

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ardcuan Group - Community Residential Service
Centre ID:	OSV-0004041
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 August 2016 09:00	10 August 2016 18:30
11 August 2016 08:50	11 August 2016 17:15

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 announced 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The required actions from the centre's monitoring inspection in August 2015 were also followed up. The inspection was completed over two days and this report sets out the inspector's findings.

How we gathered our evidence:

The inspector met with a number of the staff team which included social care staff, the person in charge, the person participating in management and the clinical nurse manager (CNM) 3 who had responsibility for the centre. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents and during the inspection process met with a resident's family member.

Overall, residents appeared happy and contented in their home and the resident's representative reported to be satisfied with the care and support provided to their relative. They highlighted that they looked forward to the respite break and that sometimes they got offered an extra night. The inspector met with all seven residents present over a cup of tea, and again during their evening meal. They reported to the inspector that they loved attending respite, that they had a laugh and that they looked forward to going there. Additionally, the inspector noted that a feedback questionnaire completed by a resident stated that they liked respite as they were made feel at home, staff were helpful and they enjoyed sharing time with all their friends.

Review of a number of questionnaires that were completed by residents' family members demonstrated that overall they were very happy with the service provided and indicated that their relative's health and safety needs were supported. As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises, which included the attached self-contained apartment.

Description of the service:

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was situated in a suburban community. It consisted of a two storey house on it's own separate grounds which had a large back garden area and contained frontage for parking of the service's transport vehicle. In addition, there was a self-contained apartment attached to the house. One resident lived there independently with support given at their request. The CNM3 was the main link person for this resident.

The statement of purpose stated that the centre provided planned and crisis respite care to male and female service users with varying degrees of intellectual disability. This group was comprised of adults and children who utilised the service provider's day service facilities and school. The aim of the service was to provide an overnight and evening respite setting in order to give residents a fun break from home, enable them to have social interaction with their peers and to give families a break. Children and adults attended the service on separate nights with two days each month designated for children only. The respite service was provided for seven nights one week and for four nights the following week. Transport was provided for residents in coming from and returning to their day services.

The centre had a maximum capacity of eight service users per night. In total at the time of inspection, 81 adults and 6 children were availing of this respite service. The majority of users availed of an overnight stay and some were only availing of the evening respite option. The type of respite was decided in line with the resident's assessed needs and choice. Some residents who availed of respite required support with epilepsy, mental health issues, medical conditions and their mobility.

Overall judgment of our findings:

Of the 18 outcomes inspected against the inspector found one outcome to be of major non-compliance, four were found to be of moderate non-compliance, six were found to be substantially compliant and seven outcomes were found to be compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The centre's premises were found to be of major non-compliance for a number of reasons but most critically due to the fact that structurally it did not meet the needs of some residents who were availing of the respite service. Significant improvements were required in the outcomes of social care needs, health and safety and risk management, communication and notifications to bring them into compliance. These improvements included the conducting of assessments with residents in response to changes in their needs, the consistent updating of the centre's risk and fire management system, the provision of internet access for residents and the notifying of all required incidents to HIQA.

Also, improvement was required in the outcomes of residents' rights, dignity and consultation, safeguarding, general welfare and development, governance and management and staffing to achieve full compliance. Staff training gaps, particularly with regard to safeguarding and medication management needed to be addressed and the centre needed to complete an annual review of the quality and safety of the service it provided.

Compliance with the regulations was found in residents' healthcare needs, medication management and in their family and personal relationships and links with the community. Additionally, the centre's statement of purpose, admissions and contract for the provision of services, the absence of the person in charge and use of resources for the centre were found to be compliant.

These findings along with others are further detailed in the body of the report and 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):

No actions were required from the previous inspection.

Findings:

Residents were found to be consulted with and involved in decisions about their care and in the organisation of the centre. Residents had access to advocacy services and to information about their rights. Residents were facilitated to exercise choice and control in their daily lives. Residents' privacy and dignity was respected. Residents' complaints were heard and responded to in a systematic manner.

The inspector observed that residents were constantly consulted with, listened to and involved in all aspects of decision making in their daily lives. Staff were observed to treat residents with dignity and respect.

House meetings were regularly held, with the day rotated to ensure that all residents had the opportunity to participate and contribute their opinions. There was a set agenda for the meeting which included house matters, discussion around the complaints procedure, the charter of rights, health and safety in the house and planning for upcoming events.

Residents were noted to be very aware of their rights and entitlements and disability related matters. They informed the inspector of their involvement in previous disability protest campaigns.

The inspector found that residents' complaints were heard and responded to in line with the required procedures with evidence of outcomes incorporated into residents' care plans.

Residents were found to be supported to manage their personal possessions and finances which they highlighted in discussion with the inspector. However, in discussion residents highlighted that there have been some issues with their laundry getting mixed up which was subsequently followed up by their families.

The inspector observed that residents brought small amounts of pocket money into respite to fund some of their social activities whilst there. If residents wished, there was a system available for receipt and safekeeping of this money.

Whilst in respite residents were allocated bedrooms to suit their needs and choice where possible. During the children's week of respite each resident had their own room but during the adult week some residents were required to share. However, the inspector observed that residents present at the time of inspection were happy with this arrangement and additionally noted that residents' choice was accommodated in the centre's bed allocation system.

Residents were found to participate in activities that were meaningful, purposeful to them and clearly of their choice.

Judgment:

Substantially 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:

The inspector found that residents were supported to communicate and where required were facilitated with additional supports and interventions to augment this need. However, internet access was not available to residents.

Radios, televisions, magazines and papers were available to residents whilst they were on a respite stay. The majority of residents were observed to have their own personal mobile phone but internet access was not facilitated. The inspector noted that this requirement was very relevant to the residents' profile and wishes. The centre was noted to be part of the local community with residents observed to access facilities and services, for example, the church, shops, cinema and park.

Staff were observed to be aware of the different communication needs of residents and specialist speech and language support was also available. The inspector noted that

residents' communication needs were outlined in their plans and there was evidence of environmental communication supports for residents, for example, a staff photo rota on display in the communal area. Residents were also observed to be facilitated in the usage of assistive technology.

There was written guidance for staff with regard to communication with residents.

Judgment:

Non Compliant - Moderate

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:

Overall, the inspector found that residents were supported to develop and maintain personal relationships and links with the wider community. Families were noted to be actively involved in their relative's lives.

The inspector observed that there was active communication with residents' families and noted that this was particularly evident around times of respite admission and discharge. Families were also involved in residents' reviews and their care planning process.

In keeping with the nature of the respite service provided, residents in general didn't tend to receive visitors whilst there. However, the inspector noted that if the resident wished, it would be facilitated and did observe a family member visit on one of the inspection days.

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:

Overall, the inspector found that the admission process for the centre was clear and based on transparent criteria in line with the statement of purpose. Additionally, admission policies and practices were noted to take into account the need to ensure residents' safety and the safety of other residents.

From review of documentation and files, the inspector found that there was a process in place to systematically assess each new referral for respite which involved management and members of the multidisciplinary team as relative to each individual. The inspector observed a standardised needs assessment that was completed for each new referral with input from the individual's family. The inspector observed that the safety of residents was incorporated in admission planning and that this was reviewed and revised as required post incidents.

Residents were found to have written contracts for respite which outlined the terms and conditions of the service provided to them.

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):

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

Findings:

In general, the inspector found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plan. The inspector observed that the residents and their representative were involved in the personal planning process and a number of documents were made available to the resident in an accessible format. Residents were supported by multidisciplinary team members. There was a

process in place to ensure that residents' critical information, needs and wishes were updated as they availed of the respite service and for follow up communication with their families, school and day service. Also, residents were supported as they transitioned from child to adult respite usage. However, improvements were required to ensure that some residents' needs were re-evaluated with changes in their presentation and in the subsequent reviewing and updating of their plans.

From a review of plans, discussion with staff and observation the inspector found that, in general, the needs and wishes of residents were assessed as required. Plans with a clear traffic light system, were available to inform and guide staff in supporting residents' needs and wishes. Also, the inspector noted that as per the action plan from the previous inspection, the persons responsible for pursuing objectives were identified on residents' plans.

However, the inspector found that a new assessment was not completed by the required health care professionals, for a resident who had experienced changes in their presentation and needs. Subsequently, the resident's plan was not reviewed and revised to support their current needs.

The inspector observed that there was a process in place to ensure that, as each resident attended for their respite stay, their needs and wishes were updated in their personal plans. Once the respite schedule was drafted, residents and their families were sent a letter of communication which outlined their planned respite days for the coming month and also communicated a reminder that they would update staff with any changes in residents' needs directly prior to the respite stay. This requirement was also communicated in the respite information booklet that was given to prospective respite users. The inspector observed the documentation system that was utilised to underpin this process. Additionally, the inspector observed staff implementing this process, with residents' files reviewed and updated and families communicated with as necessary on admission. As residents were discharged critical information was noted to be communicated to their families, school and day service. A school journal book was utilised for child respite users and where required for adult respite users a personalised communication book was used.

The inspector observed that residents had opportunities to participate in meaningful activities and community based activities that were appropriate to their interests, wishes and preferences.

The inspector found that, as per the action plan from the previous inspection, residents were now clearly supported as they transitioned from utilising the children's to the adult respite service. The inspector noted that there was an identified pathway for this process. Review of a resident's file demonstrated that this transition was planned in advance and systematically supported. This included meetings with all the resident's circle of support people, looking at the specific supports required to assist the young person at this critical time, incremental visits to the adult service and progress reviews with the resident and their representative. Life skills development was noted to be integrated into residents' reviews and plans.

The inspector noted good use of accessibility throughout residents' documentation with plans made available in accessible formats. Residents were found to be supported by a number of multidisciplinary team members with case conference reviews completed as required for residents' needs. This included a child psychiatrist, behaviour specialist and social worker. Also, the inspector observed that residents and their representatives were consulted with and involved in the review process.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the location, design and layout of the premises was suitable for its stated purpose. However, it did not meet the altered and current needs of some of the residents that were availing of respite. Improvements were also required in the provision of adequate storage for residents' possessions and in the maintenance and upkeep of the premises.

The inspector observed that the premises did not meet the needs of some residents due to residents' changing and evolving presentation, especially with regard to their mobility and their difficulties in accessing and egressing the upstairs section of the premises. The inspector noted that there was no bedroom or downstairs toilet option available for residents to use.

The inspector found that there was inadequate storage options and space for residents to store their personal possessions. Some residents highlighted that they would like to have a wardrobe available to hang their clothes and store their shoes. Laundry facilities were available for residents if they wished.

The inspector observed that some areas of the premises were not well maintained or suitably decorated. Some walls and ceilings were a little soiled, painting and a general updating was required in a number of rooms, the floor in the hall was scuffed, a lamp on the landing did not have any fitting or shade, tiles were cracked in the main bathroom, the shower fitting was broken with residents unable to utilise it, curtains were not hanging correctly, moss was noted on the roof in the playroom and cobwebs were

observed.

The inspector observed that there was sometimes a time delay with decorating issues, noting that a request for a new carpet was originally made before Christmas 2015 and that it was finally replaced on 8 August 2016.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were systems in place to ensure the health and safety of residents, staff and visitors. Some improvement was required with the management of risk and in fire management.

The inspector found that there were policies and procedures in place for risk management, health and safety and emergency planning. The risk management policy included the specified risks identified in Regulation 26. The centre had a risk management system, however, it required some improvements. The inspector found that the centre's risk assessment for medication errors and the risk register had not been updated post the reporting of a recent medication error with a resident. Additionally, some residents' manual handling risk assessments were not completed with current information and therefore did not reflect the possible risk involved for the resident.

The inspector noted that incidents in the centre were reviewed by the person in charge and her line manager on a quarterly basis. Also, a staff member from the house participated in the service provider's health and safety committee.

The centre had appropriate fire equipment in place. The inspector reviewed certificates which showed that fire extinguishers in the house, the fire alarm and emergency lighting was serviced regularly. Daily and weekly checks were conducted by staff which covered fire exits, the fire panel, emergency lighting and extinguishers. However, fire containment measures were not considered and there were no fire doors in the centre.

Fire drills were carried out on a regular basis and the centre's fire procedure was prominently displayed. Residents present were clear about the fire evacuation plan and informed the inspector that they had taken part in fire drills. The person in charge

reviewed the completed fire drills and had a system in operation to ensure that all respite users got the opportunity to participate in a minimal of two fire drills annually. Also, the resident in the self-contained apartment participated in the fire drills when present.

The vehicle used by the centre was found to be roadworthy, regularly service, insured and suitably equipped. However, the inspector observed that the vehicle's fire extinguisher had not been checked since March 2015. The inspector observed a vehicle maintenance checklist which was completed by staff on a monthly basis but this document did not include the checking of the fire extinguisher.

Staff noted to the inspector that the service operated a system which ensured that staff were assessed and signed off as competent prior to driving residents in the bus. Also, the inspector noted that a risk assessment was completed regarding the transportation of residents. Residents informed the inspector that they were happy with the transport available to them.

The centre had systems in place for infection control and in general the centre was clean. There was adequate hand wash facilities and colour coded chopping boards available for usage in the kitchen.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Overall, the inspector found that there were measures in place in the centre to protect residents from being harmed or suffering abuse and appropriate action was taken in response to allegations, disclosures or suspected abuse. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging and a restrictive free environment for residents was promoted. However, gaps were identified in staff's

training requirements to meet residents' safeguarding needs.

The inspector found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. The inspector observed that incidents and events had been appropriately responded to and that the identified safeguarding measures were integrated into future respite scheduling for residents. The required designated persons were available to residents and staff.

Staff members, including relief staff, outlined how they would respond to potentially abusive situations for residents and were clear with regard to their reporting responsibilities. However, gaps were identified in staff training for the safeguarding of residents and in the specific training required when supporting children.

The inspector found that residents' positive behaviour support needs were identified and supported. Additionally, these needs were appropriately incorporated into the traffic light system that was in operation for residents' care plans and needs. It was noted also, that specific staff support was scheduled around some residents' respite days to ensure that their individual positive behaviour support needs were met.

Residents were supported and reviewed by the multidisciplinary team which included a behaviour specialist, social work and psychiatry. As per the action plan from the previous inspection, there was evidence of review of residents' behaviour support plans. Discussion and review of behavioural supports were also integrated into residents' personal planning process which was attended by their family and other support people. Restrictive practices were also discussed and reviewed in this process.

Residents personal and intimate care needs were outlined in their documentation and plans which informed staff practices and supports provided.

During the inspection staff were observed to treat residents in a warm and respectful manner with the inspector observing that residents appeared contented. Additionally, residents reported that they felt safe in the house.

The centre had the policies in place as required by regulation.

Judgment:
Substantially 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:

A record of incidents that occurred in the centre was maintained and the centre had a history of submitting notifications. However, during the inspection it was observed that the chief inspector had not been notified of three day notifiable events.

The inspector observed that two safeguarding incidents which had occurred between residents were not notified to HIQA, though the incidents had been appropriately responded to by the registered provider.

Judgment:

Non Compliant - Moderate

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:

Overall, the inspector found that residents' opportunities for new activities, opportunities, social and vocational options were supported. Children's educational and developmental needs were also found to be integrated and supported whilst they availed of respite. However, further improvement was required in the facilitation of life skills learning for residents.

During the inspection it was observed that residents were on a summer holiday break from their usual structured day service. They informed the inspector of the different types of services that they usually attended and additionally a number of residents had jobs in retail and the service industry which they enjoyed. Residents outlined the variety of in-house and community activities that they participated in. These included bingo, shopping, cinema in the community and playing computer games, painting and watching DVDs whilst in the house. The need for some new DVDs was highlighted. Residents reported and stressed to the inspector that their activity choices are honoured and that in respite they get to do what they want.

The inspector noted that the need for further opportunities and development of residents' life skills has been identified by the service and plans were being compiled by the person in charge to address this.

The inspector observed that there was space and facilities available for children to play and engage in developmentally appropriate activities. Also, the inspector found that there was communication between the child's school and the respite service with this support need incorporated into the child's review process. Where required, the inspector observed that children were supported in completing their homework when in respite.

Judgment:
Substantially 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:
Overall, the inspector found that residents in this centre were supported to achieve and enjoy the best possible health.

A review of residents' plans showed that their healthcare needs were being assessed, monitored and supported. Residents' healthcare needs and support requirements were outlined in their care intervention plans. Staff were aware of and knowledgeable regarding residents' healthcare supports. Additionally, the inspector observed that residents were encouraged to take responsibility for their own health and well being with a strong promotion of a healthy lifestyle noted.

Residents attended a medical practitioner of their choice in the community with visits organised through their families. The inspector observed evidence of communication and updating of residents' plans post their medical reviews.

The inspector found that residents were supported by a multidisciplinary team which included psychiatry, clinical nurse specialist in challenging behaviour, psychology and physiotherapy. Residents were found to have access to allied health care services, for example, neurology clinics.

The person in charge noted that if required, residents had the additional support of the of a nurse from a community based nursing-led house available to them.

The inspector observed that residents were provided with ample nutritious and appetizing food of their choice. Residents informed the inspector that they were very happy with the food and meals provided. Drinks and snacks were freely available, with

residents observed to help themselves at times of their choosing. Residents' special dietary requirements were also facilitated.

Throughout the inspection residents were noted to be very involved in food and mealtime preparation. The inspector observed several mealtimes and noted that they were a positive and social 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:

Overall, the inspector found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place.

The inspector observed evidence of review of the residents' medication. It was noted that there was a system in place to ensure that on a six monthly basis the residents' families organised their medical practitioner to conduct a review and this was recorded on a specific form which was returned to the centre. Additionally, the inspector observed communication with families which clearly outlined that they were required to provide updates post any medication reviews. Residents were noted to access their local community based pharmacist.

When availing of respite residents bring their own personal supply of medication. The inspector noted that this practice was clearly underpinned by a process which involved the transporting of medication between the resident's home, school or day service and respite. Additionally, the inspector observed the locked box that was utilised for this practice.

Staff were observed to have received training in medication management and the inspector noted a bank list of staff signatures. In addition, there was a system in operation for a nurse from another community house to support the additional medication needs of some residents who occasionally availed of respite.

The inspector observed that following an appropriate assessment residents were facilitated to take responsibility for their own medication. The goal of this practice was cited as promoting independence for the residents and was in keeping with their home routine. Staff reported this practice was working well for the residents involved.

There was a system in place for reviewing and monitoring safe medication management practices with the inspector noting that it was implemented in response to a recent medication error.

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 observed that there was a written statement of purpose which clearly outlined the service which was found to be provided in the centre. The services and facilities that were outlined in this document were noted to be in keeping with the residents' individual and diverse needs.

The inspector noted evidence of review of the statement of purpose and observed that it was available in an accessible format to residents.

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:

Overall, the inspector found that the management systems in place in the centre ensured the delivery of safe and quality services. However, improvements were required to ensure that the service provided is effectively monitored and that residents and their representatives are consulted in the annual review process.

No annual review of the quality and safety of care and support provided in the centre was completed for 2016, the most recent one available was completed in May 2015. The inspector noted that previous reviews did not provide for consultation with residents and their representatives.

The inspector found that six monthly visits had been completed by the provider nominee and there was evidence of actions implemented. The inspector noted that a number of areas for improvement that were identified in the most recent visit correlated with the HIQA inspection findings.

The inspector found that there was a clearly defined management structure with clear lines of authority and accountability. The person in charge had responsibility for one centre, had been in the role for a number of years and was supported by a CNM3. Out of hours there was a CNM3 on call system in operation to support staff. The inspector observed that the person in charge was very visible in the centre and that residents, their families and staff were very familiar with her.

Also, the inspector observed that there were arrangements in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided. Staff meetings with a template agenda were observed to occur within a two month period.

Judgment:

Substantially 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 inspector found that there were arrangements in place for the management of the centre in the absence of the person in charge.

In general, the person in charge was observed to work on site in the centre from Monday to Friday. In her absence a staff on duty on the shift was nominated, with the CNM3 also available during office hours.

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:

Overall, the inspector found that the centre was sufficiently resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. Staffing levels were observed to be keeping with the facilitation of residents' personal plans and the centre had it's own transport available to support residents' needs and wishes.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

Overall, the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. There was a commitment to ensuring that residents received continuity of care. Staff were in receipt of appropriate supervision and were recruited, selected and vetted in accordance with the regulatory requirements. However, some improvement was required to ensure that some staff had the training required to meet the needs of residents.

The inspector observed that a training needs analysis was completed for each staff member. It was noted that there were gaps in the provision and timeliness of some staff's training needs. These included medication and fire training. Additionally, this was highlighted by the person in charge.

The inspector found that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. The inspector observed the staff rota and found that staffing levels were organised and adjusted to meet residents' needs. Residents were observed to receive assistance and support in a respectful, timely and safe manner.

With regard to staff supervision the inspector found that the gaps identified in the previous inspection had been addressed. The person in charge had attended external training on the facilitation of staff supervision and was incrementally completing the formalised process with each staff member. Additionally, the person in charge was based in the house and was very available to staff in a supervisory capacity on a day to day basis.

The inspector observed that staff were aware of policies that underpinned their practices, regulations and HIQA standards. The inspector noted that they shared and encouraged this knowledge with residents.

The inspector reviewed a number of staff files and found that they were compliant with the requirements of schedule 2. Additionally, the inspector observed that the service provider had effective recruitment procedures in place.

The inspector noted that no volunteers provided support to residents.

Judgment:

Substantially 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):

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

Findings:

The records as required by Schedule 6 of the regulations were available and maintained. The designated centre was found to have adequate insurance against injury to residents. The actions required from the previous inspection were found to be completed. However, one policy as required by schedule 5 was not current and some improvement was required in the quality of residents' documents.

The inspector reviewed the centre's policies and found that one policy document had not been reviewed within the required timeframe. Additionally, the inspector observed that some guidance documents did not have a date of creation or identified author.

Records were maintained as required in the centre, were kept secure but were observed to be easily retrievable. Residents had free access to their records. Records as outlined in Schedule 4 were also available at the centre. These included, but not limited to, a residents' guide and the statement of purpose. Copies of audits and inspections completed were also available.

The inspector found that the actions required from the previous inspection were completed. Records relating to residents' food and fluid intake were observed to be completed and the required policy and procedure to support children who make allegations of abuse was in place.

The designated centre was found to have adequate insurance against injury to residents, staff and visitors.

Judgment:

Substantially 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:

Helen Thompson
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:	Ardcuan Group - Community Residential Service
Centre ID:	OSV-0004041
Date of Inspection:	10 August 2016
Date of response:	12 October 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents reported that sometimes their clothes got mixed up in the laundry.

1. Action Required:

Under Regulation 12 (3) (c) you are required to: Ensure that where necessary, each resident's linen and clothes are laundered regularly and returned to that resident.

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

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

The PIC will write to all respite users/families to remind them to label clothes with name tags as stated in respite booklet.

Proposed Timescale: 30/11/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents did not have access to the internet.

2. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Residents have access to the internet by Wi-Fi.

Proposed Timescale: 01/10/2016

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:

Some residents' personal plans were not reviewed to take into account changes in presentation and needs.

3. 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:

Personal plans will be reviewed to take into account changes in presentation and needs.

Proposed Timescale: 30/12/2016

Theme: Effective Services

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

A resident did not have a new assessment completed to reflect significant changes in needs and circumstances.

4. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The PIC will link with the Multi Disciplinary Team to ensure that all assessments are updated.

Proposed Timescale: 30/12/2016

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 premises did not meet the needs of all the residents who availed of respite.

5. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The Provider and Logistics Officer will review the suitability of the current premises and develop a plan to ensure the respite facilities offered meet the needs of all the residents.

Proposed Timescale: 30/03/2017

Theme: Effective Services

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

The premises was not in a good state of repair in all areas.

6. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The PIC will submit a comprehensive list of maintenance requests for the priority maintenance plan 2017.

Proposed Timescale: 01/01/2017

Theme: Effective Services

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

Some areas of the premises required attention, decoration and a comprehensive cleaning.

7. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- 1) The PIC will submit a request for redecoration of the premises in the priority maintenance plan 2017.
- 2) The PIC will review the cleaning schedule and add the flat roof of the playroom.

Proposed Timescale: 01/01/2017

Theme: Effective Services

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

Residents did not have adequate storage facilities for their possessions.

8. 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:

The PIC will review the storage in each bedroom and provide additional storage where required.

Proposed Timescale: 01/01/2017

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:

The fire extinguisher on the centre's vehicle did not have a current service record.

9. Action Required:

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

The fire extinguisher on the service vehicle has been serviced.

Proposed Timescale: 13/10/2016

Theme: Effective Services

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

Some current risks for residents were not clearly identified and assessed.

10. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- 1) The risk register has been updated.
- 2) Manual handling risk assessment for a specific resident has been updated.

Proposed Timescale: 13/10/2016

Theme: Effective Services

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

Fire containment measures had not been appropriately assessed within the centre.

11. Action Required:

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

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

The provider will link with the Maintenance Manager re the fitting of fire doors to the centre, quotes will be requested and fire doors installed.

Proposed Timescale: 28/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some staff in the centre required training in the safeguarding of vulnerable persons.

12. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and

response to abuse.

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

The PIC has identified in the training needs analysis the training required for staff in safeguarding residents.

Proposed Timescale: 13/10/2016

Theme: Safe Services

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

A number of staff in the centre required Children First training.

13. Action Required:

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

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

The PIC has identified in the training needs analysis the Children's First training required for staff.

Proposed Timescale: 13/10/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The Chief Inspector was not notified of a safeguarding incident.

14. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The chief inspector will be notified of all safeguarding incidents.

Proposed Timescale: 13/10/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

A systematic process was not evident to ensure that residents' life skills were facilitated.

15. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The PIC will ensure that all residents are facilitated to learn life skills and that this will be documented.

Proposed Timescale: 13/04/2017

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:

No annual review had been completed for 2016.

16. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review has been completed for 2016.

Proposed Timescale: 23/08/2016

Theme: Leadership, Governance and Management

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

Residents and their representatives had not been consulted as part of the annual review process.

17. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Residents and their representatives have been consulted as part of the annual review for 2016.

Proposed Timescale: 23/08/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were gaps in some staff's training requirements.

18. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The PIC will review the gaps in training and identify these in the training needs analysis.

Proposed Timescale: 01/01/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

A policy on administrative access to service user or service related records had not been reviewed as required.

19. Action Required:

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

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

The provider will inform the writers of the policy that this policy requires review and update.

Proposed Timescale: 13/10/2016

Theme: Use of Information

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

As identified in the body of the report some documents were incomplete.

20. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The PIC has reviewed these documents and dated and signed them.

Proposed Timescale: 11/08/2016