

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Crescent Project
Centre ID:	OSV-0002413
Centre county:	Louth
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundalk Simon Community
Provider Nominee:	Michele Ryan
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Michelle McDonnell
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 September 2016 10:00 To: 07 September 2016 19:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 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

Background to the inspection:

This was an announced follow-up registration inspection. The inspection was taken on foot of an application to register by Dundalk Simon Community. Previously an 18 Outcome inspection of this centre took place on 6 and 7 October 2015. It was found to be non-complaint across a range of outcomes at that time. As part of this inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection. The inspectors found that most of these actions had been completed in line with the provider’s action plan response.

How we gathered our evidence:

As part of this inspection, the inspectors met with three residents; spoke with three staff members, including the person in charge (PIC); one family member and two staff that worked with the residents in the community as part of their day services. Residents were positive in their comments about living in the centre. Documents such as personal plans, risk assessments, fire safety checks and drills, medication

records and emergency planning within the centre were also reviewed.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. Overall the inspectors were satisfied that residents were experiencing the service described. The centre was a three story terraced house that accommodated four male residents who had intellectual disabilities and were at risk of homelessness.

Residents' bedrooms were individually decorated with photographs of family and friends and posters that reflected individual tastes. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There was a communal area, kitchen, laundry and garden for the residents to use. The house was located within walking distance of a large town and residents described the local public transport and amenities they used regularly.

Overall judgment of our findings:

Of the 13 outcomes assessed 11 outcomes were found to be compliant or substantially compliant. Two outcomes were found to be moderately non-compliant, Outcome 7; Health and Safety and Risk Management and Outcome 18; Records and Documentation.

The person in charge (PIC) had been newly appointed in March 2016 and the inspectors found that this had strengthened the governance and management of the centre. Compliance with the regulations was found in areas such as; residents' social care needs, regularly reviewed and support planning and intervention reflected the needs of residents. Improved safeguarding measures were in place also.

Residents that required behaviour management were now supported in line with comprehensive person centred support planning which had been developed by the person in charge. Residents were also supported to have the best possible health. The provider had carried out comprehensive six monthly audits of the centre and had also drafted an informative annual report based on the findings of the six monthly audits.

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found arrangements in place to promote the rights, privacy and dignity of residents, and for residents to participate in decisions about their care. Non-compliances found during the previous inspection had been addressed. However, improvement was required with regards to the centre closing at Christmas and the impact of this on residents' right to choose where they spent the holiday period.

Arrangements were in place to ensure residents were consulted with, and participated in, decisions about their care and about the day-to-day running of the centre. Residents had been involved in the decoration of their bedrooms and purchasing new furniture and equipment for their bedrooms, such as televisions and chairs. Arrangements were in place for residents to maintain control over their personal possessions. A policy on management of residents' personal possessions was in place to ensure they were appropriately respected, accounted for and safeguarded against theft or damage.

CCTV was used in the perimeter of the centre for security purposes. A policy and procedure for its use was in place. Residents were aware of what the CCTV monitored and used the system, which monitored the front and back door before opening the door to visitors.

The statement of purpose indicated the centre closed at Christmas, during this period residents went to their families or friends. However, there was no evidence to indicate residents had a choice with regards to staying in the centre at Christmas time. The provider and person in charge stated the closure of the centre at Christmas was under review as they had identified that closing the centre may not be in the best interests of

some residents who would required specific safeguarding measures in place for home visits.

Residents had access to advocacy services. Three of the four residents living in the centre had met with their independent advocate. Another resident had declined to met them but indicated they may do so on a later date. Residents spoken with were knowledgeable of how an advocate could help and they had a contact phone number.

Residents were also supported in obtaining a bank or savings account. The person in charge actively supported residents to be as independent as possible in the management of their personal finances and had encouraged residents to avail of the services of an independent advocate to support them in their decision making with regards to the management of their personal finances.

The residents were also able to tell inspectors who they could make a complaint to. A comment box located in the kitchen could be used by residents to log a complaint they wished to make. A complaints log was maintained in the centre. Inspectors reviewed the complaints log.

Complaints had been managed and responded to in line with the complaints procedure for the centre and indicated that residents were satisfied with the outcome of the complaint. The complaints log also indicated substantial improvements in outcomes for residents on foot of making their complaint. For example, there were actions taken to improve life skills for a resident where they would participate in a sexuality and relationship course which they were happy to do.

Residents spoken with told inspectors they were happy with the range of activities available to them. Residents had interests and hobbies they liked to engage in and this was supported. Some residents enjoyed going to the cinema and regularly engaged in this hobby on a weekly basis. Other residents enjoyed sports and supporting local football and local Gaelic athletic teams. They were supported to participate in this activity regularly which they said they really liked.

Judgment:
Substantially 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall inspectors found previous non compliances found in relation to personal planning for residents' social care needs had been addressed to a good standard by the new person in charge. A comprehensive social care needs assessment had been undertaken for each resident with associated support planning and goals identified for each resident in consultation with them, their representative and/or family.

Inspectors reviewed a selection of personal plans which were comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care needs, goals and activities that were meaningful to them. There was evidence of a comprehensive assessment implemented and ongoing monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. Residents' assessment of needs included educational, leisure time activities, general likes and dislikes, nutrition and food preferences, intimate care and personal hygiene, independent living skills, social skills, behaviour assessments and in some instances capacity assessments.

Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates and medication management assessments.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Some goals achieved by residents included securing paid employment in a place they had been going to for four years for work experience. After acquiring paid employment they were learning budgeting skills and had developed personal savings goals.

Other goals identified for residents included stress management skills and attending training in relationships and sexuality. There was evidence of review and assessment of residents' goals and plans on an ongoing basis.

All residents could have a copy of their individual personal plans in an accessible format specific to their communication styles and abilities if they wished. Residents spoken with were knowledgeable of their goals and described some of the action plans that they were implementing to achieve those goals.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The location, design and layout of the centre was suitable for its stated function. Actions from the previous inspection with regards to the premises had been addressed to a good standard. A resident had been supported to move to a more suitable bedroom within the centre which addressed a non compliance found on the previous inspection.

The centre was clean, suitably furnished, decorated and well maintained. The centre had recently been decorated and refurbished in a number of areas. New wooden floors had been fitted throughout the centre which could be easily maintained and cleaned. Residents' bedrooms had been painted and re-decorated in line with their personal preferences. Some residents had chosen to add stencils of their favourite football teams on their bedroom walls. Others had furnished their rooms with comfortable armchairs, new curtains and bed linen.

The provider had also ensured areas in bathrooms that had presented with mould as was found on the previous inspection, had been treated and repainted with specific paint to prevent mould from re-occurring again.

The person in charge had also undertaken to improve the garden space to the rear of the property. Overgrown shrubbery had been cut back and a gate and fencing had been fitted to the rear of the garden which promoted privacy and security for residents living in the centre. All residents could access the garden space and exit through the gate to the rear of the garden with the use of their own key.

Previously inspectors had found there were a number of electrical wires and extension leads in the premises which could pose a trip hazard and potential fire hazard. It had also been found that the electric power in the centre would cut out when the washing machine and dryer were in use at the same time. The person in charge had addressed this issue by employing the services of an electrician to visit the centre. Extra electricity sockets were fitted in the centre which addressed the residents over reliance on extension leads. The electrician had also assessed the wiring in the centre and made improvements. A new washing machine and dryer had also been purchased for the centre.

The centre had a kitchen which had sufficient cooking facilities and equipment. It also provided an adequate number of toileting/shower and bathing facilities for residents.

The house had suitable heating, lighting and ventilation. A bedroom which had been allocated for the staff office and sleep over room had now become a bedroom for a resident in the centre.

This change was important as the bedroom the resident had been using was not fit for purpose. The room had no window and was too small to fit any furniture other than a single bed. The improved bedroom arrangement now meant the resident had a brightly lit, well ventilated, comfortable bedroom which contained a fitted wardrobe, table, chair and flat screen television. The resident said they were much happier with their bedroom arrangement now and used their bedroom regularly as a space to watch TV and relax.

Judgment:
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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health and safety of residents, visitors and staff was promoted in the centre in the most part. Fire safety and management procedures were in place and regularly reviewed. Actions from the previous inspection report had been addressed. However, there were still improvements required with regards to the fire and smoke containment measures in the centre and some aspects to the management of fire drills.

Infection control measures met the needs of residents and suited the purpose and function of the centre. Actions from the previous inspection had been completed. A full cleaning schedule for the centre was in place and audited by the person in charge on a regular basis. All hand-washing sinks were supplied with soap and paper hand towels to support residents and staff engage in good hand hygiene. Colour coded mops and buckets were used to clean designated areas of the centre.

The risk management policy met the requirements of the Regulations and was implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

There was an up to date health and safety statement which addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents. Hazards were identified

with control measures in place. All accidents and incidents were recorded in a risk register with control measures documented and a risk analysis rating against each risk identified. The person in charge had also included in the general maintenance schedule for the centre that the fire escape metal stairs to the rear of the building be power washed at least every quarter to ensure there was no collection of moss. She had also scheduled the stairs to receive a coat of non-slip paint to further prevent the likelihood of slips or falls if it were to be used.

Fire safety and management policies and procedures were centre-specific and up to date. Fire evacuation notices and fire plans were displayed in the centre. Individual personal evacuation management plans were documented for residents and implemented as part of fire drills in each residential unit. The response of residents during fire drills was documented and also the length of time the drills took. The inspector examined the fire safety register with details of all services and tests all of which were up to date. All fire evacuation doors in the premises were fitted with thumb turn devices which ensured residents, visitors and staff could evacuate from the premises without the necessity of using a key.

Regular fire drills took place and records reviewed by inspectors confirmed that they were undertaken approximately once a quarter. However, there were two distinct fire exits in the premises. One of which was on the first floor of the centre. While fire drills were carried out successfully with residents they only involved residents evacuating from the premises on the ground floor and during waking hours. The person in charge was required to implement drills which would simulate residents needing to evacuate at night time whereby they would need to use the fire exit on the first floor.

The lead inspector however, identified there were inadequate smoke and fire containment measures in the centre. No door in the centre appeared to be fire rated, there were no smoke seals or intumescent strips on doors to high risk areas in the premises. The washing machine and dryer in the centre were not contained in fire compliant area but rather in the hallway which was not in line with fire safety containment measures. A report by Louth County Council dated 2014 had also identified these fire safety issues as an issue. The provider was required to address the fire safety recommendations set out in a report by Louth County Council fire officer to ensure the premises was in line with the fire officer's recommendations.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were appropriate measures in place to protect residents from experiencing abuse, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Actions from the previous inspection in relation to lack of behaviour support planning and a policy to guide its implementation had been addressed adequately.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training in safeguarding vulnerable adults. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy in place for the management and response to behaviours that challenge and there were good systems in place for the management of these behaviours. Residents were supported to avail of community psychiatric services if required. The person in charge was a qualified psychotherapist and implemented these skills with residents on an ongoing basis where required.

Residents who could display behaviours that challenge had behaviour support plans in place where necessary. Possible triggers and appropriate interventions and avoidance mechanisms were documented. Where residents required supports therapeutic management practices were in place and every effort was made to alleviate triggers and stressful situations for residents that may cause them to engage in behaviours that challenge.

A restraint free environment was promoted throughout the centre. The policy for restrictive practices required some review to reflect the manner in which PRN (as required) medication for the management of behaviours that challenge was outlined in the medication management policy. This is further referenced in Outcome 18: Records and Documentation.

Residents were encouraged to advocate for themselves, know their rights and encouraged to make a complaint which provided further assurances that the centre was a safe place for residents to live in. Questionnaire feedback from residents and their families was positive and residents indicated they liked living there and felt safe. Residents spoken with told inspectors that they would tell the person in charge if they were upset or unhappy. They understood that their rights and said they could tell any member of staff if they experienced any form of abuse. All residents spoken to said they felt safe living in the centre.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found significant improvements had been made with regards to the assessment and management of residents' healthcare needs. The actions from the previous inspection had been addressed to a good standard.

Since the previous inspection the person in charge had arranged all residents to attend their general practitioner (GP) for an annual health check. These health checks had proved important for residents as in one instance a resident had been found to have diabetes, high cholesterol and high blood pressure. Since their diagnosis they had begun a treatment plan which had proved to be working for them and their blood pressure had reduced significantly since starting it.

The person in charge had also arranged for the resident to attend a six week workshop on managing diabetes specifically tailored for people with intellectual disabilities. The person in charge would support the resident to attend the workshops. The resident would learn about healthy eating, management of carbohydrates and medication management for their diabetes condition. This was evidence of residents being supported to take care of their health and learn about health promotion.

Inspectors reviewed a sample of healthcare plans. Those reviewed showed follow-up appointments to allied health professionals were being made and referrals monitored. Appointments that related to healthcare plans were also on the current weekly schedule. During the inspection one resident received a visit from an allied health professional as part of the management of an identified healthcare need. The resident told inspectors

they found the visit from the allied health care professional a very important and useful service and they benefited greatly from it.

Residents were involved with meal planning, food shopping and preparation of meals in the centre. Residents told inspectors that they cooked their own meals and inspectors observed residents chatting to staff whilst having their lunch during the inspection. Residents and the person in charge described how they were learning life skills in their day programmes, these life skill training workshops incorporated learning cooking skills and what healthy food was and how to make nutritious meals.

Inspectors found the actions from the previous inspection relating to healthcare and nutrition management had been addressed to a good standard.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, residents were protected by the centre's policies and procedures for medication management. Actions from the previous inspection had been addressed to a good standard.

All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices.

Staff involved in the administration of medications had now attended safe administration of medication training which addressed a non compliance found on the previous inspection.

Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication were stored securely in the centre in the staff office in a lockable filing cabinet. To address the previous non compliance found the person in charge had ensured all residents' medications were individually stored in labelled boxes with the resident's photograph in situ. Residents were now also receiving their medication in a pre-packed

blister pack from their pharmacist which clearly identified the resident the medication was intended for and would reduce the likelihood for medication management errors.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection.

Regular medication audits by the assistant manager in the centre were carried out to ensure medication management systems were in line with the policies and procedures of the organisation and to ensure best practice. Where medication errors occurred there was evidence of prompt review by the person in charge to ascertain the cause of the error and to quickly and efficiently address the issue to prevent it from occurring again.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that whilst the statement of purpose had been updated it still did not meet the requirements of the Regulations.

The statement of purpose did not include the following:

- the full-time equivalents of all staff in the centre
- the section on complaints does not make clear specific arrangements used in the centre
- the emergency procedures for fire safety management in the centre.

Judgment:

Substantially 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was evidence to indicate that the quality of care and experience of the residents living in the centre would now be monitored on an ongoing basis. Effective management systems had been implemented by the provider to support and promote the delivery of safe, quality care services in accordance with the statement of purpose.

The inspector had interviewed the person in charge in the weeks prior to the inspection at a meeting the Health Information and Quality Authority offices. During this meeting the person in charge's fitness was assessed and the inspector found her to be a fit person to manage the centre with the necessary skills, experience and training.

The inspector also assessed the person in charge's ability in practice during the inspection and found evidence that residents were receiving a quality service. Compliance was found in most outcomes on this inspection and the person in charge had comprehensively addressed most of the actions found on the previous inspection.

The person in charge was engaged in ongoing auditing of health and safety, fire safety, medication management, vehicle maintenance and management of residents' finances in the centre. Through the implementation of these audits the person in charge identified key issues that required review and had made arrangements for them to be addressed.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. An inspector reviewed the unannounced visits and the annual review of the centre. This auditing system was effective in improving the quality of care and experience of residents living in the centre. Following the previous annual review, for example, it was identified overall maintenance of the premises was a priority and was acted on in a comprehensive way.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by an assistant person in charge. She was identified as a person who would be participating in management who would assume responsibility of the centre in the absence of the person in charge and direct care practices and supervise staff to ensure organisational

policies and practices were implemented for the care and support of residents.

The inspector also met the provider during the inspection. She had the responsibility for the operation of the service and a wider remit for the Dundalk Simon Community services. The provider demonstrated good knowledge of the regulations and regulatory responsibilities. She also demonstrated knowledge and understanding of the personalities and needs of residents living in the centre.

Six monthly unannounced audits by the provider had also taken place. These were found to be of a good standard and focused on themes as set out in the Standards for Disability Services published by the Health Information and Quality Authority. The audits reviewed practices and systems in place and evaluated their efficacy in promoting positive outcomes for residents. The audits also reflected the provider's conversations with residents and their feedback on the service they were receiving and their satisfaction. Improvements were brought about through an action plan and time lines for the actions to be completed. The garden to the rear of the premises was an issue that was identified as requiring improvement in one of the audits. Inspectors found the garden space had been addressed and was now a pleasant space for residents to use.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There would be appropriate arrangements in place for the absence of the person in charge.

The team leader for the centre worked in a person participating in management role within the centre and had worked with the residents for many years. She would assume responsibility of the centre in the absence of the person in charge.

The provider was aware of their responsibility to notify the Chief Inspector if the person in charge would be absent for more than 28 days.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Residents spoken with confirmed that adequate resources were currently provided to meet their needs. The centre was now maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

The provider informed inspectors that they were committed to providing a quality well resourced service and they had noted the improved quality of lives for residents since the employment of an experience person in charge.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Not all aspects of this outcome were reviewed on this inspection. Actions from the previous inspection had been adequately addressed. Staff working in the centre were appropriately supervised and trained and skilled to support residents living in the centre. There were adequate numbers of staff allocated to support residents.

Since the previous inspection a number of male staff had been recruited to work in the centre. All residents in the centre at the time of inspection were male and told inspectors they liked having male staff working with them as they could talk about sport and enjoy similar interests. Some residents said they liked the banter they had with the male staff and felt they could ask them about personal issues that they would understand.

Staff working in the centre had undergone a suite of training since the previous inspection. Staff in the centre had been trained in fire safety, safeguarding vulnerable adults, safe medication administration management, intimate care planning, epilepsy management, manual handling and management of personal plans. A member of staff had also been identified to go on training for supporting people with intellectual disabilities in the area of sexuality and relationships. This would be useful for residents in the centre, there were some instances where residents needed support and guidance in the area of relationships, having a skilled staff member would support them in this area in a more comprehensive way.

Inspectors were told by residents and the person in charge that if a resident wished to attend any event, go on holiday for example, extra staff could be allocated to support the resident and also other residents in the centre.

Staff spoken with during the inspection presented as knowledgeable of residents' social care needs and personalities. They told inspectors they enjoyed working in the centre and liked the residents. They also demonstrated good knowledge of safeguarding vulnerable adults procedures for the centre and management of behaviours that challenge.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Since the last inspection improvements had been made in relation to the operational policies required in schedule 5, however there were still some improvements required.

All Schedule 5 policies as required in the regulations were available in the centre bar the required policy for 'the creation of, access to, retention of and destruction of records'.

There was a directory of residents established and in place.

A copy of up-to-date insurance for the centre was in place.

All residents had a residents' guide located in their personal plans.

Policies that were in place had been signed and dated and included the date for review. However, some policies reviewed contained contradictions which could lead to confusion for staff in their practice.

For example the restrictive procedure policy stated restraint was not used in the centre, this included chemical, physical or environmental restraint, yet the medication management policy detailed the specific management and procedures for PRN medicines (a medicine taken only as the need arises) for the management of behaviours that challenge. Use of medication for those purposes constituted use of chemical restraint. This resulted in conflicting information across two policies for the centre and required amendment to reflect the ethos of the organisation and also to guide staff appropriately.

A statement of purpose and a copy of the previous inspection report was available in the centre for residents and their families to read if they wished.

Staff files maintained in the centre did not contain all the matters as set out in Schedule 2 of the regulations. This non compliance had also been identified during the previous inspection.

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:

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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:	The Crescent Project
Centre ID:	OSV-0002413
Date of Inspection:	07 September 2016
Date of response:	20 October 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 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:

Improved consultation with residents was required with regards to the closure of the centre at Christmas to ensure residents choice and right to stay in their home was upheld.

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 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

A meeting was held with all residents 20th September 2016. All residents expressed a wish to go home for Christmas period. At the request of the residents it was agreed that the centre would be closed on Christmas Day, St Stephens Day and the following day. This is a change from last year where the centre for closed for a two week duration. The Statement of Purpose has been updated to reflect this change.

Proposed Timescale: 20/09/2016

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:

There were inadequate smoke and fire containment measures in the centre.

2. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire containment measures will be improved. We have gone to tender for the work that this will involve namely the installation of fire doors in the utility room area and the upgrading of all internal doors with intermittent fire seals. This work will be to the standard recommendation by an Independent Fire Officer Inspector who visited the premises on the 8th September 2016.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

Fire drills which would simulate residents needing to evacuate at night time whereby they would need to use the fire exit on the first floor were required.

3. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A timed fire drill took place on 16th September 2016 at 10pm. Each resident was in their bedroom at the time and a successful evacuation took place from the fire escape on the first floor. This is now standard practice and is recorded in our fire logs and will be incorporated into all fire drills going forward.

Proposed Timescale: 16/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

All Schedule 5 policies as required in the regulations were available in the centre bar the required policy for 'the creation of, access to, retention of and destruction of records'.

4. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A policy for the creation, access to, retention of and destruction of records has been completed and said policy has been sent to the registration office in HIQA as proof that this action has been addressed.

Proposed Timescale: 21/10/2016

Theme: Use of Information

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

Some policies reviewed contained contradictions which could lead to confusion for staff in their practice.

5. Action Required:

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

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

This issue relation to the medication policy and the use of medication as a chemical restraint. In this regard the aforementioned policies has been reviewed and amended to avoid confusion for staff.

Proposed Timescale: 20/09/2016

Theme: Use of Information

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

Staff files maintained in the centre did not contain all the matters as set out in Schedule 2 of the regulations.

6. Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

All staff files have been reviewed and the compilation all relevant documentation is now in hand.

Proposed Timescale: 30/11/2016