the safe disposal of clinical waste has been discussed with the Clinical Nurse Specialist for Infection Control based in the local acute hospital that supports WRIDS with infection control management. She is awaiting a national response on the management of all healthcare waste in order to advise us further. She has advised us that HIQA have also requested such a response. In the interim the person in charge has made arrangements to manage safely, and dispose of, any potential healthcare risk waste. The Centre's Infection Control policy has been updated to reflect this change.

6. A risk assessment to identify healthcare waste risk has been put in place.

Proposed Timescale:

1. 01/05/2014 Completed
2. 01/01/2015
3. 30/06/2014 Completed
4. 01/07/2014 Completed
5. 13/05/2014 Completed
6. 13/05/2014 Completed

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:

To ensure hazard identification and assessment of risks throughout the designated centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

General risk assessments have been completed for the following areas identified as non-compliance and are contained in the Health & Safety Folder QP-05:

1. Unrestricted first floor windows
2. The close proximity of a number of premises to busy roads
3. The unprotected first floor stair banisters in the homes identified
4. The unregulated temperature of hot water in the homes identified. Funding has now been secured to address this non-compliance and work will commence shortly.
5. The risks to residents of Dani-Centres for the storage of latex gloves and aprons

Proposed Timescale:

1. 01/05/2014 Completed
2. 01/05/2014 Completed
3. 01/05/2014 Completed
4. 01/08/2014 Completed
5. 01/05/2014 Completed

Theme: Effective Services

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

To 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 including the evacuation of residents.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. The Person in Charge confirms that the first Fire Safety Committee meeting took place on April 30th.
2. New Fire Orders are being developed by the Fire Officer for WRIDS including the Evacuation of Non-ambulant residents. The development of individual evacuation plans for these residents will be assessed under three categories; Ambulant, Non Ambulant and Bed Bound.
3. Annual Fire Training for 2014 has been scheduled for all staff.
4. Fire evacuation drills will take place on a monthly basis following training.
5. Fire and escape issues will be addressed in the programme of works so that a cert of compliance with Fire and Building Regulations can be issued. The person in charge has undertaken to supply this when obtained to the authority
6. The Clinical Nurse Manager 2 in the area where the partially blocked fire escape was identified has undertaken to ensure this does not reoccur and that daily monitoring is carried out.
7. The person in charge confirms that she has discussed the issue of the fire door with the key located in the red circular box with the Fire Officer who has instructed that as an interim measure the current set up could be accepted on a short term basis until the Fire Safety upgrade works outlined already are completed provided all staff have the key with them at all times in addition to the key in the emergency key-box. The person in charge confirms that all staff carry the key to this fire door on their person. Agency staff on duty are provided with the key at nursing staff handover.

Proposed Timescale:

1. 30/05/2014 Completed
2. 01/07/2014 Completed
3. 31/10/2014
4. 30/06/2014
5. 31/01/2015
6. 16/03/2014 Completed
7. 15/05/2014 Completed

Theme: Effective Services

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

To ensure the measures and actions are in place to control the following specified risks of the unexpected absence of any resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Quality Policy-101 has been reviewed and now includes the measures and actions in place to control the unexplained absence of a resident.

Proposed Timescale: 01/05/2014

Theme: Effective Services

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

To ensure the measures and actions are in place to control the following specified risks of accidental injury to residents, visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Quality Policy-101 has been reviewed and now includes measures and actions in place to control accidental injury to residents, visitors and staff.

Proposed Timescale: 01/05/2014

Theme: Effective Services

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

To ensure that the measures and actions are in place to control the following specified risk of self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Quality Policy-101 Supporting the Service Users of WRIDS to Manage Personal Risks has been reviewed.

Proposed Timescale: 01/05/2014

Theme: Effective Services

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

To ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

A review of the Work Schedules has taken place in the designated centre to ensure all areas are clean and free from dust, cobwebs and stains on the floor in order to prevent a re-occurrence.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

To make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

1. New Fire Orders have been developed by the Fire Officer for WRIDS. Awaiting completed sign off by all staff as having read, understood and will comply.
2. Annual Fire Training for 2014 has been scheduled for all staff.
3. Fire evacuation drills will take place on a monthly basis following training.

Proposed Timescale:

1. 30/06/2014
2. 30/06/2014
3. 30/06/2014

Theme: Effective Services

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

To ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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:

1. New Fire Orders have been developed by the Fire Officer for WRIDS.

2. Annual Fire Training for 2014 has been scheduled for all staff.
3. Fire evacuation drills will take place on a monthly basis following training.

Proposed Timescale:

1. 30/06/2014
2. 30/06/2014
3. 30/06/2014

Theme: Effective Services

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

To take adequate precautions against the risk of fire in the designated centre, and, in that regard, make adequate arrangements for maintaining of all means of escape, building fabric and building services.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Fire and escape issues will be addressed in the programme of works which the person in charge has undertaken to supply to the authority so that a cert of compliance with Fire and Building Regulations can be issued.

Proposed Timescale:

- 31/01/2015 funding approval
30/04/2016 Upgrading completed

Theme: Effective Services

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

To ensure make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Annual Fire training has been scheduled.

Proposed Timescale: 30/06/2014 New employees and those on long term sick leave outstanding and a date being scheduled (31/10/2014)

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

To prepare in writing a statement of purpose containing the information set out in Schedule 1.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose has been updated and has been made available to the authority

Proposed Timescale: 03/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

To ensure that the information and documents as specified in Schedule 2 have been obtained.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The person in charge is working with the central Human Resources Department to endeavour to obtain the relevant documents in relation to Schedule 2 for all staff.

Proposed Timescale: 31/08/2014

Theme: Responsive Workforce

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

To ensure that volunteers have their roles and responsibilities set out in writing.

Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

A volunteer Quality Policy QP-102 has been developed which sets out the roles and responsibilities of volunteers working in the designated centre in writing.

Proposed Timescale: 01/05/2014