

**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-0002624
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:	8
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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 September 2015 17:30	29 September 2015 20:30
30 September 2015 10:30	30 September 2015 16:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The centre is part of Sligo Group Homes Services. This centre provided residential accommodation and support services to eight residents on the day of inspection. The residents gave their consent to the inspector to enter their home and review their documentation. The inspector met all of the residents currently being accommodated. Most residents were aware of the inspection process. The inspector also met three staff members on duty and the person in charge. Documentation such as personal plans, medical records, policies, procedures were reviewed as part of the inspection. Female residents expressed some reservations regarding the premises they were accommodated in, (These are outlined under Outcome 6) and expressed the view that they required additional intermittent staff in order to go to Mass each week and for more individual socialization in the community, (This is discussed further under Outcome 17).

The centre comprises of two detached houses located in close proximity to each

other. One is a male only house and the other caters for females. Residents had good access to nursing, medical and allied health care.

Areas of non-compliance with the Regulations included, ensuring robust fire safety arrangements were in place, provision of personal evacuation plans for residents, adequate staffing levels to ensure residents have the opportunity to attend Mass weekly and have opportunities for more individual community socialization ensuring residents privacy and dignity is respected and ongoing and annual review of the safety and quality of care provided to residents. The action plan at the end of the report identifies areas where improvements were 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.

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 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 in charge informed the inspector that all residents were living in the centre for a considerable period of time. Prior to admission a comprehensive assessment of the health, personal and social care and support needs of each resident was completed. There was evidence available on files reviewed of multidisciplinary involvement in this assessment.

Personal plans were reviewed annually and more frequently, where required however, while goals were set there was no commencement date so it was not possible to see when the goal was identified and in some instances if the goal was current. Evidence was available of attendance by the resident and a significant other together with other key personnel. Residents' participation in planning their goals was recorded within their personal plans. Some residents discussed their goal achievements with the inspector and showed the inspector their personal plans.

Most of the personal plans indicated that residents were engaged in education and activities that were meaningful and appropriate to their interests and preferences. These included day services, as well as gaining employment experience, use of public transport, attendance of social events, building up life skills, participation in sports and leisure travel. Staff and residents also outlined the arrangements for activities and relaxation within the house, such as cooking, knitting and listening to music. Residents were very complimentary of the staff and spoke with the inspector in relation to how they had been supported to personalise their bedrooms and how they were involved in the running of the centre. Residents told the inspector " we love living here, we are spoilt, we get to do what we want, the food is good and staff treat us well"

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre comprised of two, two storey houses located in close proximity to each other. One house accommodated four female residents and the other four male residents.

Female residents expressed some reservations regarding the premises they were accommodated in. There was no downstairs toilet, shower or bathroom. One lady had her bedroom downstairs. As this house has a staff that sleeps overnight, staff were concerned that if this resident tried to navigate the stairs during the night this would pose a risk to her, consequently a commode was placed in her bedroom. In the corner in one of the ladies bedrooms, the top of the stairs was evident and this posed a risk to the resident as it was raised approximately one foot and measured 4ft by 4 ft. This resident had visual impairment.

In the house that accommodates male residents, a bedroom was available downstairs off the kitchen. It was not clear if the door separating this bedroom from the kitchen provided adequate protection to the resident if a fire started in the kitchen. There was a utility room off this bedroom. The only access to the utility room which contained the washing machine and tumble dryer was to go through this residents bedroom, consequently the provider was failing to protect the privacy and dignity of this service user. Additionally there was a toilet in the utility room; this does not comply with infection control best practice.

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):**Findings:**

No overall fire safety assessment of each house had been completed. Personal emergency evacuation plans (PEEP's) were available for each resident. However these were not person centred. For example, while one resident had a hearing deficit this was not detailed in his evacuation plan and any specific control measures that would mitigate this risk to the resident were not comprehensively completed. The inspector spoke with the staff who were able to tell the inspector what they would do if the fire alarm was activated and how they would evacuate residents and described the sequence of steps to follow in an emergency and what residents would require assistance. Emergency lighting was in place however, there was no certification of this to support that it had been recently serviced.

The inspector found that fire equipment was available and servicing was up to date. Fire exit doors were unobstructed during the inspection. A fire alarm system was in place and emergency lighting was in place. There was evidence that staff and residents had undertaken fire drill records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors were recorded and deficits addressed in subsequent drills. No night time fire drills had been completed. Fire safety training was carried out on a yearly basis.

While some consideration had been given to the health and safety of residents, visitors and staff an overall environmental audit of risks had not been completed to take into consideration any risks posed to residents using the centre, for example the provision of a bedroom located directly off the kitchen, opening and closing of doors, the use of the stairs, use of kitchen appliances, and the protruding top of the stairs in a bedroom.

An emergency plan was in place that specified responses by the staff of the centre in relation to possible emergencies. A risk management policy and a safety statement was in place, this had been reviewed recently. A system was in place to manage adverse events. An accident/incident report was completed for all incidents and these were reported to senior personnel. There had been no recent incidents or near misses recorded.

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:

The inspector saw that there were measures in place to protect residents from being harmed or suffering abuse. No allegations of abuse have been reported from this centre. There was a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse.

The inspector communicated with staff, who confirmed that they had participated in relevant training and were knowledgeable with regard to what constitutes abuse and their duty to report any allegation of abuse. They supported that this should be fully investigated and protective procedures put in place for residents.

The inspector saw that where residents' challenging behaviour necessitated intervention that every effort was made to identify and alleviate the cause of it.

Staff demonstrated that they had knowledge of the behaviours that are challenging for residents. A restraint free environment is promoted. There were no restraints in place at the time of this inspection. Staff described good access to the behaviour therapist if required.

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, within three working days. As this centre had recently

been reconfigured to become a designated centre there have been no notifications to date from this centre. As no incidents have occurred in this centre since the commencement of registration a nil return notification is required.

Judgment:

Substantially 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:

From an examination of documentation and from discussion with residents and staff it was evident that residents are supported on an individual basis to achieve and enjoy good health. A health care plan was available in each resident's care planning documentation. Staff reported that all residents were healthy at the time of inspection. Staff described a good working relationship with the local general practitioners and an out of hour's service was also available. Services to include physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, mental health and dietetics are available via referral to the HSE.

Healthcare needs were monitored and treatments were implemented as recommended or prescribed. There was good access to allied health professionals including behavioural therapy, occupational therapy, dietician, dental and neurology. A variety of foodstuffs of a healthy nature were available for residents. The inspector saw that residents had a home cooked dinner of lamb chops, vegetables, potatoes and gravy. Residents cooked their meals with the assistance of staff. Residents told the inspector that they regularly went out for tea and often enjoyed Sunday lunch in local restaurants as part of a social outing. Snacks and drinks were freely available.

Residents' records showed that their weights were monitored. There was evidence that residents were able to choose their own foods. Weekly meetings were where residents choose the menu for the week and composed the shopping list.

Staff support residents to access community health services as/when required. Families are engaged in this process in line with individuals/family's wishes. Health promotion initiatives were also in place.

Residents cooked their meals with the assistance of staff. Residents told the inspector that they regularly went out for tea and often enjoyed Sunday lunch in local restaurants as part of a social outing. Snacks and drinks were freely available.

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:

The medication management policy was being reviewed at the time of inspection by the policy procedure and guidance group.

All medications were administered by a care worker but no care staff had completed safe medication management training or completed any practical competency assessments with regard to medication administration. The person in charge informed the inspector that a two day course in safe administration of medication was planned for all care staff. Each resident's medication was supplied in a blister pack. These were stored securely. No resident was self-administering their medication at the time of this inspection.

The inspector reviewed the prescriptions and medication administration records and found that they were clearly written, however the residents' date of birth and General Practitioner name was not recorded on all charts reviewed. Additionally there was no space on administration charts for recording comments on withholding or refusing medication.

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 inspector saw that there is a clearly defined management structure that identifies the lines of authority and accountability and staff on duty were able to explain the structure and identify their line manager to the inspector. The person in charge is a registered Nurse – Intellectual Disability (RNID) having qualified in 1985 and has always worked in disability services post qualification. She is supported in her role by two experienced qualified nurses. The post involves the management of nine houses, a resource centre and the day service. As she has worked as nurse in this centre for many years she displayed good knowledge of residents. Residents and staff were familiar with the person in charge and confirmed they saw her regularly. Regular staff meetings were held.

An annual review of the quality and safety of care and support in the designated centre was not available. The provider was aware of her responsibility to carry out a bi-annual unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. No unannounced visits by persons nominated by the provider had occurred in the centre to date.

Judgment:

Non Compliant - Moderate

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:

Female residents spoken with by the inspector expressed the view that they required intermittent staff in order to go to Mass each week and for more individual socialization in the community.

From discussion with staff and review of the roster it was evident that there were occasions when additional hours were available to ensure person centred care, however there were not adequate hours to meet the needs of the residents. Staff demonstrated that they had good knowledge of the residents and their needs. They voiced the view that the ethos of the model of care provided emphasised the rights of residents being protected and ensuring that they were enabled to exercise choice and control over their

lives in accordance with their preferences while maximising their independence.

Where staff were on annual leave or absent regular relief staff replaced them. The Person in Charge regularly visited the residential houses on an ad hoc basis to see staff and residents and met with residents in day services. An on call out of hours rota was in place and staff told the inspector that any time they required support it was available.

Mandatory fire and safeguarding training for all staff was up to date.

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-0002624
Date of Inspection:	29 and 30 September 2015
Date of response:	27 January 2016

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:

While goals were set there was no commencement date so it was not possible to see when the goal was identified and in some instances if the goal was current.

1. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

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

New goal tracking sheets have been added to the care plan file which indicate commencement dates and allow for easy tracking of progress on identified goals

Proposed Timescale: 27/01/2016

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 no downstairs toilet, shower or bathroom.

In the corner in one of the ladies bedrooms, the top of the stairs was evident and this posed a risk to the resident as it was raised approximately one foot and measured 4ft by 4 ft.

In the house that accommodates male residents it was not clear if the door separating this bedroom from the kitchen provided adequate protection to the resident if a fire started in the kitchen.

The only access to the utility room was to go through a residents bedroom,

There was a toilet in the utility room; this does not comply with infection control best practice.

In the corner in one of the ladies bedrooms, the top of the stairs was evident and this posed a risk to the resident as it was raised approximately one foot and measured 4ft by 4 ft. This resident had visual impairment.

2. 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:

HSE estates dept has been informed of the need to acquire suitable single story accommodation (two separate buildings) for this group of Service Users. When a premises is identified in the desired location (Sligo town environ) it will be leased by the H.S.E.

Proposed Timescale: 01/01/2017

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:

An overall environmental audit of risks had not been completed to take into consideration any risks posed to residents using the centre, for example the provision of a bedroom located directly off the kitchen, opening and closing of doors, the use of the stairs, use of kitchen appliances and the protruding top of the stairs in a bedroom.

3. 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:

An environmental audit will be carried out to identify any risks posed to the Service Users in accessing all areas of their community group home.

Proposed Timescale: 30/03/2016

Theme: Effective Services

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

No overall fire safety assessment of each house had been completed.

Personal emergency evacuation plans were not person centred.

Emergency lighting had no certification of this to support that it had been recently serviced.

Fire drill records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors were recorded and deficits addressed in subsequent drills.

No night time fire drills had been completed.

4. 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:

Peeps forms have been completed and night and day fire drills are carried out and documented. Times and impediments outlined.

Proposed Timescale: 28/02/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

As no incidents have occurred in this centre since the commencement of registration a nil return notification is required

5. 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:

A nil return form will be returned

Proposed Timescale: 27/01/2016

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:

No unannounced visits by persons nominated by the provider had occurred in the centre to date.

6. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Unannounced visit by the PIC will commence using the Quality and safety Walk-round audit tool.

Proposed Timescale: 31/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Female residents expressed the view that they required assistance of staff in order to go to Mass each week and for more individual socialization in the community.

7. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Support staff are rostered to enable Service Users to attend mass and other activities decided at their weekly meetings.

Proposed Timescale: 27/01/2016