

**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-0002523
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
05 April 2016 11:00	05 April 2016 18:40
06 April 2016 10:00	06 April 2016 15:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The purpose of this inspection of the centre by the Health Information and Quality Authority was to inform a registration decision.

The centre comprised of a large dwelling in a town setting which provided residential accommodation for twelve adults and children with intellectual disabilities, some of whom availed of respite accommodation. Both male and female residents were accommodated in the service.

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation.

During the inspection, the inspector found an unacceptable level of compliance with the regulations. Five of the outcomes reviewed were assessed as being in major non-compliance and six as moderately non compliant. Seven outcomes were judged as compliant.

Areas of major non-compliance where significant improvement was required included governance and management, safeguarding and safety, health and safety and risk management, premises and absence of service contracts.

Residents' rights, records and documentation, health care including nutritional management, the statement of purpose, workforce and achievement of residents' identified goals were judged as moderately non-compliant.

The inspector found that residents were generally supported to achieve independence and community participation according to their wishes and abilities. There were adequate staffing levels to meet the needs of all residents living in the centre and to deliver health and social care. Residents had good access to general practitioners (GP).

Compliance was found in the areas of:

- communication
- family and personal relationships
- general welfare and development
- medication management
- absence of the person in charge
- use of resources
- notifications

Findings from the inspection and actions required are outlined in the body 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 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):

No actions were required from the previous inspection.

Findings:

This outcome had not been examined at previous inspection.

The inspector found that there was a suitable process for the management of complaints. However, improvement in supporting residents' personal and civil rights was required.

Details of the complaints process were clearly displayed for residents and visitors to access and there was also a complaints policy which provided guidance to staff on the management of complaints. In addition there was an 'easy read' version of the complaints process to advise residents. The inspector viewed the complaint register and found that there were no recent complaints and one earlier complaint had been suitably investigated. The person in charge showed the inspector a new complaints recording system which would be used for the recording of any future complaints.

Although formal residents meetings did not take place, the inspector found that there were measures in place to involve residents' in the running of the centre. Staff established residents' views and preferences through observation and by responding to residents' responses to choices offered to them. Staff were observant of residents' needs and advocated for them as required. In addition, staff liaised with residents' families who also advocated for them.

The inspector observed that staff spoke with residents in a caring and respectful manner. Residents had single bedrooms with en suite toilets and showers and with wardrobes and lockers for storage. Ample communal space was available should

residents wish to receive visitors in private.

An intimate personal plan had been developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Residents' religious rights were respected but improvement was required to the assessment of their civil rights. At the time of inspection, all residents in the service were of Roman Catholic backgrounds and staff supported residents to visit or attend Mass if they wished to. None of the residents were registered to vote and the person in charge stated that this had not been discussed or assessed to establish residents' wishes.

Staff confirmed that residents were not encouraged to enter the kitchen and were not involved in the cooking of their meals or any other domestic chores in the kitchen. This impacted on residents' rights to participate in the preparation of their own meals and snacks if they so wished.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Each resident had a communication profile documented in his/her personal plan which identified the most appropriate communication techniques for him/her. Objects of reference and pictures were in use to communicate with some residents. Daily dinner choices were displayed in the kitchen in clear pictorial format through which residents could choose their main meals when they came to the dining room. The inspector observed a resident choosing his meal by using the chart.

A hospital profile had been developed for each resident which contained relevant information pertaining to the resident. In the event of a hospital admission these would be used to communicate a range of important information about residents to hospital staff.

Residents had access to televisions, postal service and telephone.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents living in the centre were supported to maintain relationships with their families and were encouraged and supported to interact in the local community.

There was an open visiting policy, family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they wished. Each resident had worked with staff to identify important people in their lives and these people were identified in residents' personal plans.

Families were invited to attend and participate in residents' annual planning meetings and the review of residents' personal plans.

Residents were supported to go on day trips, attend sporting and entertainment events, go shopping and dine out in local restaurants and coffee shops.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not examined at previous inspection.

Contracts for the provision of services had not been agreed with residents.

The person in charge stated that no service contracts had yet been agreed with residents. A service contract document had been developed, but this was in draft format and had not yet been supplied to residents and/or their representatives for agreement.

There had been no recent admissions to the service and the person in charge indicated that there was no plan for further admissions in the foreseeable future.

Judgment:
Non Compliant - Major

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):

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

Findings:

The inspector found that residents had opportunities to participate in activities, appropriate to their individual interests and abilities. However, improvement was required to personal planning for developmental goals.

There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests appropriate to their individual preferences both in the centre, at resource centres and in the community.

Each resident had a personal plan outlining the things that they liked to do and including information about residents' interests and weekly activity records. Plans set out each resident's individual health and social care needs and each resident's key worker was identified.

The inspector reviewed a sample of personal plans and found evidence of individualised assessment for residents. Staff had commenced working with residents to identify important life goals which they hoped to achieve. At present this was at an early stage

of development and had not taken place for all residents. Life goals had been developed for approximately half of the residents. The inspector read some of the goal planning that had been completed and found that improvement was required. Some of the goals identified did not represent new experiences and arrangements as to how they would be implemented in practice had not yet been explored in some instances. It was also found that start dates and target dates had not been consistently identified; therefore progress in achieving goals could not be accurately monitored.

There were activities and educational opportunities taking place in local resource services that residents attended each weekday supported by staff. Residents also went out in the local community, visited relatives and went on outings.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed at previous inspection.

The design and layout of the centre was not fully suited to the needs of all residents. Overall, the inspector found that the accommodation was institutional and was not laid out and maintained in a domestic and home-like nature.

The centre comprised of a large house which was occupied by both adults and children with disabilities. Due to the placing of external signage in the area, the centre was clearly identified as a residential setting which was not in keeping with the ethos of promoting discreet, domestic settings for people with disabilities which are integrated into the community.

There was a variety of communal day space for residents to use including several sitting rooms. The decor in these areas was mixed as some was designed to appeal to children while some had been upgraded for adults. For example, there were murals of cartoon characters in corridors and a sitting room and the walls in another sitting room had been decorated in a more adult leafy theme.

All bedrooms were for single occupancy and each bedroom had ensuite toilet, shower and hand washing facilities and there were sufficient additional bathrooms and showers. There were separate office and toilet facilities for staff. Many of the bedrooms were bright, well furnished and personalised with residents' personal belongings. However, two bedrooms were used for respite. These rooms were not personalised and did not have personal effects or belongings to increase the level of comfort for the residents who occupied them. In addition, there were some rooms which were sparsely furnished with essential furniture only. Staff explained that this was because these rooms were occupied by residents with behaviour that is challenging. There was no evidence that interventions had been tried in furnishing these rooms to increase the level of comfort and enjoyment for these residents.

Throughout the inspection the inspector found that all windows in the centre were locked at all times, apart from when cleaning was in progress, and staff retained control of the keys. Staff confirmed that residents did not have access to window keys. Staff said that this was to prevent residents leaving the centre and this was reflected in some residents' care plans. This impacted on residents' ability to open their windows for fresh air while in their rooms and could result in inadequate ventilation being maintained. The inspector found that there was insufficient consideration given to alternatives to this practice and to ensuring a balance between protecting resident's right to safety with their right to a comfortable and healthy environment.

There was a sensory room being developed in the building which was partially furnished and was not in use as a sensory room at the time of inspection.

The catering arrangements were not domestic in nature. There was a large commercial style kitchen to which residents had very limited access. Residents' access to the kitchen to participate in meal preparation is discussed in outcome 1. There were supplies of foods available and staff confirmed that they also shopped for fresh food daily.

Residents had good access to an enclosed garden adjoining the house. There was some garden furniture and some leisure equipment such as a swing and a sunken trampoline in this area. Most of the area was paved which provided safe footing for residents.

There was a well equipped utility area in the house with laundry facilities, where residents could participate in their own laundry if they wished to.

There were suitable arrangements for the disposal of general waste. Residents and staff segregated waste in the house before removal to main bins which were stored externally. These were removed by contract with a private company. There was no clinical waste being generated.

Judgment:
Non Compliant - Major

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):

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

Findings:

While there were some systems in place to protect the health and safety of residents, visitors and staff, improvement was required to risk management and fire evacuation drills.

There was a risk management policy, an up to date safety statement and a risk register which detailed the measures in place to identify and control risks in the centre.

However, the risk management policy did not include control measures for all the risks specifically mentioned in the regulations. For example, interventions for the control of self harm were not included.

The inspector viewed the risk register and found that it contained guidance on the control of some risks in the centre including slips, trips and falls and food safety. However, the risk register was not reflective of all current risks. For example there was a significant fire safety risk that had not been recorded. Staff explained that internal fire doors were often wedged open when residents were present in the building. This presented a risk to the safety of residents in the event of fire. The person in charge discussed plans to improve the risk management system. She and some staff nurses were scheduled to attend risk management training in the coming weeks and a new risk management template was being developed. Personal risks specific to each resident were identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training.

Fire evacuation drills from the centre took place approximately every three months. Recording of the fire drills was not fully effective as it recorded the time taken to evacuate each resident, but did not record the overall evacuation time taken to evacuate all residents or the staff involved. In addition no evacuation drills had been undertaken at night time or when residents were sleeping. There were recommendations for internal fire safety checks but these were not being carried out in line with organisational systems. The organisation required, for example, that checks of fire alarms and emergency equipment are undertaken weekly but records indicated that these were being carried out intermittently. The procedures to be followed in the event of fire were displayed.

There was an emergency plan in place for the centre. The plan contained details of alternative accommodation to be used in the event of an evacuation and contact details for a range of emergency supports. The plan, however, did not include guidance for staff in the event of other emergencies not requiring immediate evacuation such as loss of power, water or heat.

The buildings were maintained in a clean and hygienic condition. Hand sanitizers were available for use by residents, staff and visitors.

All staff had received up to date training in moving and handling.

Judgment:

Non Compliant - Major

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):

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

Findings:

There were measures in place to protect residents from being harmed or abused, however, some improvement to management of behaviour that is challenging was required.

There was a policy on safeguarding residents from abuse. Members of the management team, who spoke with the inspector were knowledgeable regarding their responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation.

The person in charge stated that all staff had received up to date training in abuse protection and this was confirmed by training records. Staff who spoke with the inspector were clear on what constituted abuse, they stated who they would inform in the centre in the event of suspected or alleged abuse and confirmed that they had received training in this topic. However, there was no designated person as required under the Children First legislation. The person in charge and staff in the centre were not aware of a designated liaison person for children as required by Children First.

There was a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included identification of triggers, ongoing support strategies and reactive strategies. Staff who spoke with the inspector had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner.

There were no residents who used bed rails, lap belts or any other form of physical restraint. However, all windows in the centre were locked at all times, apart from when cleaning was in progress. Staff said that this was to prevent residents leaving the centre and this was reflected in some residents' care plans. This impacted on residents' ability to open their windows for fresh air and is discussed in outcome 6.

In addition, some residents had rooms which were furnished with minimal furnishing, and without decorative or personal items, as a means of managing behaviours that are challenging. There was no evidence that measures had been considered for these residents to more fully enjoy the comfort of their rooms or that other measures were being explored to achieve this.

The inspector found that residents' finances were managed in a clear and transparent manner. This money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance records were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases. The system was regularly audited by the person in charge and no discrepancies had been noted.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The person in charge stated, and a review of incident records confirmed, that there had been no events that required immediate notification to the Chief Inspector. Quarterly returns had been submitted as required.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

There were a range of development opportunities available to residents. Most of these took place at the day centres that residents attended and at school for younger residents. Residents also had good access to opportunities in the local community. For example, residents enjoyed going swimming, out for coffee, for walks, to the cinema, visiting an activity centre and participating in sport. Some residents were training for the Special Olympics. Other skills which some residents were developing were independent living and road safety awareness.

Residents who were children went to school daily.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' health care needs were generally well met and they had access to appropriate medical and health care services. However, nutritional management, improvement to documentation of residents' plans of care and access to health care services was required.

All residents had good access to general practitioner (GP) services. Residents had the option of retaining their own GPs when entering the service. There was evidence that GPs reviewed residents as required.

Residents had access to psychiatry, chiropody, optical and dental services. However, some health care services including speech and language therapy or occupational therapy services were not available to adult residents and there was a limited availability of psychology services. Records of residents' health care assessments were retained.

Each resident had a personal plan which outlined the services and supports to be provided to achieve good quality health care. The plans viewed contained information around residents' health care needs, assessments, medical history and any treatment received and also health care support required from staff.

However, in the files viewed some of the information recorded was not sufficient to guide staff. For example, there was no specific guidance on the food required for a resident with low weight who required a nutritious diet. A care plan recommended that a resident with a behaviour that challenged be monitored 'regularly while in bed' but did not state how often this should happen. Another plan for a resident recommended staff to 'weigh regularly'. Absence of relevant information presented a risk that care may not be consistently delivered in line with residents' assessed requirements. In addition, a resident's nutritional assessment was not signed or dated and therefore it was not possible to establish if this information was up to date. There was also conflicting information relating to the manual handling needs of a resident.

Management of residents' nutritional needs and weights required improvement to ensure that suitable outcomes were consistently achieved:

- records of a resident's weight monitoring were inconsistent with gaps of up to five months in the centres records
- there was no specific dietary plan for a resident who was assessed as being obese
- there was inconsistent information recorded in the file of a resident requiring a modified consistency diet
- the requirement for a modified consistency diet had not been reviewed by a speech and language therapist although staff were of the opinion that a resident's needs had changed.

The inspector found that the provision of some meals, as described by staff, was not consistently in line with the principles of healthy eating. Although the main meals served to residents each afternoon appeared to be healthy and balanced and comprised of a protein source, carbohydrate and vegetables, two other daily meals consisted of breakfast cereals or toast. There was no evidence provided to state that these meals were nutritious and balanced. In addition, there were no records of the meals served to residents being retained as required by the regulations and this is further discussed in

outcome 18.
Judgment: Non Compliant - Moderate

Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector found that there were safe medication management practices in place. There was a medication management policy to guide staff. Training records indicated that all staff had received medication management training. The inspector reviewed a sample of prescription/administration charts and noted that they contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of as required (PRN) medications was prescribed and clear and informative protocols for the administration of PRN medications had been supplied by the pharmacist. At the time of inspection there were no residents prescribed medication requiring strict controls and no residents required their medication crushed.
Judgment: Compliant

Outcome 13: Statement of Purpose <i>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.</i>
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:

There was a statement of purpose but it required improvement as it did not accurately describe the services provided in the designated centre and did not include all the information required by schedule 1 of the regulations. For example, the organisational structure was not up to date, the number of residents to be accommodated was not accurate, the age range of residents to be accommodated was not indicated and sizes of rooms in the centre were not included.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had not established a satisfactory management structure to ensure consistent delivery of suitable care and support to residents. The inspector found that improvement was required to staff supervision, governance, overall review of quality in the service and the preparation of an annual report on the quality and safety of care in the centre by the provider.

The inspector found that the provider nominee did not consistently make unannounced visits to the centre at least once every six months as required by the regulations. The inspector was told that one visit by the provider had been made in 2016 but there was no evidence that a written report on the quality and safety of care had not been prepared as a result of this visit. In addition, an annual report on the quality and safety of care in the designated centre had not been prepared to date.

There were some systems in place to audit and review the quality of care in the centre and these audits were being undertaken by the person in charge. For example, she had carried out an infection control audit recently which indicated a high level of compliance. Medication management audits were carried out quarterly by the pharmacy and a recent audit also showed a high level of compliance. However, while reviewing a range of documents such as residents' files and health and safety documentation, the inspector found that the recording of information was, in places, inadequate and inconsistent. There had been insufficient review undertaken to highlight and address these issues.

Monthly reviews of incidents had commenced in 2016 and details of all incidents and the times they occurred were being recorded. All incidents in the centre were escalated to the organisation's risk management department for further review. However, the information in the monthly reviews was not sufficient to fully identify trends and inform learning, as relevant information such as the locations of the events and other people who were present at the time, was not being recorded.

The person in charge did not ensure that the service was consistently managed to ensure compliance with the Regulations. As mentioned in Outcome 17, the person in charge was the manager of two services and her time allocated to governance and management in this centre was not clearly defined. There is an action created for this under outcome 17.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

There were arrangements in place to cover the absence of the person in charge.

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):

No actions were required from the previous inspection.

Findings:

There was evidence of adequate resources to ensure effective delivery of care and support. Notwithstanding the premises issues outlined in outcome 6, the house was adequately maintained, heated and equipped and there were resources to facilitate residents' occupational, social requirements and transport.

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):

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

Findings:

The inspector found that numbers and skill mix of staff were appropriate to meet the assessed needs of the residents. However there were improvements required to recruitment documentation, staff supervision and the representation of the person in charge in the planned staff roster.

There was a sufficient number of staff on duty in the centre to meet the needs of the residents. Nursing and care staff were employed to deliver care to residents. In addition, the person in charge ensured that both male and female staff were rostered for duty at all times to ensure that the personal needs of all residents could be appropriately met. Staff who met with inspectors demonstrated a good knowledge of the needs of residents living in the centre.

The inspector reviewed a sample of staff files and noted that they contained most of the information 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 such as suitable references and dates when staff members commenced employment. However, some of the required information, such as full employment histories and photographic identification was not present in some of the sample of files viewed. The person in charge stated that this information had been acquired and was retained in another location in the organisation. This was not available to view on the day of inspection.

It had been noted on the previous inspection that there was no policy on the provision of supervision of staff. On this inspection the inspector found that a supervision policy had been developed in November 2015. The supervision process had been commenced, but at the time of inspection had only been implemented for some nursing staff. Supervision for care staff had not commenced and the person in charge stated that further training was required before this would be fully implemented.

The inspector read the staffing roster, which was unclear and as it did not state the planned times which the person in charge had dedicated to governance in this centre. It was, therefore, not possible to establish the amount of time the person in charge spent on governance in this centre each week.

There was a training schedule in place to ensure that all staff had attended mandatory. The person in charge had also arranged for staff to attend other relevant training as required. Some staff had recently attended training in eating, drinking and swallowing, communication and risk management and some staff were scheduled to attend food safety training shortly after the inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed at previous inspection.

Overall, the inspector found that the records required by the regulations were maintained in the centre, although some improvement to record keeping was required to ensure that records were accurate and up to date.

During the course of the inspections a range of documents, such as the residents guide, medical records, accident and incident records, insurance documentation and health care documentation were viewed. Some of the information was not suitably recorded. These are further discussed in outcomes 7 and 11 of this report and actions in relation to records of fire drills and care interventions for residents were created under these outcomes.

There were no records of the meals served to residents being retained as required by the regulations. Therefore, there was no means for the management team to evaluate the quality and overall nutritional value of the meals served throughout the day.

The storage and retrieval of documents also required improvement as some records requested during the inspection could not be provided in a timely manner.

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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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-0002523
Date of Inspection:	05 April 2016
Date of response:	01 June 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:

Residents were not encouraged to enter the kitchen and were not involved in the cooking of their meals or any other domestic chores in the kitchen. This impacted on residents' rights to participate in the preparation of their own meals and snacks if they chose to do so.

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) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

Residents will be facilitated and supported by staff to prepare meals and snacks and complete domestic chores in the kitchen.

Proposed Timescale: 14/06/2016

Theme: Individualised Supports and Care

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

None of the residents were registered to vote and this had not been discussed or assessed to establish residents' wishes.

2. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

A discussion regarding registration for voting will be held with residents, their families / representatives during up-coming annual reviews to establish their wishes.

Proposed Timescale: 31/08/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts for the provision of services had not been agreed with residents.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The Contract of Care document will be finalised, discussed with residents, their families/representatives at up-coming annual reviews and signed off.

Proposed Timescale: 31/08/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal planning for developmental goals had not taken place for all residents. Some of the goals identified did not represent new experiences and arrangements as to how they would be implemented in practice had not yet been explored in some instances. Start dates and target dates had not been consistently identified; therefore progress in achieving goals could not be accurately monitored.

4. 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:

Personal planning for development goals will be completed for all residents.
Resident's development goals will be reviewed to include new experiences.
Action Plans will be developed to support attainment of these goals.
Start dates & target dates will be clearly identified.

Proposed Timescale: 31/08/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the centre was not fully suited to the needs of all residents. The accommodation was institutional and was not laid out and maintained in a domestic and home-like nature.

5. 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:

The Housing Association will be advised to remove exterior signage.
All attempts to personalise bedrooms will be documented.
Further discussion will be held with residents, their families/representatives, key worker to explore options for personalising bedrooms and the centre.
Person centred plans are displayed in some bedrooms; this will be completed for all residents.

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

Adequate ventilation was not being maintained as all bedroom windows were kept locked.

The sensory room was partially furnished and contained loose unfinished electrical wiring fittings which may have presented a safety risk to residents.

6. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

All windows have ventilation fixtures and fittings and these will be kept open.

All windows leading to enclosed garden will not be locked during daylight.

Patio doors leading to enclosed garden will not be locked during daylight.

Individual Risk Assessments will be completed and alternative options for safety and security of the residents will be explored.

The fire officer will be consulted for advice.

Proposed Timescale: 30/06/2016

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:

The emergency plan did not include guidance for staff in the event of emergencies such as loss of power, water or heat.

7. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The emergency plan will be updated to include guidance for staff in the event of emergencies such as loss of power, water or heat.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The risk register/policy was not reflective of all current risks.

8. 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:

The Risk Management Policy has been reviewed to include hazard identification and assessment of risks throughout the centre.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

Recording of the fire drills was not fully effective as it recorded the time taken to evacuate each resident, but did not record the overall evacuation time taken to evacuate all residents or the staff involved.

No evacuation drills had been undertaken at night time or when residents were sleeping.

9. 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:

Documentation for recording fire drills will be reviewed to include required detail. An evacuation drill will be undertaken at night time.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

Internal fire safety checks were not being carried out in line with organisational systems.

10. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Allocation of specific tasks will be agreed with staff.

A monthly audit tool for Person in Charge (PIC) will be devised and implemented to ensure all tasks are reviewed and completed.

Proposed Timescale: 31/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no designated person as required under the Children First legislation.

11. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

The Person in Charge (PIC) will be trained as a Designated Liaison Person.

Proposed Timescale: 31/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some health care services including speech and language therapy or occupational therapy services were not available to adult residents and there was a limited availability of psychology service.

12. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
Access to Allied Professionals will be provided as required by arrangement with the Health Service Executive.

Proposed Timescale: 31/05/2016

Theme: Health and Development

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

Some of information in residents' health care files was not sufficient to guide staff.

There was no specific dietary plan for a resident who was assessed as being obese.

Records of a resident's weight monitoring were inconsistent with gaps of up to five months in the centres records

13. Action Required:

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

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

Care plans will be reviewed and updated to include all required information for staff.

Dietary Plans will be put in place where assessed as required.

Care Plan audits will be completed by the Person in Charge on a quarterly basis to ensure all care plans are maintained up to date.

Proposed Timescale: 31/07/2016

Theme: Health and Development

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

The provision of some meals was not consistently in line with the principles of healthy eating.

14. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

The Person in Charge (PIC) will seek advice from nutritionist to guide practice and advice will be implemented.

Proposed Timescale: 31/07/2016

Theme: Health and Development

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

There was inconsistent information recorded in the file of a resident requiring a modified consistency diet.

The requirement for a modified consistency diet had not been reviewed by a speech and language therapist although staff were of the opinion that a resident's needs had changed.

15. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

Referrals to appropriate allied professionals will be completed.

A local guideline will be developed to inform staff of referral processes for allied professionals.

Proposed Timescale: 30/06/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not accurately describe the services provided in the designated centre and did not include all the information required by schedule 1 of the Regulations

16. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Person in Charge (PIC) will update the Statement of Purpose to include all the information required in Schedule 1.

Proposed Timescale: 31/07/2016

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:

The provider is not ensuring the effective governance, operational management and administration of the designated centre.

17. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The Registered Provider will review the management structure to ensure it has clearly defined lines of authority and accountability, specific roles and details responsibilities for all areas of service provision.

Proposed Timescale: 30/06/2016

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 in the designated centre had not been prepared to date.

18. 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 Annual review of quality and safety of care and support report was submitted to the Authority 19.05.2016

Proposed Timescale: 31/05/2016

Theme: Leadership, Governance and Management

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

The provider nominee did not visit the centre every six months and produce a report on the quality and safety of care.

19. 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:

The Registered Provider will carry out unannounced visits to the designated centre at least once every six months 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.

Proposed Timescale: 30/11/2016

Theme: Leadership, Governance and Management

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

The person in charge did not ensure that the service was consistently managed to ensure compliance with the regulations.

20. Action Required:

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

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

The Registered Provider will develop and implement an audit system within the designated centre to ensure that the service provided is safe, appropriate to the residents needs, consistent and effectively monitored.

Proposed Timescale: 30/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The required information was not present in some staff recruitment files.

21. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All required information specified in Schedule 2 is in place.

Proposed Timescale: 31/05/2016

Theme: Responsive Workforce

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

The staffing roster was unclear and did not state the planned times which the person in charge had dedicated to the management of this centre.

22. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The Person in Charge (PIC) will amend the roster to state the planned times that the PIC has dedicated for the management of the centre.

Proposed Timescale: 31/05/2016

Theme: Responsive Workforce

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

Formal supervision meetings between the person in charge and all staff had not yet taken place.

23. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The Person in charge will implement a plan of formal supervision meetings with all staff in the designated centre.

Proposed Timescale: 30/06/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

There were no records of the meals served to residents being retained as required by the regulations.

24. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

Meals served to residents will be recorded and retained.

Records specified in Schedule 4 will be maintained and available for Inspection by the chief inspector.

Proposed Timescale: 30/06/2016