

**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-0002632
Centre county:	Wexford
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Brigid Murphy
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 March 2016 10:00 To: 24 March 2016 19:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an unannounced inspection and was to monitor the level of compliance with regulations. The centre was part of the Health Services Executive South East Region and was currently supporting 10 residents and comprised of one large detached house with 10 individual bedrooms.

The inspection took place over one day and as part of the inspection process, practices were observed and relevant documentation reviewed such as care plans, health care records and policies and procedures. The inspector also met with and spoke to residents, family members and staff over the course of the inspection. Family members were very complimentary of both the staff and the service and reported that they were very happy with the level of care provided by the centre.

The person in charge, clinical nurse manager level one (CNM I) and staff members demonstrated their knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process. The person in charge and CNM I also facilitated the inspection.

Over the course of the day the inspector found the person in charge and all staff to be courteous, supportive and helpful with the inspection process. The inspector found that a good level of service was provided to the residents however, improvements were required with regard to the staffing arrangements and fire safety.

Of the seven outcomes assessed three were found to be compliant, including safeguarding, healthcare needs and medication management. Moderate non compliances were found in workforce and risk management while social care needs and governance and management were found to be substantially compliant.

These matters are discussed in more detail in the body of the report and in the action plan at the end of the report.

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:

While arrangements were in place to provide for the everyday social care needs and supports for each resident residing in the centre, some activities had to be rescheduled or cancelled due to issues with staffing levels.

From a sample of files viewed each resident had a personal plan in place which aimed to support and improve outcomes for them. Personal plans were reviewed annually or sooner if and where required. The inspector noted that the centre was in the middle of updating each resident's personal plan by utilising a new system of identifying and recording important issues relevant to each resident, including their long and short term goals. These new plans took into account the residents social care needs, and overall health and emotional wellbeing. The plans involved multi disciplinary support, such as speech, and language therapy, psychology and occupational therapy and would be informative of the communication needs of each resident, how they were to be supported, their intimate care support needs and social care needs.

From a sample of plans reviewed the inspector noted that each resident had opportunities to participate in activities which were meaningful to them. For example, some residents attended day services where they participated in sensory and stimulating activities which they liked. Some residents particularly liked hydrotherapy and this was facilitated on a weekly basis at a nearby facility. Other residents liked swimming, bowling and going to the beach.

Residents were also supported to use their local communities and from a sample of files viewed, residents were supported to frequent the local shops, restaurants, barbers, cinema, go on trips to town and attend church. On the day of inspection the inspector observed one resident being supported to go to into town to have their hair cut.

However, some goals identified for some residents were basic in nature. For example, one goal identified for a resident was to go for a meal with their peers. The person in charge informed the inspector that the new recording and planning system would address this issue and better support identifying and implementing goals for each resident.

The inspector also observed that due to inconsistencies in staffing arrangements some social activities were cancelled and/or had to be rescheduled. For example from speaking with staff members and reviewing a sample of staff rosters the inspector observed that on occasion there were not adequate staff numbers in place to ensure all residents got to participate in their daytime activities away from the centre.

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:

The inspector found that arrangements were in place to ensure that the health and safety of residents, visitors and staff was promoted and there were policies and procedures in place for risk management and emergency planning. However, issues with regard to the evacuation of clients during fire drills were identified.

A risk management policy was in place and was updated in 2015 along with the risk register. However, the risk register was a comprehensive document specific to risk related to the entire organisation. This in turn meant that some of the risks being identified were not relevant to the centre under inspection. The person in charge and Clinical Nurse Manager level one (CNM I) informed the inspector that a process had commenced whereby risk was being identified at centre specific level and that it was now a priority to further progress this work. The key areas the centre were focussing on first were risk associated with falls, fire and restrictive practices. The inspector examined some of the work currently being undertaken and was assured that the centre had commenced the identification of risk at local level and were putting steps/actions in place to mitigate such risk. On viewing the documentation on risk at local level the

inspector was satisfied that risk was being identified in the centre along with actions to mitigate such risk.

There was adequate means of escape, including emergency lighting, and fire exits were seen to be unobstructed. There were prominently displayed procedures for the safe evacuation from the centre in the event of fire. The fire alarm was serviced and maintained on a regular basis as was the fire safety equipment by an external fire consultancy company. The fire alarm and emergency lighting were last tested in February 2016. Records of all repairs and maintenance of all fire equipment was kept in the centre.

Fire drills were held at regular intervals and fire records which included details of fire drills were maintained. All staff were trained in fire safety and safe evacuation procedures. Personal emergency evacuation plans and procedures for each resident were also completed and held in their personal files. The inspector observed that at the last fire drill one resident was reluctant to leave the centre. While this was recorded, there was no plan of action on how to address this should it occur in the future.

The inspector also observed that out of the ten residents residing in the centre, nine were non ambulant and one required the use of a hoist. While the last fire drill informed that it took just over three minutes to evacuate the centre, it was observed that there was no standardised plan or arrangements in place for staff to adhere to in the event of an evacuation. The person in charge informed the inspector that this would be addressed as a priority going forward.

From a sample of files viewed all staff had the required training in patient handling and fire safety. The inspector also observed that there were adequate hand sanitizing gels and warm water throughout the centre.

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 found that arrangements were in place to keep residents safe in the centre.

There were policies, procedures and training arrangements in place to keep residents safe and protect them from abuse. For example, there was a policy on and procedures in place for safeguarding residents which staff were trained on. Safeguarding training was also up to date for all staff working in the centre. From speaking with a number of staff the inspector was satisfied they could adequately manage any allegation of abuse in the centre and they made explicit reference to the safeguarding policy on site and knew the appropriate reporting procedures.

There was also a policy in place for providing personal intimate care, which was informative of how best to support each resident whilst maintaining their dignity, privacy and respect.

Arrangements were in place to ensure the person in charge monitored the systems put in place to protect residents and ensure that there are no barriers to staff or residents disclosing any issues of concern. Staff working in the centre were also able to identify who the nominated person was, if they had any safeguarding concerns.

Systems were described and outlined in policy documents to ensure any incidents, allegations or suspicions of abuse were recorded, appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

All residents required some level of support from staff with managing their individual finances. Systems were in place to ensure that all residents' monies were safe and could be accounted for. From a sample of files viewed, the inspector observed that receipts were available for all purchases made by residents. Their monies were also checked daily by the staff on duty. On viewing a sample of residents' finances the inspector was satisfied that no issues or discrepancies were identified with regard to residents personal finances.

There was a also policy in place for the provision of positive behavioural support. From a sample of files viewed all staff were fully trained in managing behaviour that was challenging including de-escalation and intervention techniques as required. Again from speaking with and observing staff during the inspection, the inspector was able to determine that they could put the behavioural support plans into everyday practice. Positive behavioural support plans were regularly reviewed and updated with multi disciplinary support.

Some restrictive practices were in use in the centre and there was a policy in place on this. The inspector observed documentation kept by the person in charge on the use of restrictive practices. The documentation was informative of where restrictive practices were in place, how each restriction impacted on each resident and plans in place to reduce or eliminate each restriction.

The person in charge and the CNM I also informed the inspector that there had been a significant reduction in the use of restrictive practices over the last three months. For example, some doors were no longer locked and residents had access to the kitchen if they so wished. Staff also informed the inspector that they were continuing to review the issue of restrictive practices with the ultimate aim of eliminating and/or reducing the need for them. Again for example, one resident had bed rails in place as they were at risk of falling at night time.

The person in charge informed the inspector that the resident in question had recently been reviewed by the physiotherapist. The results of that review informed that in order to remove the bed rails the resident would require a high/low bed along with a crash mat to mitigate a risk of falling at night time. The inspector saw that both pieces of equipment had been purchased for the resident and were just waiting to be installed.

PRN medication was also in use however, the inspector observed that it was subject to regular review by the consultant psychiatrist and there were strict protocols in place regarding its administration to each resident. Staff spoken with by the inspector were informed of the guidelines and procedures regarding the use of PRN medication and informed the inspector that it was only used only as a last resort. PRN medication was also audited and monitored closely by the PIC and CNM I. On checking a sample of the audits the inspector found that that PRN medication could be accurately accounted for.

The person in charge was fairly new to her role however, the inspector was satisfied that she was making adequate arrangements for the review, elimination and reduction of use of all restrictive practices in the centre. For example, documentation viewed by the inspector informed that since January 2016 there had been a significant review off restrictive practices in use in the centre, which had led to a reduction and/or elimination of it being used.

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:

The inspector found that arrangements were in place to ensure that residents health care needs were regularly reviewed with appropriate input from allied health care professionals where and when required.

The person in charge informed the inspector that arrangements were in place in relation to residents having access to the local GP, psychiatrist and a range of other allied health care services as and when required.

From a sample of files viewed the inspector observed that residents had regular GP check-ups and clinical observations and treatments were provided for. Consultations with the dentist, optician, dietician, occupational therapist, speech and language therapist and physiotherapist were provided for as and when required. Positive mental health was also provided for and where required residents had access to psychology and psychiatry support.

Special conditions such as diabetes were also provided for. For example, one resident with diabetes had a specific care plan in place to manage the condition and was supported by input from a clinical nurse specialist.

The inspector found that arrangements were in place to ensure residents' nutritional needs were met to an acceptable standard and residents weights were recorded on a monthly basis. Meals were prepared by a centralised kitchen and delivered on a daily basis to the centre.

While mealtimes were observed to be relaxed and taken at the residents pace the inspector observed that staff did not sit with residents during their meal on the evening of the inspection. The person in charge informed the inspector that this was not the norm and that staff would usually sit and chat with residents during meals. However, the inspector did observe that staff were in the dining room and/or kitchen area with the residents at meal times and served food/provided support as required.

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 inspector found that the medication management policies were satisfactory and that practices observed during the inspection were suitable and safe.

A locked drug press secured in the staff office was in place and medication prescription records were available that included sufficient detail to ensure safe prescription, administration and recording standards. The inspector observed that there were nursing staff on duty at all times of the day and night and it was the policy of the centre that only nursing staff would administer medication.

A review of a sample of rosters confirmed for the inspector that there was always a nurse on duty in the centre. On the day of inspection the inspector witnessed a nursing staff member administering medication and it was observed that she adhered to the policies and procedures regarding the administration of medication to the residents.

Appropriate arrangements were in place for the handling and disposal of unused and/or out of date medications.

There were no controlled drugs in use in the centre and systems were in place for monitoring the level of medication kept on the premises. For example, the person in charge regularly audited all medicines and from viewing a sample of these audits the inspector observed that all medications in use in the centre could be accounted for at all times.

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:

There was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. From speaking with the person in charge it was evident that she had an in-depth knowledge of each resident's support needs. She was also aware of her statutory obligations and responsibilities with regard to management of the centre.

The person in charge was supported by a CNM I a team of suitably skilled and qualified staff. The inspector found that the person in charge provided good support, leadership and direction to her staff team.

Internal audits of the centre were found to be routinely undertaken by the person in charge. From a sample of audits viewed the inspector observed that when an issue was identified it was being actioned accordingly. For example, the last internal audit identified the need for some fire equipment to be serviced and checked more regularly. By the time of inspection systems had been put in place to address this issue adequately.

Unannounced visits were also facilitated and again where actions were being identified the inspector observed that they were being addressed. For example, the last unannounced visit identified there was an issue with cleanliness in certain parts of the centre. Again this issue had been actioned and addressed by the time of inspection.

However, the annual review of the quality and safety of care and support of the centre was a work in progress. While review templates had been designed and there was a plan of action in place to commence this process, it had not been facilitated 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:

While the inspector found that there were caring, skilled and competent staff working in the centre and on duty during the course of the inspection it was also found that staff levels required review.

A selection of staff files were reviewed over the course of the inspection and all contained the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

All staff were appropriately trained for their roles, and from viewing a sample of training records, they had the required mandatory training to support the residents. The person in charge also informed the inspector that all staff were supervised according to their role and responsibilities.

From a sample of supervision notes viewed, the inspector observed that the supervision process was supportive to staff working in the centre. For example, one health care assistant wished to undertake a third level course appropriate to their role. During the course of the supervision process, a course was identified and the health care assistant was to be supported to attend the course by the provision of funding and study leave.

However, and as identified in Outcome 5: Social Care Needs, the inspector observed that at times staffing arrangements required review to meet all the assessed social care needs of the residents. From speaking with a number of staff and from reviewing the roster the inspector established that there were two staff members on long term leave. They were being replaced by agency staff. However, sick leave and or other unforeseen staff absences resulted in some residents not getting to engage in some of their daily activities or attend their day activation service.

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:

Raymond Lynch
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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-0002632
Date of Inspection:	24 March 2016
Date of response:	20 April 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

On occasions the systems in place were not adequate in meeting the social care needs of all residents residing in the centre.

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

1. Action Required:

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

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

1. Whilst in the process of completing new personal care plans emphasis will be placed on reviewing and developing of resident's goals specific to their social care needs. 30th of June

2. Following a previous campaign we are awaiting clearance of 3 new Nurses and another local recruitment campaign is currently being processed for approval. August 2016

Proposed Timescale: 31/08/2016

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:

Adequate arrangements were not in place for the evacuation of all residents in the event of a fire in the centre.

2. Action Required:

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

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

The PIC has been in contact with the Assistant Chief Fire Officer with Wexford County Fire Service, I have requested the Fire Certificate file which has now been sourced and he is visiting the centre on Tuesday the 3rd of May to advise us on the development of the fire evacuation protocol for staff and Resident's.

Proposed Timescale: 31/05/2016

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:

An annual review of the quality and safety of care and support of the centre had not been facilitated in the centre to date.

3. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The inspector noted that much of the information relevant to the annual review was evident during inspection. The PIC is currently researching a suitable template and is in the process of formulating this review.

Proposed Timescale: 31/08/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The numbers of staff required review.

4. 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:

1. Statement of Purpose has been reviewed to address same
2. Following a previous campaign we are awaiting clearance of three new Nurses and another local recruitment campaign is currently being processed for approval.

Proposed Timescale: 31/08/2016