

**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-0004663
Centre county:	Wexford
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gorman Coogan
Lead inspector:	Ide Batan
Support inspector(s):	Kieran Murphy
Type of inspection	Announced
Number of residents on the date of inspection:	11
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 1 day(s).

The inspection took place over the following dates and times

From:	To:
27 March 2015 09:30	27 March 2015 18:30
02 April 2015 14:30	02 April 2015 17:30

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 the first inspection of this centre and was undertaken for the purposes of informing a registration decision. The centre consists of a large detached house in a remote location within a community setting near to Rosslare harbour. This inspection primarily related to the relocation of the residents from the premises they currently live in to alternative accommodation. The plan involved six residents moving to a house, 40 kilometres away from the residents' existing house. This was to facilitate renovation work on premises throughout the service provided by Wexford Residential Intellectual Disability Services. The premises where residents were currently living were to be used to temporarily house residents from other centres managed by

Wexford Residential Intellectual Disability Services while their accommodation was being upgraded. The person in charge outlined a timeframe of approximately nine months for completion of all the works. When this was completed the existing premises that this client group live in was finally to be upgraded.

Initially inspectors assessed the new house which is not operational yet as there are no residents living there. Inspectors then met with residents and staff in the premises where residents are currently residing. The person in charge informed inspectors that six of these residents would move to Cois Cuain for the first phase of the relocation.

To facilitate the transition of residents from their current building to the two new buildings the senior nurse manager outlined that there had been engagement with the residents and their families on the proposed temporary move. Inspectors were informed that there would be a phased introduction for the residents to the new accommodation with day trips being organised, meals being cooked there and residents being shown their new bedrooms. However, nursing staff outlined to inspectors that these transition plans had not yet been developed for all residents.

During the inspection the inspectors spoke with staff and residents, reviewed documentation including resident's personal plans. The inspectors found that the centre was sufficiently staffed on the day of inspection to meet the needs of those residents present and residents were found to have sufficient access to general practitioners and allied health professionals

As part of the application to register, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be incomplete. The outstanding documents are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

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:

Transition arrangements for residents was not in place
the complaints policy required updating
fire management prevention
risk management.

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:

The inspectors reviewed resident's preferences, access to and participation in recreational activities. The inspectors spoke with staff in addition to making observations regarding resident's activation levels on the inspection and also reviewing the resident's progress notes. Inspectors were informed by staff that there were a number of options available for all residents in relation to activities. There was a clinical nurse specialist (CNS) who was responsible for leading the creative, recreational and diversional activities programmes in the day centre.

Inspectors saw that 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 day 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.

In addition, a number of residents participated in their own individualised activities; often on a one to one basis with key-workers as observed in the personal plans. 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 and some residents went on holiday.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal

possessions. Most of the bedrooms in the new temporary accommodation were single rooms with the exception of some shared double bedroom. The senior clinical nurse manager outlined that screening arrangements were to be put in place to safeguard the privacy of residents who were sharing bedrooms. There was adequate space for clothes and personal possessions in all the bedrooms. Residents were to be supported to clean their own clothes and there were adequate laundry facilities in the house.

The financial affairs of residents were being centrally managed by the organisation head office. Checks and auditing at local level of these accounts were being undertaken as confirmed by the finance manager to inspectors. Inspectors were satisfied that the process around the management of residents' finances was transparent.

On the second day of inspection one resident had to attend hospital. The person in charge outlined that this person would not have a staff member at all times during the hospitalisation. Inspectors were concerned that if there were no family members or staff present the rights of the individual to make decisions would be compromised and the resident may not be afforded the opportunity to access an advocate. This issue was also raised in the complaints log by another family member.

While there was a complaints policy it was not on display in a prominent position and it was also unavailable in an easy to read format. The policy did not identify who was the designated complaints officer. On the second day of inspection these issues had been rectified with the complaints policy on display and identifying the person in charge as the designated complaints officer.

However, the policy did not identify a nominated person with oversight of the complaints process to ensure that all complaints were appropriately responded to as required by regulation. The senior nurse manager indicated that there had only been one formal complaint in the previous 12 months and this had been managed through an investigation relating to alleged abuse. However, the inspectors reviewed the complaints log and found three other complaints in relation to service provision:

1. Lack of staff to support a resident while in hospital
2. advocacy
3. possible short term closure of the house where residents lived to facilitate building works.

There was no recording of the outcome of the complaint or any action taken as a result of the complaint or whether or not the resident was satisfied with the outcome.

Judgment:

Non Compliant - Moderate

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.

<p>Theme: Individualised Supports and Care</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Staff outlined to inspectors that all residents had deficits in communication but that all residents were supported to communicate. In the sample of healthcare files reviewed by inspectors each resident had a communication profile completed as part of their daily living and needs assessment. The communication profiles outlined how residents communicated verbally, non-verbally and their receptive language.</p> <p>Each resident had a communication care plan which provided further detail on their communication needs. Staff with whom the inspectors spoke were aware of these individual communication needs, and were observed communicating appropriately with residents during the inspection. Picture enhanced communication tools were available in the dining area with residents having place mats which identified their food likes/dislikes. Residents will also have access to the services of a speech and language therapist if required. While televisions were provided in the main living rooms, inspectors observed during the inspection residents did not actively watch the television.</p>
<p>Judgment: Compliant</p>

<p>Outcome 03: Family and personal relationships and links with the community <i>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.</i></p>
<p>Theme: Individualised Supports and Care</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: In the sample healthcare plans seen by inspectors residents had plans in place to promote social inclusion. For one resident a short term goal included undertaking a weekly walk in the locality and visiting the cemetery monthly to pay respects to his parents. The first goal of walking in the community weekly had been achieved. However, it was specifically recorded that the goal of visiting the cemetery had not been achieved due to staff shortages.</p> <p>Residents were supported to attend a day service owned and managed by Wexford Residential Intellectual Disability Services. Activities available as outlined under</p>

Outcome 1 included swimming, bowling, art therapy and music sessions. Staff outlined that while transport was available to bring residents to activities and the day service, one resident was unable to access this bus. This resident had to access a bus from another centre managed by Wexford Residential Intellectual Disability Services.

There was a policy on visiting and residents said to the inspector that families were welcome and were free to visit. A log was maintained of all visitors. There was adequate communal space in the house to receive visitors with a kitchen/dining room and a separate living room. During the inspection a number of families were present and inspectors observed some residents going out with their parents.

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):

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

Findings:

The inspector saw that there was a system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process. Written agreements were in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

There was no evidence that residents were supported in transition between services and in relocating to this centre. The clinical nurse manager outlined her proposed plans for residents including the supports that will be available during the transition period. This included that all residents were to have an individual relocation plan with input from the family. There was to be a phased introduction for the residents to the new accommodation with day trips being organised, meals being cooked there and residents being shown their new bedrooms. However, nursing staff outlined to inspectors that these transition plans had not yet been developed. This is actioned under Outcome 5.

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:

The person-centred planning folder contained a picture of the resident, personal details and family contacts. They also contained a brief outline of:

things to know about the resident

- service user profile including details of work and dayservice
- daily living and needs assessment
- personal care including physical wellbeing
- synopsis of historical medical information
- communication requirements
- medication requirements
- recreational and activities profile
- record of visits.

There was a named key worker with responsibility to ensure each resident had a personalised care plan. There were agreed time-frames in relation to achieving identified objectives with named staff members responsible for pursuing objectives with residents. In one residents person centred plan seen by inspectors included issues like, personality, appearance, skills, likes, living situation, relationships and decision making. However, as outlined in Outcome 3 there was not clear recording of whether the goals and objectives in the person centred plans were being met. In one instance it was recorded that staffing levels were preventing a resident from achieving his goals.

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 a picture of each resident.

If a resident had to attend hospital either as an emergency or as part of a planned

treatment each person-centred planning folder had a form, "hospital admission pack", available which was given to the receiving hospital. There was also a protocol available for staff to follow in relation to admissions. The person in charge outlined that while every effort was made to stay with the resident during a hospital admission this was not always possible due to resource issues. As outlined in Outcome 1 in relation to complaints this had been an issue raised by a family member in relation to a hospital admission recently. As outlined under Outcome 4 there was no evidence of transitional plans for residents to relocate to this centre.

Judgment:

Non Compliant - Moderate

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 centre is owned by the Irish Pilgrimage Trust and Wexford Residential Intellectual Disability services are renting this property for nine months so that works to bring the centre into compliance with fire regulations can be carried out in the existing premises where residents currently live. Initially six residents will be moving to this centre. The inspector found that the centre was suitable for the proposed number of residents. It was a two storey house, homely and well maintained. It is very close to a beach and a small village.

The person in charge told the inspectors that some of the residents had often dined out in the local village. The centre will accommodate six residents in two double and two single rooms. Both double rooms are ensuite and one single bedroom is ensuite. Screening arrangements will be put in place to safeguard the privacy of residents who are sharing bedrooms. There was also a main bathroom with a shower. There was a separate kitchen and dining room. There was a utility room off the kitchen. Residents could attend to their own laundry if they wished.

There was a large sitting room which was comfortably furnished. In addition there was a large room upstairs which will be a store room and other office space was available. The inspector was satisfied that residents will have access to assistive equipment where required. All personal files will be securely stored in the staff office upstairs.

There was an extensive garden area and timber decking to the rear of the centre. This area needs to be further developed to enhance the security of this area for residents.

Judgment:

Substantially Compliant

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:

Inspectors reviewed the risk management policy that was currently in use. It set out the procedure for risk assessment. It did not comply with article 26 (1) as it did not include:

- Hazard identification
- measures to control identified risks
- measures to control specified risks including unexpected absence of a resident, accidental injury, aggression and self harm,
- arrangements for incident reporting and learning from incidents
- arrangements to ensure risk control measures are proportional.

Each resident had also participated in identifying specific hazards relating to their lives. These were called proactive risk assessments and each included an analysis of whether the issue was a red, amber or green risk and also identified the controls in place to manage the issue. Items identified included for example:

- Hypoglycaemic episode (amber)
- assault (green)
- turning on hot tap (green)
- slip in the bath (green).

However the risk management policy identified a different category of risk assessment for specific hazards calling them low risk, medium risk and high risk. There was a separate safety statement which had risk assessments relating to issues like fire, manual handling, slips and stress. Inspectors reviewed the incident reporting system. In 2015 there had been one incident of resident to resident assault and two incidents of deliberate self harm by residents. The incident log for 2014 showed:

- 1 incident when a fire brigade was called due to electrical equipment "sparking" in the kitchen
- 2 resident falls

- 5 incidents deliberate self harm by residents
- 3 incidents of resident to resident assault and
- 1 medication incident when the drug was administered but this was not recorded.

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. There was an emergency plan in place which will be amended accordingly when residents are relocated.

There was a fire emergency plan which identified the arrangements in place to respond to the evacuation of the houses. All staff were to be trained in specific fire safety arrangements in relation to the temporary premises. The person in charge outlined that prior to residents moving into the house certification would be available for:

- Servicing of fire alarm system and alarm panel
- servicing of fire extinguishers
- servicing of the emergency lighting

All proposed staff had attended training in the moving and handling and a matrix was maintained centrally by the organisation to identify when refresher courses were due.

Inspectors observed that the centre was visibly clean and were told that cleaning schedules will be in place.

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:

There was a policy on prevention, detection and response to abuse. Prior to the inspection a specific incident relating to adult protection had been reported to the Authority. Documentation reviewed by the inspector demonstrated that the incident had

been followed up appropriately by the provider and an appropriate recording of the incident was available in a written format. However, the process had still not been completed. All staff had received training on the prevention of abuse.

There was a policy on challenging behaviour and the inspector saw that staff had received training on dealing with positive approaches to behaviours that challenge. From a selection of personal plans viewed by the inspectors care plans were available to manage behaviours that challenge which gave directions to staff on how best to prevent or appropriately respond to behaviour that challenges. There was evidence of support to residents from the community based psychiatry services including records of family meetings regarding residents. There was evidence that medication was under review by the consultant psychiatrist.

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. A restraint free environment will be promoted and staff spoken with were aware of the significance of using restrictive practices and there was a policy in place to guide usage.

Judgment:

Compliant

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:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Judgment:

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:

The inspectors were satisfied that if the plans discussed are implemented, the general welfare and development needs of residents will be promoted and residents will continue to be afforded opportunities for new experiences, social participation, education and training.

The clinical nurse manager outlined how they will support residents to continue to pursue a variety of interests including bowling and swimming. Care plans and daily records will document the type and range of activities that they will be involved in.

The inspector also saw that various training programmes and educational activities will be available through the organisation dependent on the individual needs of each resident.

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:

All residents were under the care of a general practitioner (GP) who regularly attended to residents' healthcare needs. The GP requested review of residents' healthcare needs by consultant specialists as required. There was correspondence on file from one consultant specialist acknowledging the difficulty in a consultation and offering to assess the resident in the designated centre. One resident had failed to keep an appointment in a clinic with a consultant and the GP had asked the staff in the centre to reschedule the appointment.

There was evidence that residents were supported to access the multi disciplinary team including community based psychiatric services and psychology services. One resident

had received a wheelchair/seating assessment by an occupational therapist in the previous 12 months. There was evidence of review by a physiotherapist as required also. Records showed that regular dental reviews were maintained for residents.

Staff told inspectors 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, were 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.

There was a policy on nutrition and hydration. Inspectors saw that residents had current swallow care plans recommended by speech and language therapists. Current nutritional assessments recommended by a dietician were also available and up to date. Inspectors saw that an eating and drinking care plan outlined that the dietician had consulted with the GP about the resident's care.

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):

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

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 on a monthly basis and on arrival was checked and signed off as correct by two staff. There were no controlled drugs in use at the time of this inspection.

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 day 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):

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

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that will be provided in the centre and will be kept under review by the person in charge. It will be available to residents and their relatives.

Judgment:

Compliant

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:

The governance and management structures required review as the person in charge and the registered provider were actively managing a number of other centres and services across a broad geographical area.

The person in charge was employed full time and was found to have the qualifications, skills and experience necessary to manage the centre. The person in charge is based in a day centre approximately 40km from this house. She is available to staff on a daily basis by phone or email and she sees residents when they attend the day service. The person in charge told inspectors that there will be a clinical nurse manager based in 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 seven different locations. The person in charge stated that this was achieved by regularly meeting with the clinical nurse managers, effective policies and procedures, on-going training of staff and regular reviews/audits of the quality of care and welfare provided to residents.

The person in charge, at the time of inspection, was progressing elements of the governance and management systems in the designated centre to ensure that improvements were made to areas such as the audit schedule and quarterly reports. The inspectors saw these efforts highlighted in a revised audit schedule which the person in charge was in the process of implementing.

The person in charge outlined that if required; she was available to be contacted by staff out-of-hours and that the clinical nurse managers 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 her team were committed and supportive managers.

The clinical nurse manager was responsible for the day to day running of the house. Inspectors saw there were formal support and supervision arrangements in place for staff which identified goals and objectives, any issues in relation to performance and training needs that staff may require. Inspectors saw that nurse manager meetings were held on a monthly basis.

As part of the application to register, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be incomplete. The outstanding documents are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

However, inspectors were not satisfied that the person in charge/nominated provider could ensure the effective governance, operational management and administration of the centre given the geographical distance between locations.

Judgment:

Non Compliant - Moderate

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:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. Adequate deputising arrangements were in place. The senior clinical nurse manager acted for the person in charge in her 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 inspectors examined staff rosters, reviewed residents' physical care and psychosocial needs in care files and met with residents and discussed with staff their roles, responsibilities and working arrangements.

The inspector was satisfied there was sufficient number of nursing staff with adequate skills and experience to meet the assessed needs of residents at the time of this inspection. The inspector found that sufficient resources will be provided to ensure the effective delivery of care and support in accordance with the statement of purpose in the temporary location

This centre was maintained to a good standard and had a fully equipped kitchen and laundry room. The person in charge and nominated provider confirmed that adequate resources will be provided to meet the needs of the residents. The inspector was informed that transport will be available within the centre to bring residents to their day services and to social outings.

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 centre had a policy for the recruitment and induction of staff. The inspector reviewed a selection of staff files and noted that the files contained all documents as required under schedule 2 of the regulations. 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 the premises.

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.

Inspectors viewed rosters for the proposed staffing levels. From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A training plan was in place for the organisation. Records of staff training were maintained. Mandatory training was up to date and there was evidence that staff had attended a range of training in areas such as infection control, clinical risk, sharps awareness and the management of behaviour that challenges.

Judgment:

Compliant

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:

Inspector found evidence of compliance in regard to records that need to be maintained in the centre as per Schedule 3 (residents' records) and Schedule 4 (general records) of the Regulations.

A directory of residents was maintained and contained all of the matters required by the Regulations. A record of residents' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. All of the written policies and procedures as required by Schedule 5 of the Regulations were in place.

Adequate insurance cover was in place. The inspectors found that systems were in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner.

Judgment:

Compliant

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:

Ide Batan
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-0004663
Date of Inspection:	27 March 2015
Date of response:	25/05/2015

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Inspectors were concerned that should a resident required hospital admission if there were no family members or staff present the rights of the individual to make decisions would be compromised and the resident may not be afforded the opportunity to access an advocate.

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

Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

WRIDS will continue to adhere to their current hospital admission policy whereby a WRIDS staff member accompanies a service user to the hospital Mon-Fri 0900-1730. This same policy outlines a plan of action for out of hours.

This policy was agreed with our colleagues in the acute services and a review meeting has been arranged

Proposed Timescale: 19/06/2015

Theme: Individualised Supports and Care

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

The policy did not identify a nominated person with oversight of the complaints process to ensure that all complaints were appropriately responded to as required by regulation.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

Complaints policy reviewed and director of nursing and individual CNM2's will be named.

Proposed Timescale: 22/05/2015

Theme: Individualised Supports and Care

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

There was no recording of the outcome of the complaint or any action taken as a result of the complaint or whether or not the resident was satisfied with the outcome.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

1.WRIDS will review our capacity to provide staff familiar with ID to support our Service Users during hospital stays

2.The complaint referenced was logged as a comment by a family member in our "Comments, Suggestions and Complaints Book", C4-013.

The nurse management team will review the use of this log, in terms of ensuring that where informal complaints have been logged, these are followed up and if the action taken and whether the complainant was satisfied or not, is documented.

Proposed Timescale: 19/06/2015

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

Theme: Individualised Supports and Care

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

Inspectors saw that a short term goal for a resident had not been achieved due to staff shortages.

Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

WRIDS will review the need to deliver the individual goals for our service users and will strive to ensure where there are unavoidable staff shortages that the goals are delivered at a different time.

Proposed Timescale: 31/05/2015

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:

There was no evidence that residents were supported in transition between services and in relocating to this centre.

Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the

provision of information on the services and supports available.

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

Transition plans were developed however they were not shown to the inspectors at this time.

Proposed Timescale: 25/05/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was an extensive garden area and timber decking to the rear of the centre. This area needs to be further developed to enhance the security of this area for residents.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

1. Decking being removed and replaced by stone paving
2. Plans in place for the erection of appropriate safety fencing

Proposed Timescale: 14/09/2015

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:

The policy did not include the measures and actions in place to control the unexplained absence of a 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:

We are revising their Risk Management Policy which will incorporate our current procedure for Missing Service user SD-21

Proposed Timescale: 19/06/2015

Theme: Effective Services

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

There was a risk management policy which set out the procedure for risk assessment. It did not comply with article 26 (1) as it did not include hazard identification.

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:

We are revising their risk management policy which will incorporate all service risk assessments

Proposed Timescale: 19/06/2015

Theme: Effective Services

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

The policy did not include the measures and actions in place to prevent accidental injury to residents, staff or visitors.

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:

WRIDS are revising their risk management policy which will incorporate all aspects as required under Regulation 26

Proposed Timescale: 19/06/2015

Theme: Effective Services

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

The policy did not include the measures or actions in place to control 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:

WRIDS are revising their risk management policy which will incorporate all aspects as required under Regulation 26

Proposed Timescale: 19/06/2015

Theme: Effective Services

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

The policy did not include the arrangements in place for incident reporting and learning from incidents/accidents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

WRIDS are revising their risk management policy which will incorporate all aspects as required under Regulation 26

All incidents are currently escalated through the Director of Nursing and Provider nominee. The learning from the analysis of these incidents / accidents will be assured by having as a standing agenda on our senior nurse managers meetings. Incident Learning corners will be enhanced

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

The risk management policy did not include the measures in place to control violence and aggression.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The measures and actions outlined in our service health and safety folder for management of violence and aggression will be incorporated in the new risk management policy.

Proposed Timescale: 19/06/2015

Theme: Effective Services

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

The fire extinguishers had not been serviced since 2013.

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 extinguishers will be serviced prior to the HSE leasing this property.

Proposed Timescale: 01/09/2015

Theme: Effective Services

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

Ensure that prior to residents moving into the house certification would be available for :

- Servicing of fire alarm system and alarm panel
- servicing of the emergency lighting.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Servicing of fire alarm system and alarm panel and the emergency lighting will be completed prior to the HSE leasing this property

Proposed Timescale: 01/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no evidence available that written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with.

Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

This documentation will be made available prior to the HSE leasing this property.

Proposed Timescale: 01/09/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Inspectors were not satisfied that the nominated provider could ensure the effective governance, operational management and administration of the centre given the geographical distance between locations of all centres under the auspice of Wexford Residential Intellectual Disability Services.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Nominated provider is currently reviewing the PIC role to ensure maximum governance and efficient operations within the centre.

Proposed Timescale: 19/06/2015