

**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-0002569
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Fiona Monahan
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

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: 02 August 2016 10:30 To: 02 August 2016 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 13: Statement of Purpose
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by the Health Services Executive (HSE) Meath/Louth (the provider). The centre had a monitoring inspection in February 2016, where seven outcomes were assessed. Of those outcomes, three were found to be compliant, which were safeguarding, healthcare needs and governance and management.

That inspection also found areas of non compliance in social care needs, health, safety and risk management, medication management and workforce. However, by the time of this inspection all non-compliances had been addressed to the satisfaction of the inspector.

This registration inspection found that the centre demonstrated significant levels of compliance across all outcomes assessed including rights, consultation and dignity, premises, communication needs, use of resources and general welfare and development.

How we gathered evidence

The inspector had coffee and chatted with all four residents living in the centre for some time. The person in charge and two staff members were also spoken with. Residents appeared very much at ease with all staff members and interacted with them in a relaxed and friendly manner. The Inspector observed that residents appeared very much at home in the centre and staff were seen to consult and converse with all residents in a respectful and dignified manner.

The inspector spoke with the person in charge throughout the day of the inspection. Policies and documents were also viewed as part of the process including a sample of social care plans, complaints policy, contracts of care and minutes of residents meetings.

Description of the service

The centre comprised of a large very well maintained detached house which had the capacity to support five residents both male and female. It was located in County Meath and just outside the historic town of Kells which provided access to a range of amenities such as shops, restaurants, churches, barbers, hairdressers, swimming pool and hotel.

The town also provided a regular public bus service and there was adequate transport provided by the centre for trips further afield if and when requested by residents.

Overall judgment of our findings

This inspection found significant levels of compliance across all outcomes assessed. Of the 11 outcomes assessed all were found to be compliant including residents rights, dignity and consultation, communication needs, general welfare and development, family and personal relationships, premises and use of resources.

The centre had addressed all the non compliances identified in the last monitoring inspection in February 2016. This in turn meant that no actions were required or resulted from this registration inspection.

The outcomes assessed are further discussed in the main 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:

The inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were respected and promoted and residents' choice was supported and encouraged in the running of the centre.

Policies and procedures were in place to promote and ensure residents were consulted with, and participated in, decisions about their care and about the running of the centre. For example, residents held regular meetings to discuss and plan menus for the week, agree on what social activities to participate in, organise holidays/day trips and to discuss the general upkeep of the house.

The inspector viewed a sample of the minutes of the meetings which informed that residents had recently decided to have dinner out as a group. From speaking with residents the inspector was assured that this activity had been planned and would be facilitated.

Feedback directly from residents informed the inspector that residents made independent choices for themselves regarding daily activities and their individual likes and preferences were supported and respected. Feedback from family members via questionnaires also confirmed that individual residents' likes and preferences were facilitated and supported.

Residents and their representatives/family members were also supported and encouraged to be involved and participate in all aspects of their person centred plans. From a sample of plans viewed, the inspector saw that family members were invited and

supported to attend meetings with residents on a regular basis.

Access to advocacy services and information about resident rights formed a routine part of the support services made available to each resident. The centre had a policy on advocacy called 'Your service - Your say'.

The policy was to ensure that all residents had a right to appoint an advocate if requested and that advocacy services could be made available if required. An independent advocate had visited the centre and spoke with all residents about the concept of advocacy and rights.

The inspector observed that the independent advocate's picture, identity and contact details were on public display in the kitchen. Information on advocacy was also readily available in a format to suit the residents' communication requirements.

There were guidelines in place on every residents file on best practice in supporting intimate care which had recently been reviewed. The guidelines stated that every staff member had a duty of care to ensure that each resident would be treated with dignity and respect and have personal privacy for their intimate care needs in a safe environment.

The inspector observed that arrangements were in place to promote and respect resident's privacy and each staff member treated residents with warmth, dignity and respect at all times over the course of the inspection process. Of a small sample of intimate care plans reviewed, they were found to be informative of how best to support the residents while maintaining their dignity and respect.

A complaints policy was in place in the centre which had been reviewed in 2015. The policy informed that the service was committed to having a policy in relation to the making, handling and investigating of complaints and that all residents and family members should be aware of this.

Feedback from family members informed the inspector that that they were aware of the complaints procedures in the centre and who to speak with if they had a complaint.

A dedicated complaints log was kept in the centre and the inspector observed that complaints (which were few) were being logged and managed accordingly in line with policy and procedures.

For example, one resident had recently complained that they were not happy with the layout of the furniture in their room. The complaint was logged and the inspector observed that within a short timeframe the issue had been addressed to the satisfaction of the resident.

Another resident had also complained about an issue concerning their shower tray. On the day of inspection the inspector observed that the tray had been replaced and the resident in question was happy with the outcome.

The complaints procedures were also publically displayed in the house and an easy to read version was also available to every resident living in the centre.

There were guidelines in place to protect each resident's personal possessions, property and finances and each resident had an inventory of their personal items on their file (as in line with the centres admission policy). Each resident had been supported to complete a capacity assessment regarding managing their own finances.

Once these assessments were completed where required residents' were supported to manage their finances by staff. Residents' monies were kept safe by robust accounting procedures, which were checked on a regular basis by the person in charge.

All purchases were required to have a receipt and every time a resident spent money their balance was checked by a staff member to ensure that all monies could be accurately accounted for.

The person in charge also regularly audited residents' finances. A sample of these audits informed the inspector that all residents' monies could be accurately accounted for in the centre.

Judgment:

Compliant

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:

There was a policy in place on communication with residents and the inspector found that staff members respected and understood the individual communication needs of each resident living in the centre.

A protocol on communicating with residents was in place and reviewed in September 2014. The aim of the policy was to facilitate a centre that supports residents with their individual communication preferences so as they can participate in any decision making process that affects them.

The inspector observed that this policy was put into everyday practice by the staff working in the centre. For example, where required information was made available to residents in a format suited to their individual assessed communication needs.

Residents' communication needs were also identified in their communication assessments. From a sample viewed, the inspectors found that the assessments captured the individual communication requirements of each resident. They were also very informative of how best to communicate with each resident.

Assistive technology in supporting the residents communicating with family members was being explored in the centre. For example, a couple of residents had recently been supported by staff to use specific compute packages to communicate with family members overseas.

However, it was also observed that the centre was reliant on a mobile internet device to provide this support. The person in charge and senior management informed the inspector that alternative arrangements were being considered to provide internet access across the entire centre that would further support and enhance this mode of communication for the residents.

The inspector observed that there were ample communal TV's, individual TV's, DVD players, and music systems in the centre.

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:

The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged. There was also a policy in place which outlined that visitors were welcome in the centre at any time.

The centre had a visitor's policy in place. The aim of the policy was to ensure that residents would be facilitated to develop and maintain personal relationships in accordance with their wishes and that family and friends were made welcome to visit the centre.

Feedback from family members informed the inspector that they always felt very welcome to visit the centre at any time. On the day of inspection one resident had a visit from a family member. The inspector observed that the family member was made very

welcome to the centre. It was also observed that residents were encouraged and supported to visit their family members' homes on a regular basis.

From a small sample of residents files viewed, the inspector observed that family members were being encouraged and supported to keep in regular contact each resident. Family members were routinely invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident as well.

It was observed that the centre had started to use specific computer packages to keep residents in contact with family members living overseas.

Residents were also supported to frequent the nearby town where they used the local shops, restaurants, pubs and hotel.

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:

The inspector was satisfied that there were robust systems in place regarding admission to the centre. There were also policies and procedures in place to guide the admissions transfer and discharge processed.

There was a policy on admissions, transfer and discharge to the centre which had been agreed and signed off in June 2016. The policy informed that the centre was committed to ensuring that the highest standards for admissions, discharges and transfers were applied and maintained at all times across the service.

The person in charge was also able to outline the systems and processes for admitting new residents to the centre, including the comprehensive and individualised supports that would be available during the transition period. This included a comprehensive transitional plan being put in place to support the resident in the initial stages of the transition.

While there was one vacancy in the house on the day of inspection, the person in charge informed the inspector that there were no immediate plans in place to transition

a new resident into the centre.

Written agreements were also in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees (if any) to be charged.

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a safe, comfortable and homely manner.

The centre consisted of a large single story house just outside a town in County Meath. Residents could choose to walk to the town however, adequate transport was also provided by the centre. This meant that residents could access local shops, restaurants, pubs, barbers, churches, cafes and hotels as required.

All residents had their own individual bedrooms which were decorated to their individual likes and preferences. Some residents chose to show the inspector their bedrooms. It was observed that they had their own personal items such as pictures, photographs and ornaments on display in their rooms.

One resident had their own flat off the main house and was delighted to show the inspector around. It was observed to be decorated to the individual style and preference of the resident. It was self contained, bright, clean and had all the basic requirements needed to support the resident. The resident took very good care of this flat and informed the inspector that they loved living there.

Residents' bedrooms were bright, warm, very well maintained and decorated to the preferences of each resident. It was also observed that three of the bedrooms had spacious and well maintained en-suite facilities.

Communal facilities included a very spacious and well decorated sitting room, a very well equipped kitchen with a spacious dining area, a utility room, a communal bathroom and communal shower room.

Residents appeared very proud of their home and the inspector observed that it was personalised to suit their individual likes and preferences.

The fixtures and fittings were modern and the centre was well ventilated, bright, warm and spacious. It was very well maintained and clean throughout. There was also ample storage room available in the centre.

There were very well maintained front and back gardens. The front garden provided for ample parking space and had a small but very well maintained lawn.

The back garden had a spacious decking area for residents to avail of as and when required and a large very well maintained lawn with flower beds.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge clearly demonstrated his knowledge of his legal responsibilities to notify the Chief Inspector as and when required during the course of this inspection.

The inspector observed that to date the person in charge and provider nominee had notified HIQA as and when required and in line with the regulations.

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:

The inspector found that opportunities for new experiences and social participation for residents formed a key part of their health and social care plans. Residents also engaged in a variety of social activities facilitated by both day activation and residential services.

There was a policy in place for support residents' access to external day activation programmes which was developed in 2016. The policy was to provide guidance to all staff on how to support residents' access and experience meaningful day activities.

During the course of this inspection it was found that residents were supported to engage in a range of both learning and social activities of their choosing. For example, some residents participated in self defence classes, gardening, swimming classes, and woodwork classes.

On the day of inspection one resident was very proud to show the inspector a foot stool they had made as part of his woodwork class.

Other residents were supported to take part in local theatre events, singing and dance classes and one resident was an active volunteer with a local sporting group.

Residents were also supported and facilitated to use their local community and to go on day trips, outings and holidays of their choosing. Recent outings included a trip to Sligo and a day out at the horse show in Dublin.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations and that the actions required from the last inspection in February had been adequately addressed.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed inspectors that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

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):

No actions were required from the previous inspection.

Findings:

The provider nominee and person in charge were aware of their responsibilities and requirements to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

The person in charge of the centre had never been absent for a period longer than 28 days, however he was aware (as was the provider nominee) of their statutory remit to the regulations should this be the case at any time in the future.

It was also observed that suitable arrangements were in place for the management of the centre in his absence which were in line with the statement of purpose.

There was also an on call system in place where staff could make contact with a manager 24/7 if the need were to arise.

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:

The inspector observed that sufficient resources were available to meet residents assessed needs and as required in line with the centre's statement of purpose.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function.

Where a resource was required to support a resident the inspector observed that it was in place. For example, one resident with a specific health related issue had access to a qualified nurse on a regular and as required basis.

The person in charge confirmed that the centre had the resource of a vehicle on a full-time basis to support residents transportation needs/wishes. The inspector observed that all documentation regarding the vehicle, such as servicing road tax and NCT were up to date.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to maintain complete and accurate records in the centre.

The centre had a policy on documentation management which was reviewed in 2015. The aim of the policy was to ensure that all files and information on a resident were held in an appropriate place under appropriate conditions. The policy also stated that records should be easily retrievable and kept up-to-date.

The inspector observed that all documentation was kept secure in the centre, it was at all times easy to retrieve and was up-to-date.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspectors found that records that related to residents and staff were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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