

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Holly Lodge
Centre ID:	OSV-0003416
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Carol Breen
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
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:
26 July 2016 10:00	26 July 2016 17:50
27 July 2016 09:10	27 July 2016 12:30

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 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

Background to the inspection

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As part of the inspection, the inspector reviewed actions the provider had completed since the previous inspection conducted on 7 May 2015. The designated centre is part of the service provided by Praxis Care in Monaghan, and provided residential services to adults with an intellectual disability.

How we gathered our evidence

During the inspection the inspector met with all three residents at the centre. Residents told the inspector that they enjoyed living at the centre, and that they were supported by staff in a respectful and dignified manner. Where residents were unable to tell the inspector about the quality of service they received, the inspector observed residents to appear comfortable and happy at the centre. The inspector met with relatives and staff members. The inspector observed practices and reviewed documents such as care plans, medical records, policies and procedures, and staff files.

Interviews were carried out with the person in charge, persons participating in the management of the centre and the person authorized to act on behalf of the provider.

Description of the service

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a bungalow at the back of a large campus, close at to a nearby town, with access to local amenities and shops. The centre comprised three bedrooms with a communal bathroom incorporating a walk in shower, along with a communal sitting room and kitchen come dining room.

Overall findings

Overall, the inspector found that residents received support in line with their needs, although in relation to access to social and recreational activities in the wider community this was inhibited by staffing levels at the centre. In addition, the centre's layout was not suitable for their needs in relation to communal space and bathroom facilities.

The provider and person in charge demonstrated knowledge and competence during the inspection and the inspector found them to be fit persons to participate in the management of the centre.

Summary of regulatory compliance

The centre was inspected against 18 Outcomes. For the most part the provider had put appropriate systems in place to ensure the regulations were being met. The inspector found compliance in 11 out of the 18 Outcomes inspected, with a positive focus on the promotion of residents' rights, access to healthcare and staff training. Major non-compliance was found in three outcomes relating to the suitability of the premises and staffing levels not being reflective of residents' needs. Moderate non-compliance was found in one outcomes, with substantial compliance identified in three outcome.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that although there were policies and procedures in place to ensure residents' rights were promoted and they were involved the running of the centre. The centre's design did not ensure residents' privacy and dignity; along with staffing levels not ensuring residents had choice in their daily lives.

Residents told the inspector that they were involved in the running of the centre through regular monthly meetings were they were supported to make choices on activities and meals, which was reflective of documentation reviewed.

The centre's complaints policy was available in an accessible format, and identified nominated persons involved in the investigation and management of complaints. Residents and their families told the inspector that they were happy with the support received and would complain if this was not the case. Information on the centre's policy and advocacy services were displayed and was reflective of resident, families and staff knowledge.

Residents were supported to access a range of activities reflective of their interests as identified in personal plans and daily care notes, which included for example day services, local restaurants, cinemas and sporting venues. The inspector however observed that staffing was not reflective of all residents' needs leading to the pre-planning of one-to-one activities or group-based activities occurring as highlighted in the previous inspection of the centre.

The centre had a visitors' policy, which was reflective of residents and their families experiences, however the centre did not have facilities available for residents to meet their family in private. The inspector observed that the design of the centre as identified in the previous inspection did not promote residents' right to privacy and dignity as access to the communal bathroom was through the kitchen/dining room.

Residents were supported with the management of personal possessions and finances in line with the centre's policy, with inventories being maintained on personal belongings, and financial support being given in line with residents' assessed needs as reflected in personal plans. Residents had access to laundry facilities, along with suitable storage for personal belongings in their bedrooms

The inspector observed staff supporting residents in a dignified and respectful manner throughout the inspection.

Judgment:
Non Compliant - Major

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:
The centre had a policy on resident communication, and residents were supported with their communication needs in line with personal plans.

Personal plans identified the communication needs of residents and staff knowledge was reflective of the supports recorded in personal plans, and observed by the inspector while at the centre, such as pictorial reference aids.

Residents had access to radio, television and the internet at 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 centre had a visitor's policy and residents were supported to maintain relationships with families and the wider community.

Families regularly visited the centre and no restrictions were in place which was reflective of residents' experiences, staff knowledge and daily care notes. The inspector met with family members and was told that they regularly visited the centre and that staff and the person in charge were approachable, and responsive to concerns. The inspector found that due to the layout of the centre, there were no facilities available to enable residents to meet visitors in private.

The inspector found from review of daily care notes and personal plans that residents accessed a range of activities in the wider community for example cinemas, shops and social clubs, which were reflective of residents' experiences and staff knowledge.

Judgment:

Non Compliant - Moderate

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 centre's admission and discharge policy was in line with the experiences of residents, with contracts of care being issued on admission to the centre.

The centre's admissions and discharge policy was reflected in the centre's statement of purpose. Residents told the inspector about their experiences of moving to the centre,

which was in line with documentation reviewed such as 'moving in plans', and reflective of staff knowledge and the centre's policy.

The person in charge told the inspector about supports provided to enable a resident to move on from the centre, which were reflective of both the resident's needs and policy reviewed. Residents' knowledge and documentation reviewed by the inspector was in line with the centre's policy on admission and discharges to the centre, for example residents told the inspector that they were consulted at all stages prior to admission and visited the centre prior to moving in. The inspector found that staff practice and knowledge was reflective of the centre's policy in relation to both recent admissions and discharges to the centre.

Each resident had a written contract of care, which included total fees and any additional charges to be met by the resident such as transport and community activities costs. The inspector observed that contracts had all been signed by both the provider and the resident or their representative.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector found the centre supported residents to develop skills of everyday living and to achieve their personal goals, however improvements were required.

The inspector reviewed residents' personal plans and following on from the previous inspection found plans to be comprehensive and reflective of residents' support needs and available in an accessible format. Residents' needs such as physical and mental well-being, communication, family relationships and community activity support were outlined in their personal plans. A system was in place to capture residents' goals. Goals were reflective of residents' needs and included supporting residents with everyday living skills, access to education and recreational activities, with progress recorded in

daily care notes. The inspector observed that personal plans were reviewed on an annual basis with both residents and their representatives, although the inspector found that the assessment of the effectiveness of residents' personal plans, only indicated whether personal goals were achieved or not.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

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

Findings:

The centre was well maintained, but did not provide adequate communal and private space reflective of residents' needs.

The centre is a three bed bungalow with a communal sitting room, bathroom and kitchen come dining room. The inspector found the centre to be clean, suitably decorated and well maintained. Resident bedrooms were of a suitable size and reflected their personal preferences in decoration. Communal rooms such as the sitting room and kitchen come dining room were furnished to a good standard and reflected residents' interests.

As with the previous inspection findings, the inspector observed that the bathroom was accessed through the kitchen come dining room which did not promote residents' privacy and dignity. The kitchen come dining room did not provide adequate communal space for the number and needs of residents. Furthermore, the sitting room also contained an office area with computer infringing on communal space available, and the centre did not offer suitable arrangements for residents' to meet visitors in private.

Both the provider and person in charge told the inspector of plans to relocate the centre to more suitable premise in line with residents' needs, although this was subject to funding availability.

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):

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

Findings:

Risk management and fire safety policies and procedures ensured the safety of residents at the centre.

The centre's risk register was comprehensive in nature and specific to the service, outlining risks affecting the welfare of staff and residents. The inspector found that risk assessments were reviewed regularly, and were reflective of staff knowledge and practices at the centre.

The inspector observed that the centre's accident and incident records included learning from incidents which was then reflected in personal plans and risk assessments reviewed. Infection control measures observed by the inspector were in line with residents' needs and the centre.

Fire equipment was regularly checked by staff and serviced by an external contractor and included a fire alarm, magnetic fire doors, call points, break glasses and fire extinguishers. Furthermore, fire safety equipment had been installed to meet individual residents' needs to facilitate their evacuation in an emergency.

The centre conducted regular simulated fire drills, residents and staff confirmed they had participated in these. All staff had received fire safety training in line with the centre's policy, and both resident and staff knowledge was reflective of the centre's evacuation procedure. The centre's evacuation plan was displayed prominently throughout the centre showing fire exit routes. The inspector found that although drills were conducted at the centre, these had not occurred under minimum staffing levels following new admissions to the centre to assess their ongoing effectiveness.

The inspector reviewed the residents' person emergency evacuation plans (PEEPs). Plans were reflective of residents' knowledge, and identified any specific supports required.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The centre had policies in place on the prevention, detection and investigation of abuse and provided personalised support in the management of behaviour.

The inspector observed residents being supported in a respectful and dignified manner by staff throughout the inspection. Residents appeared comfortable with staff and informed the inspector that they liked the staff and were happy with the support they received.

The centre had a policy and procedure in place on the prevention, detection and investigation of abuse. Safeguarding information was displayed on the residents' notice board, which identified the centre's designated safeguarding office. Residents told the inspector that they would speak to staff and the person in charge if unhappy at the centre. Staff had received safeguarding training and told the inspector what constituted abuse and the actions they would take, which was reflective of the centre's policy.

Policies at the centre included the management of behaviours that challenged and the use of restrictive practices. The inspector reviewed risk assessments and personal plans and found these to reflect residents' needs and the centre's policy. Risk assessments and plans were reviewed regularly by named specialists, with changes in interventions being reflected in documents reviewed. The inspector observed that where training had been recommended for staff in line with residents' needs, this had been accessed by all staff from training records examined.

Restrictive practices operated at the centre were recorded, assessed and reflective of residents' needs, and reviewed regularly ensuring the rights and safety of residents was protected.

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:

The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

The inspector observed a record of all notifications submitted to HIQA was kept at the centre which included all notifications submitted under Schedule 4 of 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 the centre supported residents to access both educational and social activities reflective of their needs.

The centre had a policy on the accessing of education, training and development, which was reflective of the supports provided to residents as identified in personal plans.

Residents told the inspector about activities they did at the centre and in the local community, which were reflective of their personal preferences, and evident in daily care notes and personal plans examined.

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 centre ensured that residents were comprehensively supported to manage their health.

The inspector reviewed residents' healthcare records and found that residents had access to a range of allied healthcare professionals including general practitioners, psychiatrists, chiropodists and dentists. The inspector found that residents' health was regularly reviewed; and in the case of specific health issues, current recommendations were included in residents' risk assessments and personal plans. The inspector observed staff knowledge and practices which were reflective of residents' healthcare needs and risk assessments.

Residents told the inspector that they had a General Practitioner (GP) of their own choice, which was reflective of discussions with staff and records examined.

Residents had access to healthy and nutritious meals as reflected in food records maintained at the centre. Residents told the inspector that they choose the weekly meals as part of their residents meetings and were involved in food shopping. Residents were involved in preparing meals dependent on their abilities and this was reflected in discussions with staff and individual personal plans.

The inspector observed meal preparation at the centre. Residents were involved in meal preparation based on their abilities, with the activity being a positive experience for residents.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the centre's medication management arrangements which were in line with the provider's organizational policy.

Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets also clearly showed the medication prescribed for the person, its dosage, times to be administered and the route of administration. Medication recording sheets reflected the prescription sheets for each resident and the inspector observed medication being given in accordance with the prescribed times to residents. Staff signed when they had administered medication in residents' medication records for and a staff signature bank was maintained at the centre.

The inspector found protocols were in place for the administration of as required medication indicating the reason for administering and maximum dosage prescribed.

Medication was stored in a secure cabinet at the centre. The centre maintained records of all medication returned to a local pharmacy for disposal, although the inspector found no arrangements in place for the separate storage of out-of-date medication prior to return.

The centre had not had any recent medication errors; however staff were able to tell the inspector what they would do in situations such as misadministration of medication.

Judgment:

Substantially 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 centre's statement of purpose was reflective of service provided to residents.

The statement of purpose was regularly reviewed to ensure it reflected the service provided, and was available to residents in an accessible format.

The inspector reviewed the statement of purpose and found this to meet the requirements of Schedule 1 of the regulations.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Governance and management arrangements at the centre ensured residents were kept safe and supported with their identified needs.

The management structure was reflective of the centre's statement of purpose and staff knowledge.

The person in charge is full time and is responsible for the centre along with a second designated centre in the local town. The person in charge was known to the residents and had a weekly presence in the centre and was available as and when required. Residents and staff told the inspector that they found the person in charge both approachable and responsive to their needs. The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on the needs of residents, as well as their role under regulation. Training records reflected the person in charge's commitment to continued professional development in line with the needs of the centre.

The inspector interviewed the provider's representative and other person's participating in the management of the centre during the inspection. The inspector found the provider and other person participating in management to be suitably qualified and knowledgeable on the needs of residents. Furthermore, the inspector reviewed management systems in place to inform the provider about the centre which included for example residents' needs, risk assessments, HIQA notifications and staffing records.

The inspector reviewed monthly announced visits to the centre conducted by the person participating in management which examined the operational systems at the centre and

were forwarded to the provider's representative. Furthermore, the inspector reviewed audit systems used by the person in charge to ensure the effective governance and management of the centre which included medication and financial audits.

The provider conducted six monthly unannounced visits to the centre, with written reports on the visits being available at the centre. The inspector also reviewed the annual review of care and support at the centre which was completed by the provider's representative and available at the centre.

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:
Person in charge deputising arrangements were reflective of the centre's statement of purpose.

The inspector reviewed the centre's statement of purpose and found that arrangements in the event of the person in charge being absent for 28 days were reflective of interviews with the person in charge, provider representative and other persons participating in the management of the centre.

Staff knowledge of the deputising arrangements was reflective of the information in the statement of purpose.

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 found the centre was reflective of its statement of purpose, although staffing levels did not meet the needs of residents.

Services and facilities provided were reflective of the centre's statement of purpose. Risk assessments identified staffing required to enable residents to access community activities, although the inspector found that the centre's staff roster was not reflective of residents' need, leading on occasions of activities being group centred or differed until staffing was available, reflective of discussions with the person in charge and staff.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspector found the staff received training reflective of the residents' needs, but staffing levels at the centre did not meet the individual needs of residents.

The inspector found the centre had both a planned and actual roster which was reflective of staffing during the inspection and although residents received timely support, as referenced in the main body of the report this did not meet the assessed needs of all residents.

Staff training records reflected that staff accessed mandatory training such as manual handling, fire safety, safeguarding of vulnerable adults, as well as training which reflected the needs of the residents for example behaviour management.

Staff informed the inspector that they attended team meetings chaired by the person in charge, and records reviewed showed discussions on resident needs, staff training and organizational policy. The inspector examined annual staff performance reviews and monthly supervision records which were reflective of centre policy and discussions with

staff and the person in charge.

Staff were aware of the Health Act 2007 and regulation in line with their roles and responsibilities.

The inspector reviewed a sample of personnel files, which contained all information as required under Schedule 2 of the regulations.

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 records and documentation required under regulations were maintained at the centre.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up-to-date.

The inspector found that records required under regulation were maintained at the centre and are reflected in the main body of the inspection report.

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:

Stevan Orme
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:	Holly Lodge
Centre ID:	OSV-0003416
Date of Inspection:	26 July 2016
Date of response:	05 September 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:

The design and layout of the centre did not promote residents' rights to privacy and dignity.

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 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

(1) The Registered Provider has identified alternative, more suitable accommodation and has submitted application for Capital Assistance Scheme funding in August 2016.

The Registered Provider anticipates;

(a) CAS funding approval October 2016,

(b) Property acquisition completed November 2016,

(c) Procurement Design/Construction December 2016,

(d) Site works January 2017,

(e) Completion February 2017.

(f) Registration March 2017

(2) The Registered Provider is working in partnership with a housing association to purchase the identified property.

(3) The Registered Provider will ensure that the Person In Charge and the staff will ensure the rights and dignity of the residents is respected in relation to all aspects of their lives in the current environment.

(4) The Registered Provider is committed to funding an alternative premises if the agreed option does not proceed. This has been discussed at senior management level within the organisation and the HSE and the registered provider is committed to ensure the service users are moved to a more suitable premises within the agreed timeframe.

Proposed Timescale: 31/03/2017

Theme: Individualised Supports and Care

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

Staffing levels did not enable residents to participate in interests of choice unless pre-planned or as a group activity.

2. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

The Registered Provider has reviewed the rota to ensure that 18 hours per week, 6 hours over 3 days will be in place to enable residents to participate in interests of their choice on regular occasions.

Proposed Timescale: 01/10/2016

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

The centre did not provide facilities for residents to meet visitors in private.

3. Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

The Person In Charge pending the move to the new premises will ensure that residents have the opportunity to invite visitors to the designated centre when they choose. However if residents wish to ensure they have guaranteed privacy during their visits, visits can be arranged during the hours of 9.30am and 3pm or when residents have a planned activity.

The Person In Charge will ensure that the Statement Of Purpose is updated to reflect this arrangement.

Proposed Timescale: 12/09/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plans did not review the effectiveness of the plan in meeting residents' goals.

4. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The Person In Charge will ensure that the annual review provides an overview and details all goals set and outcomes achieved for the previous 12 months and clearly outline goals/outcomes set for the coming 12 month period. The Person In Charge will ensure that staff complete the review template in a way that will evidence the effectiveness of each personal plan.

Proposed Timescale: 30/09/2016

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 centre did not provide communal/private space and bathroom facilities to meet residents' needs.

5. 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:

(1)The Registered Provider will ensure that the Person In Charge and the staff ensure the privacy and dignity of the residents is maintained at all times in the current designated centre.

(2)The Registered Provider has incorporated en-suite bathrooms in the design layout of the new premises.

Proposed Timescale: 31/03/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A simulated evacuation drill had not been conducted using minimum staffing since an admission to the centre.

6. 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:

The Registered Provider simulated an evacuation fire drill on the 28th July 2016 with minimum staffing and will complete same 6 monthly.

Proposed Timescale: 28/07/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Out of date medication was not separately stored from current medication at the centre.

7. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The Person In Charge identified a segregated, secure area for storage of returnable or out of date medications. All out of date medication will be stored separately from current medication.

Proposed Timescale: 26/07/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not resourced sufficiently to meet residents' needs.

8. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The Registered Provider has reviewed the staff rota within the designated centre and reconfigured same to ensure that 3 days a week there are sufficient staff to meet residents needs on an individual basis.

Proposed Timescale: 01/10/2016