

**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-0004656
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 April 2015 14:00	09 April 2015 20:00
10 April 2015 09:00	10 April 2015 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an announced two day registration inspection. The provider had applied to register this centre as a new centre to accommodate four residents that are currently accommodated in another centre which has been deemed by the provider not suitable to meet their needs. The inspector attended the new house which is the application to register premises, and the house that currently accommodates the residents to meet with the residents and elicit their views. The service is part of the service provided by the Health Service Executive (HSE) known as Sligo Group Homes.

It was the first inspection of this centre. It is proposed that the centre will provide

care to a maximum of four residents. As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures were reviewed. The views of residents and staff of the centre were also sought.

The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes. He was found to have a good knowledge of his role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. He displayed a positive attitude towards regulation and ensuring that the rights of residents were protected and their voices were heard. The nominated person on behalf of the provider has been met by inspectors from the Authority at other centres managed by the provider representative and inspectors have confidence in her ability to act as provider representative.

The inspector received the consent of the residents to enter their current home and review documentation with regard to them. The premises described under Outcome 6 relate to the proposed new centre - the subject of this application for registration. Residents maintained as independent as possible lifestyles and were aware they could contact staff at any time for support. All residents' had a key worker, who promoted and facilitated their independence, assisting and encouraging them to achieve a good quality of life. There was a system of individualised assessment and care planning to meet resident's individual needs. Residents completed many of their goals and educational activities at day services and two residents were currently undertaking work experience. All residents could clearly express their views and wishes, they were unanimous in their views that they enjoyed a good quality of life, were treated well by the staff and had a say in the running of the service. All stated that they were looking forward to moving to a new house especially two ladies who were looking forward to having a bedroom of their own. They confirmed that the person in charge and staff had spoken with them with regard to the move and they were planning on choosing their personal items for the new house.

At the time of this inspection there was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Areas of non-compliance related to review of policies, completion of environmental risk assessments, governance arrangements with independent day service providers, staff training in medication management and medication management practices. An action plan is contained at the end of this report detailing actions that require completion in order to comply with current legislation.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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

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

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

Findings:

Residents' rights and dignity were promoted. Residents were consulted about the operation of the centre. Weekly residents' meetings were held. Minutes of these showed that residents were consulted about their daily routines including menu planning and activities they wished to partake in. Residents' religious, civil and political rights were respected. If residents wished to go to Mass this could be facilitated by the staff. Residents were supported to have control over their own finances. All residents had their own post office account and staff provided money management skills training. The inspector spoke with residents with regard to their finances and they confirmed that they could buy what they chose and had access to their money as they wished.

Residents stated they enjoyed the food and chose what they liked to eat. Residents supported by staff completed the food shopping. Residents assisted with preparing meals at weekends and with preparation of snacks during the week. Residents shared the household chores. Resident's likes and dislikes were recorded in care files reviewed.

The inspector reviewed the systems and documentation in place for the management of complaints. A comprehensive complaints document was available but this was a generic HSE document and did not detail local procedures. The complaints policy did not comply with regulation 34 in that it did not have a designated complaint officer named or a second person was available to ensure that complaints were appropriately responded to and records maintained. The person in charge described how he welcomed complaints and when received they were resolved very swiftly. If not resolved it was passed to the provider representative who was described as being supportive and would try to ensure that a resolution was found. No complaints to date were documented at this service.

An appeals procedure was in place. The complainant could bring their complaint to HSE complaints officer. An advocacy service was available to the residents.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were supported and assisted to communicate in accordance with their assessed needs and preferences. Residents were clearly able to express their views and wishes. Staff were seen to be able to clearly converse with residents. Some easy to read documentation was available but this required further development with regard to Person Centred Plans.(an action with regard to this is contained under Outcome 5). Consideration to be given to the use of assistive technology to ensure residents could communicate and engage to the highest possible level. Communication passports were available for each resident. These provided a valuable tool if residents had to attend or be admitted to the local acute hospital. Residents had access to television and radio in the centre.

Judgment:

Compliant

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):

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

Findings:

Residents were supported to develop and maintain positive personal relationships with

their family members and links with the wider community. Some residents went home regularly. Family contact was recorded. Residents told the inspector about their families and showed the inspector photographs of their families. A copy of the minutes of the annual review meetings reviewed supported that family members were invited and some attended. Residents participated in their community by attending local events, work placements and places of personal interest to them. Additionally they attended training and education in the community as part of their day service programme. Residents spoken with told the inspector they were happy with the activities they attended. They told the inspector they enjoyed their day service activities and went shopping, attended the cinema, played badminton and regularly went out for coffee. They also stated they enjoyed relaxing and watching television after their evening meal.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

Each resident had a contract of care in place outlining the service to be provided and the finances in regard to same. All residents were charged the same weekly living allowance, however the contracts of care were not available in an easy to read version. Some residents spoken with by the inspector were aware they had a contract and that they paid a certain sum of money to the organisation.

An admission policy was in place. The person in charge was clear that existing residents' needs took precedence over a new admission and that any future admissions would only occur having regard to the needs wishes and safety of the existing residents in the centre and of the service user to be admitted. The person in charge confirmed that a total of four residents would reside in the proposed new centre.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-

based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Each resident's personal centred plan (PCP) contained a comprehensive assessment of their health, personal and social care needs. A person-centred approach was promoted that met the health and social care needs of residents. Daily notes were maintained which detailed how the service user spent their day. Residents, relatives and members of the multi disciplinary team were involved in the development of the personal plans. Accessibility for residents to their person centred plans required review as they were mainly written paper based.

Three of the residents attended day services provided by an alternative local day service. No agreement or memorandum of understanding with regard to the shared responsibility of the service user was in place. The person in charge immediately put procedures in place to address this and arranged a meeting with the alternative day services provider manager.

The inspector found that there were opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available for residents in day services five days a week and residents partook in activities at the weekends for example shopping, going to the cinema, attending the hairdresser, beautician or going for a cup of coffee in the local cafés.

The person centred plans required review to ensure that the goals were clearly identified with a time frame attached and personnel and planning with regard to the completion of the goals was identified with interim progressive reviews arranged. While there was poor documentary evidence in the files reviewed, the inspector found from talking with the staff and residents that it seemed that residents' goals were being identified and being achieved. For example, the inspector noted in the minutes of the weekly residents meetings that one of the residents wished to attend a music concert and another resident wished to go to Knock. When the inspector enquired what had occurred with regard to these two requests the residents stated the staff organised these and stated "We have been", and showed the inspector photographs to support this.

Judgment:

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The inspector found that the current centre was homely but was dated and not very well maintained. The person in charge stated that the current house did not meet the needs of the residents especially as two residents had to share a bedroom and that some residents had difficulty with navigating the stairs safely.

The proposed new centre's design and layout was in line with the statement of purpose and should meet the needs of the residents whilst promoting safety, dignity, independence and well-being. The premises had suitable heating, lighting and ventilation. There were five bedrooms available, four for residents and a sleep over room for staff. Additional accommodation included a kitchen cum dining room, two sitting rooms (one sitting room and one relaxation/ alternative television viewing room/visitors room). The house has been recently refurbished but in the second sitting/relaxation room there is a wash-hand basin vanity unit and a wardrobe. These must be removed and this room suitably decorated as a sitting room prior to the residents moving in. Additionally, the house has not been furnished as yet. The Person in Charge informed the inspector that plans were in place to furnish the house within the next few weeks. Residents were aware the house has been refurbished and they are involved in choosing the furniture and fittings. Each room will be decorated to the residents' choice, with their own personal items and other items of interest to residents. The residents have large quantities of personal items in their current setting for relocation to the new centre. Emergency lighting, a fire safety system and a thermostatic controlled heating system are in place. An environmental risk assessment to ensure that the proposed new centre is free from significant hazards had not been completed to date. The Person in charge confirmed that he would complete this and forward to the Authority prior to the residents moving into the centre.

The person in charge confirmed that there is a thermostatic control insitu on the water dispensing system to ensure water at point of contact with residents does not pose a risk to them. The kitchen cum dining room is of an appropriate size to cater for 4 residents. A washing machine and tumble dryer will be available for residents' use. There is a bathroom and a wet room cum toilet available for residents use. There is a front garden and a secure back garden which the Person in Charge stated will be

landscaped.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

A risk management policy which complied with current legislation was available. Training records confirmed that fire training for all staff was up to date. Fire drills were carried out at regular intervals, including fire drills over the night time period to ensure that staff could safely evacuate at night time. The fire extinguishers were serviced on an annual basis and the fire alarm quarterly. Fire safety training had taken place and included evacuation procedures for all staff. Suitable fire safety equipment was provided and there was adequate means of escape. Personal evacuation plans for each service user had been developed and residents' mobility had been considered with regard to safe evacuation. Residents spoken with by the inspector stated if they heard the fire alarm they would vacate immediately.

Suitable emergency lighting was in place. A system was in place for incident reporting and investigation of same, however the accident and incident record sheet required review to include greater detail of the action taken to include, for example, if medical services/next of kin were contacted. While there was good evidence of clinical risk being identified and assessed with appropriate risk minimisation strategies in place, there was poor evidence available of assessment and management of environmental risks. For example, there was no risk assessment in place for the use of the stairs or for the use of the kettle. Staff on duty gave a firm commitment to deal with this swiftly.

An emergency plan was in place with a place of safety identified should evacuation be deemed necessary. Vehicles used to transport residents were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained. There were appropriate arrangements in place for the prevention and control of infection and an infection control policy was available. Staff had attended training in hand hygiene and were aware of the local public health contact details.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Measures to protect residents being harmed or suffering abuse were in place. However, the policy on protection of vulnerable adults was not centre specific and failed to guide staff re local procedure in place to protect residents.

Examination of training records demonstrated that staff had received training in protection of vulnerable adults. The person in charge was a designated trainer for adult protection. He displayed a good knowledge of the procedures in place to protect residents and was aware of his responsibility to report and investigate allegations of any type of resident abuse. He stated that the welfare of the resident was paramount. The person in charge was aware of the name on the confidential recipient who is independent of the HSE, to whom anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility. Information had been forwarded to all staff from management services by way of memo as to how to contact the confidential recipient and her role.

Residents spoken with informed the inspector that they felt safe and well cared for by staff. They were complimentary of the staff and said they could talk to them any-time. Procedural guidelines on the provision of personal care to residents to include respecting residents privacy and dignity was available. A restraint free environment was promoted and no restrictive procedures were in use at the time of this inspection. Staff confirmed that no resident presented with behaviours that challenged.

Judgment:

Non Compliant - Minor

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

No notifiable incidents had occurred at this centre. As this is part of Sligo Group Homes services, the person in charge had notified the Authority of incidents with regard to incidents in other centres and this centre did not have a nil return reported. Where no incidents which require to be notified have taken place the registered provider must notify the Authority (Chief Inspector) of this fact on a six monthly basis by way of a nil return. This is required for each centre separately.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Residents had opportunities to engage in social activities. External activities were available through the day service and residents participated in range of varied interests such as education courses, art, crafts and badminton. While an independent living skills programme was in place at St Angela's College Sligo which included activities relating to cooking, cleaning and personal care. No residents from this centre were currently enrolled on this programme. Residents also attended local activities such as fairs and parades and other events of person interest and choice for example family events.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

health.

Theme:

Health and Development

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

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

Findings:

Records, such as medical and allied health care professional records were available for each resident. All residents were registered with a general practitioner. Staff and residents described good access to the local general practitioner and there was evidence available of this in files reviewed. An on call out of hours GP service was available.

Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to residents as required. Staff described appropriate access to these services.

An admissions policy was available; no respite or emergency admissions are facilitated. Some residents had a diagnosis of epilepsy. While emergency medication was prescribed, an epilepsy emergency plan was not in place which details the procedure to be followed during status epilepticus (an emergency as a result of recurrent seizures) and during the recovery process. The guideline for the administration of buccal midazolam requires review as it was misleading and did not guide and inform staff in the delivery of safe care.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

A medication management policy was in place but this was not centre specific and did not detail local procedures in place for the administration of medication or arrangements for storing or obtaining medication for residents. The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice with the exception of the following. One as required (PRN) medication which was prescribed by the wrong route of administration.

One medication was prescribed three times per day (TID) for one resident. The resident brought her 14:00hr medication with her to the day services (which was a service provided by an alternative provider) and gave her medication to one of the staff at the day services who administered the medication. No risk assessment had been completed with regard to this practice and no evidence was available that this medication was dispensed to the resident. The person in charge said he would ensure this was rectified as a matter of priority. Medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors.

All medications were administered by a care worker. Each resident's medication was supplied in a blister pack. These were stored in a locked filing cabinet. Staff confirmed that they had undertaken safe medication management training. This was provided by the supplying pharmacist but a record of the content of the training was not available. Practical competency assessments did not form part of the assessment and training package. Consideration should be given to this to further protect residents from the risk of medication errors.

One resident was supported to engage with self-administering medications. The inspector spoke with the resident who was familiar with the medications prescribed.

However, the policy did not include self-administration of medication. There was no guidance in place to guide staff in determining how often medication self-administration risk assessments should be carried out to ensure safe practices are in place to protect the resident.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose (SOP) detailed the aims of the centre and described the facilities and services which were to be provided for residents. However, further detail was required on

the specific care needs that the designated centre is intended to meet, including a description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function, the arrangements for residents to

engage in social activities, hobbies and leisure interests and the arrangements made for contact between residents and their relatives, friends and/or carers.

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):

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge is a suitably qualified person with relevant experience commensurate to his role. He was employed full-time as the Services Manager to manage nine houses, the day service and the resource centre. Many of the residents from the houses attend the resource centre and the day service. He qualified as a registered nurse – Intellectual Disability (RNID) in 1990 and has always worked in disability services post qualification. He has managed the 'Group Home Services' since 2003.

He is a trainer in protection of vulnerable persons and in cardio pulmonary resuscitation. He is supported in his role by a clinical nurse manager in the day services and two senior nurses in the residential services and a team of a care staff. The person participating in management of the centre was equally a suitably qualified person with experience and knowledge commensurate to her role. She qualified as registered Nurse – Intellectual Disability (RNID) in 1985 and has always worked in disability services post qualification. The person in charge told the inspector that he met with the residents regularly and the inspector noted during the inspection that residents freely came and chatted with the person in charge in his office.

Residents and staff were familiar with the person in charge. They stated they could approach him for advice or if they had a complaint or issue any time. Staff confirmed he was freely available outside hours if required. Residents were also familiar with the person participating in management and confirmed she was available to them. The person in charge stated that he met the nursing staff each Monday to discuss residents and any on-going issues.

The person in charge confirmed that the provider representative was supportive and he met with her regularly. Unannounced visits by persons nominated by the provider had occurred in the centre with documented evidence of these. The person in charge stated that the results of these unannounced inspections are being collated to produce an annual review of the quality and safety of care delivered to residents. Residents are consulted with as part of the unannounced inspections and the overall report will be shared with residents. The person in charge displayed a positive attitude towards auditing and review and was clear that any recommendations that are made would be enacted.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

There were suitable deputising arrangements in place. An experience qualified nurse deputised in the person in charge's absence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The centre was suitably resourced to meet the needs of current residents. Staffing

resources and skill mix were based on the assessed needs of residents. Sufficient equipment and furnishing to meet the needs of the residents that lived in the centre was available. Staff stated that sufficient resources were available to meet the needs of the residents, the residents all went on a summer holiday and two staff were available at this time to ensure resident's needs were met and individualised care and activities could be supported. A staff member was available to accompany residents to medical appointments.

The person in charge described how procedures were in place to ensure that the proposed new centre would be maintained to a good standard internally and externally. A fully equipped kitchen and adequate laundry facilities would be available before residents moved in. Equipment and furniture would be provided in accordance with residents' wishes and their assessed needs. There was a service owned vehicle which the centre had access to each evening.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspector was satisfied that there was an appropriate number of staff in the designated centre. A rota was available detailing staff on duty. A planned and actual roster was maintained. Where staff were on annual leave or absent regular relief staff replaced them. Regular staff meetings were held where staff from all the residential services met with the person in charge. Minutes were available of these meetings. The person in charge also dropped into the residential house on an ad hoc basis to see staff and residents. Staff were complimentary of the person in charge. Care staff confirmed that support from the senior nurses was available by phone out of hours.

The inspector reviewed four staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not in place. Two files had no references. Mandatory training was in date for all staff. Recent training for staff included, safe administration of medication, first aid and hand hygiene.

Competency assessments for staff with regard to the administration of medication did not form part of the safe management of medication training.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that there were systems in place to maintain records. Records as outlined in Schedule 3 and 4 of the Regulations were generally in place. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place, however most required review to ensure they informed practice and provided guidance to staff. Guidelines with regard to emergency management of epilepsy required review. A record of residents' assessment of needs and a copy of their personal plan was available. Staffing records were maintained.

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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0004656
Date of Inspection:	09 April 2015
Date of response:	01 May 2015

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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 05: Social Care Needs

Theme: Effective Services

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

Accessibility for residents to their person centred plans required review as they were not in a user friendly format.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their

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

representatives.

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

Personal plans will be presented in an accessible user friendly format for all residents.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

Person centred plans required review to ensure that the goals were clearly identified with a time frame attached and personnel and planning with regard to the completion of the goals was identified with interim progressive reviews arranged.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

All residents person centred goals have being reviewed taking into account time frames with regard to the completion of the goals with interim progressive reviews included

Proposed Timescale: 30/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The second sitting room must be suitably decorated and laid out as a sitting room prior to the residents moving in.

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:

Since inspection residents has visited their new home and have requested that this room be used as a crafts and relaxation room

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

An environmental risk assessment to ensure that the proposed new centre is free from significant hazards had not been completed to date.

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:

An environmental risk assessment to ensure that the proposed new centre is free from significant hazards will be completed

Proposed Timescale: 31/05/2015

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:

There was poor evidence available of assessment and management of environmental risks. For example, there was no risk assessment in place for the use of the stairs or for the use of the kettle.

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:

Assessment and management of environmental risks for all residents will be undertaken

Proposed Timescale: 30/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The policy on protection of vulnerable adults was not centre specific and failed to guide staff re local procedure in place to protect residents.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The policy on protection of vulnerable adults will be reviewed to ensure it is centre specific and guides staff re local procedure in place to protect residents

Proposed Timescale: 30/06/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

This centre did not have a nil return reported. Where no incidents which require to be notified have taken place the registered provider must notify the Authority (Chief Inspector) of this fact on a six monthly basis by way of a nil return.

Action Required:

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

When no incidents have occurred in the centre the Authority (Chief Inspector) will be notified of this fact on a six monthly basis by way of a nil return.

Proposed Timescale: 30/04/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

While emergency medication was prescribed, an epilepsy emergency plan was not in place which details the procedure to be followed during status epilepticus (an emergency as a result of recurrent seizures) and during the recovery process. The guideline for the administration of buccal midazolam requires review as it was misleading and did not guide and inform staff in the delivery of safe care.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

An epilepsy emergency plan will be put in place which details the procedure to be followed during status epilepticus. The guideline for the administration of buccal

midazolam will be reviewed

Proposed Timescale: 30/05/2015

Outcome 12. Medication Management

Theme: Health and Development

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

One as required (PRN) medication which was prescribed by the wrong route of administration. One medication was prescribed three times per day (TID) for one resident. The resident brought her 14:00hr medication with her to the day services (which was a service provided by an alternative provider) and gave her medication to one of the staff at the day services who administered the medication. No risk assessment had been completed with regard to this practice and no evidence was available that this medication was dispensed to the resident.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A comprehensive risk assessment will be undertaken regarding the above and an appropriate management plan will be put in place

Proposed Timescale: 30/05/2015

Theme: Health and Development

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

The medication policy did not include self-administration of medication. There was no guidance in place to guide staff in determining how often medication self-administration risk assessments should be carried out to ensure safe practices are in place to protect the resident.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The medication policy will be reviewed to include self-administration of medication. Risk

assessments will be carried out to ensure safe practices regarding self-administration of medication

Proposed Timescale: 30/06/2015

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:

Further detail was required on the specific care needs that the designated centre is intended to meet, including a description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function, the arrangements for residents to engage in social activities, hobbies and leisure interests and the arrangements made for contact between residents and their relatives, friends and/or carers.

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 will be reviewed and amended to reflect all of the above.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

The statement of purpose (SOP) requires review on a yearly basis. A copy of the revised statement of purpose is required to be submitted to the Authority.

Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose will be reviewed and amended to reflect all of the above

Proposed Timescale: 30/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

All required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not in place as two files had no references.

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:

All required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are in place. Two references are on staff files.

Proposed Timescale: 30/05/2015

Theme: Responsive Workforce

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

Competency assessments for staff with regard to the administration of medication did not form part of the safe management of medication training.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Competency assessments for staff with regard to the administration of medication will form part of the safe management of medication training

Proposed Timescale: 30/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies required review to ensure they informed practice and provided guidance to staff.

Guidelines with regard to emergency management of epilepsy required review.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All Policies will be reviewed to ensure they informed practice and provided guidance to staff

Proposed Timescale: 30/10/2015