

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Raphael's Residential Centre
<b>Centre ID:</b>	OSV-0003999
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Deborah Harrington
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	Geraldine Ryan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	29
<b>Number of vacancies on the date of inspection:</b>	21

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:	To:
28 November 2016 08:30	28 November 2016 17:00

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

Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management

**Summary of findings from this inspection**

Background to the inspection:

On 6 November 2015, HIQA applied to the district court under Section 59 of the Health Act 2007 for specific restrictive conditions to be placed on the registration of three centres for people with disabilities which were managed by the Health Services Executive (HSE). The centres were St Raphael's Residential Centre, Oakvale and Youghal Community Hostels, all located on the grounds of St Raphael's Campus in Youghal. The provider consented to the application and the court applied the conditions.

The previous inspection of this centre was in May 2016. On that inspection eight of the nine outcomes inspected were at the level of major non-compliance, including the healthcare needs of residents. In particular the HSE as the provider of the service had been instructed to immediately address to failings in relation to residents' health as:

- it had not been demonstrated that one resident had been provided with adequate food and nutrition for a period in excess of 18 hours.
- a healthcare support plan was not being followed in relation to an assessed healthcare need for adequate food and nutrition.

The current inspection was to review the measures that the HSE, as service provider, had put in place to ensure that the healthcare needs of residents were being managed effectively. In particular the inspection was to review the clinical governance of the care being provided.

Description of the service:

The centre was based in a campus style environment with other designated centres on site in Youghal. This centre provided a home to 29 residents in three different "units". Residents had complex healthcare needs and a high level of support needs.

How we gathered our evidence:

The inspectors met with 20 residents living in the centre and met with staff and the management team. Inspectors also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Inspectors also spoke with staff, including the person in charge, the acting director of nursing and the project manager who was the representative on behalf of the HSE.

Overall judgment of our findings:

There was some evidence of good practice. For example, during the course of the inspection one of the residents had a medical emergency that required immediate treatment. Nursing staff on the unit provided appropriate treatment in response to the immediate risk and then sought advice from the resident's general practitioner (GP).

Each resident had an assessment completed that identified the individual's support needs in personal, work-related, healthcare and social activities in order to identify and describe the types and intensity of the supports the individual required. Following the completion of these assessments the housing needs of each resident were being finalised. The HSE was implementing its action plan to move the remaining 29 residents from this centre, which was a congregated setting, to a community based model of service.

However, of the three outcomes inspected one was at the level of major non-compliance with a further two at the level of moderate non-compliance.

Outcome 11: Healthcare needs

Improvement was required in relation to the monitoring of residents' fluid intake and the modification of meals to ensure the appropriate "consistency" and "texture" was suitable for each resident. Improvement was also required in relation to the management of residents' oral hygiene, epilepsy, wound care and bowel care.

It was noted that while multidisciplinary healthcare assessments had been completed for residents, the speech and language therapist had recently left the service; the physiotherapist had only been available on a "sessional" basis and was now not available to the service; and the dietitian had also only been available on an "as required" basis and was now not available also. The person in charge and the acting director of nursing outlined that the service was trying to replace these allied health professionals.

Outcome 12: Medicines management

On the current inspection there were many examples of nursing staff taking orders for medicines over the telephone from a medical practitioner. Improvement was required to ensure that medicines management practices were in line with national policy.

Outcome 14: Governance and Management

There had been a number of changes to the governance and management of the centre since the previous inspection. A new person in charge had been appointed in July 2016; and a new nominee on behalf of the HSE who was the project manager for the transition of residents from this centre had also been appointed. However, inspectors found that the management systems did not provide for effective monitoring of the service provided to residents. The person in charge and the acting director of nursing acknowledged that there were inconsistencies of care across the three "units" that made up this centre.

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

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

**Outcome 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):**

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

**Findings:**

The current inspection was to review the measures that the HSE, as service provider, had put in place to ensure that the healthcare needs of residents were being managed effectively. Improvement was required in relation to the monitoring of residents' fluid intake and the modification of meals to ensure the appropriate "consistency" and "texture" was suitable for each resident. It was noted that multidisciplinary healthcare assessments had been completed for residents, the allied health professionals had left the service. Improvement was required in relation to the management of residents' oral hygiene, epilepsy, wound care and bowel care.

During the course of the inspection one of the residents had a medical emergency that required immediate treatment. Nursing staff on the unit provided appropriate treatment in response to the immediate risk and then sought advice from the resident's general practitioner (GP).

On the previous inspection it had not been demonstrated that one resident had been provided with adequate food and nutrition for a period in excess of 18 hours. During the current inspection in one of the healthcare records it was noted that there had been a multidisciplinary meeting regarding the resident's healthcare needs. This meeting had been attended by the person in charge, nursing staff, occupational therapist and speech therapist. However, not all recommendations from this multidisciplinary meeting were being implemented. In particular, directions that the resident received a prescribed amount of fluid over a 24 hour period were not being followed. On some days the resident was receiving 33% more fluid than recommended; and on other days the resident was receiving 43% less fluid than recommended.

Another resident had specific food and drink recommendations from a speech and language therapist that included the completion of a 24 hour fluid and nutrition record. In the records seen by inspectors the date was not always on the form, the amount of

fluid was not being recorded accurately and totals of fluids were not being recorded. In addition, specific instructions in relation to administration of fluid after meals were not being followed.

Meals for residents were prepared in a separate central kitchen elsewhere on the campus and delivered to each of the three units in the centre. In the healthcare records seen by inspectors advice and guidance was also available from a dietician and a speech and language therapist in relation to the modification of meals to ensure the appropriate "consistency" and "texture" was suitable for each resident. The dietician had recommended that each resident's meal was identified with their name so that the appropriate "consistency" and "texture" of food was available for the named resident. Inspectors spoke to staff in the kitchen and each meal required to be in a modified format was not identified for each resident. In addition, staff in the kitchen outlined that they had not received training in how to prepare meals in a modified format.

Due to some residents' dependency levels staff assisted these residents with their meals. Staff were observed assisting residents in a sensitive manner and engaged in a positive way with residents throughout the meal.

In the sample of resident healthcare records reviewed by inspectors each resident had access to a general practitioner (GP). There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents as required.

A record was maintained of all referrals to and treatment by allied health professionals. There was a full time occupational therapist who provided assessment and guidance for staff on areas like pressure relief for residents in wheelchairs, postural support and guidelines on the use of recommended chairs. The occupational therapist had also completed "screening" reports for residents who had been presenting signs of dementia.

Inspectors saw evidence in resident healthcare plans of reviews by the speech and language therapist in relation to safe swallow recommendations and advice on food consistency. There was also evidence of input from the physiotherapist in relation to residents who were presenting with mobility difficulties. A physiotherapist had provided guidance and support to residents who had breathing difficulties.

There was a clinical nurse specialist in behavioural support available to residents. Where required, residents had positive behavioural support strategies in place that provided clear guidance to staff. The clinical nurse specialist was also available after any incident and had undertaken analysis of each incident to support staff knowledge.

There was evidence of joint support being provided to residents by the occupational therapist and speech therapist to best meet the residents' needs using combined strategies. However, the person in charge outlined that the speech and language therapist had recently left the service; the physiotherapist had only been available on a "sessional" basis and was now not available to the service; and the dietitian had also only been available on an "as required" basis and was now not available also. The person in charge and the acting director of nursing outlined that the service was trying to replace these allied health professionals.

Inspectors found that there had been improvement to the care planning process and assessment of residents' healthcare needs. However, further improvement was required in particular in relation to the management of residents' oral hygiene, epilepsy, wound care and bowel care. In some cases oral care health assessments were not up-to-date. One resident's oral hygiene plan advised staff to "use mouthwash and apply Vaseline". However, there was no guidance in the care plan as to how often per day these instructions were to be carried out.

One resident's epilepsy care plan had outlined that oxygen was to be administered, when required, in the event of a seizure. However, nursing staff were not aware that the resident was prescribed oxygen. In addition, nursing staff confirmed that they had not received updated training on the administration of oxygen.

One resident had a wound care plan that was being followed. However, their skin integrity care plan made no reference to the wound or the wound care plan. In relation to bowel care, one resident had a care plan for constipation that outlined all the laxatives that were prescribed for the resident. However, there was no guidance for staff as to which laxative was to be given depending on the resident's level of discomfort. Nursing staff said that one resident was given a particular laxative daily, even though it was only prescribed on an "as needed" (or PRN) basis.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

A single aspect of this outcome was reviewed on this inspection relating to the receipt of medication prescriptions over the telephone. Improvement was required to ensure that medicines management practices were in line with national policy.

On the previous inspection it was noted that there was a practice of receiving verbal medication orders from a doctor over the telephone in relation to a resident need for medicines. In October 2015 HIQA issued guidance for service providers to meet the medicines needs of older people, and children and adults with disabilities living in residential care. This document outlined that "the only acceptable time a verbal or telephone order for a medicine is taken from a medical practitioner is in an emergency



situation, where there is an immediate unplanned need”.

On the current inspection there were many examples of nursing staff taking orders for medicines over the telephone from a medical practitioner. In a number of cases there was not a written order from the medical practitioner on the prescription sheet following the telephone order. The justification and rationale for accepting a verbal or telephone medication order was not always documented by the nurse involved to establish the clinical judgement exercised in the emergency situation. This was contrary to the guidance on medication management issued to nurses by An Bord Altranais agus Cnáimhseachais na hÉireann.

**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:**

This inspection was to review the clinical governance of the care being provided. Inspectors found that the management systems did not provide for effective monitoring of the service provided to residents.

A new person in charge for this centre had been appointed and had started as a Clinical Nurse Manager III (CNM III) in February 2016. However, following the last inspection the person in charge had resigned their position and was replaced by the current person in charge in July 2016. The new person in charge was a dual qualified registered nurse and had previous experience of being a manager of another centre on this campus.

The person in charge reported to the acting director of nursing who had overall responsibility for the management of all four designated centres managed by the HSE on this campus. The person in charge outlined that he had introduced a number of communication forums for staff including a “pause meeting”, where staff reflected on a particular aspect of care for residents.

The person in charge is required to notify the HIQA within three working days of serious adverse incidents. Since the previous inspection there had been three such incidents. In two of the incidents the HSE as provider of the service had undertaken a review and found that further improvement was required to ensure that care was being provided as directed in the care plan. In particular it was found that improvement was required to ensure the accurate recording of food and fluid intake.

In relation to the third incident, the HSE as service provider, at the request of HIQA, had undertaken an internal review of the care provided to one resident. This incident was discussed with the person in charge during the inspection and the service was to undertake a further review of the care. The service undertook to inform HIQA of the outcome of their further investigation of this issue.

Since the last inspection there had been other changes to the management team on site. There was a new nominee on behalf of the HSE. They were the project manager for the transition of residents from this centre, which was a congregated setting, to a community based model of service. As part of this transition process each individual resident's needs had been assessed by external facilitators. Each assessment measured the individual's support needs in personal, work-related, healthcare and social activities in order to identify and describe the types and intensity of the supports the individual required. Following the completion of these assessments the housing needs of each resident were being finalised.

The project manager said to inspectors that four houses had been purchased by the HSE, with negotiations ongoing for the purchase of a number of other houses. The appointment of a community transition coordinator had recently been agreed. This role was to facilitate service coordination for those residents who choose to relocate from the institutional setting to community living. The transition coordinator was responsible for linking the individual to all necessary services and supports and for ensuring that all services and supports were in place prior to the transition.

The project manager also outlined that a family forum had been set up to allow an opportunity for family members to become familiar with the decongregation plan. Meetings with individual residents and their families were also being organised.

Other changes to the management team included the appointment of a new Clinical Nurse Manager II (CNM II) to replace the previous CNMII. There were two Clinical Nurse Managers I (CNM I) and the HSE were seeking to appoint a third CNMI. At the time of the previous inspection there was a compliance and regulations officer who had been seconded from another HSE service. However, this secondment had ended and there was no replacement for this position.

However, inspectors found that the management systems did not provide for effective monitoring of the service provided to residents. The person in charge and the acting director of nursing acknowledged that there were inconsistencies of care across the three "units" that made up this centre. As was found on the previous inspection improvement was still required in relation to ensuring residents received adequate food and nutrition. In addition improvement was still required to the care planning process to ensure that each resident's assessed healthcare needs were being met.

<b>Judgment:</b> 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:***

Kieran Murphy  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003999
<b>Date of Inspection:</b>	28 November 2016
<b>Date of response:</b>	19 December 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 11. Healthcare Needs

**Theme:** Health and Development

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

Improvement was required in relation to the management of residents' oral hygiene, epilepsy, wound care and bowel care.

#### 1. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each

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

resident, having regard to each resident's personal plan.

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

1. All Care Plans are to be reviewed and completed by 30 /01/17.
2. Care plan information provided to each CNM 1 & CNM 2 to enable them to formulate informed care plans in the areas of Bowel, Oral, Epileptic and Wound care.
3. Care plan audit will be conducted in February 2017.

**Proposed Timescale:** 28/02/2017

**Theme:** Health and Development

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

Each meal required to be in a modified format was not identified for each resident. In addition, staff in the kitchen outlined that they had not received training in how to prepare meals in a modified format.

**2. Action Required:**

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

1. All Mealtime information has been update on all units and this information has been provided to the Kitchen.
2. ALL CNM 1 will monitor this going forward.

Proposed Timescale: Complete

**Proposed Timescale:** 19/12/2016

**Theme:** Health and Development

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

Recommendations from a dietician and speech therapist in relation to residents fluid intake were not being followed.

**3. 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:**

1. Follow up of all allied health professional recommendations will be reviewed and implemented.
2. Daily PAUSE meeting are carried out on all units and this information will be part of

this process.

**Proposed Timescale:** 30/01/2017

## **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:**

The process for ordering emergency medication was contrary to the guidance on medicines management issued to nurses by An Bord Altranais agus Cnáimhseachais na hÉireann.

#### **4. Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1. A preliminary review has been carried out of all over the Phone orders from the 1/1/16 to 13/12/16 which revealed a total of 7 orders.
  - 2/11/16 order taken from your own GP for a resident who returned from hospital as she was unable to attend at the time.
  - 9/11/16 Order taken from our own Psychiatrist for a resident under her care
  - 25/11/16 order taken from our own GP as an interim measure as she was unable to attend at the time
  - 26/11/16 Order taken from South Doc as out of hours.
  - 30/11/16 order taken from our own GP as an interim measure as she was unable to attend at the time.
  - 9/12/16 order taken from your own GP for a resident who returned from hospital as she was unable to attend at the time.
  - 13/12/16 order taken from our own GP as an interim measure as she was unable to attend at the time.
2. A comprehensive review of all over the Phone order will be carried out and will become part of the Medication audit carried out 3/12 monthly
3. A Protocol for the justification and rational for the acceptance of a phone order is current being developed

Proposed Timescale: Complete & 29/02/17

**Proposed Timescale:** 28/02/2017

## **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 management systems as found on inspection did not provide for effective monitoring of the service provided to residents.

The person in charge and the acting director of nursing acknowledged that there were inconsistencies of care across the three "units" that made up this centre.

As was found on the previous inspection improvement was still required in relation to ensuring residents received adequate food and nutrition.

In addition improvement was still required to the care planning process to ensure that each resident's assessed healthcare needs were being met.

**5. 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:**

1. Management team is augmented by the recruitment of an additional CNM1 & a CNM2 and in place from the start of November
2. A calendar of CNM has been populated for the coming months
3. Daily PAUSE meetings are being held on each unit to review and improve all care plans.
4. The Calendar for attendance of the Quality Improvement team for their input to care plan development is in place and managed by the CNM 2

**Proposed Timescale:** 30/12/2016