

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ard na Mara
Centre ID:	OSV-0002036
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 renewal 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:
15 March 2017 09:30	15 March 2017 17:00
16 March 2017 09:30	16 March 2017 16:00

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 the third inspection of this centre. The previous inspection took place on 20, 21 May 2014 after which a certificate of registration was issued. This inspection was in response to an application by the provider to renew the registration of this centre.

How we gather our evidence:

The inspector met with the five residents who were availing of respite the week of this inspection. The inspector spoke with the person in charge, persons identified as

participating in the management of the service and members of the staff team about their understanding of individual resident's key support requirements and how they supported residents to meet those requirements. The inspector also met with the director of services during the inspection in relation to safeguarding arrangements and the governance and management of the centre. The inspector also reviewed documentation such as personal plans, healthcare records, information pertaining to restrictive practices, meeting minutes and training records.

Description of the service:

The centre provided a dedicated respite service for persons with a physical and/or intellectual disability in the Cork and Kerry area. Approximately 83 residents per year availed of a respite break. Referral to the centre was made by residents' families, through the local public health nurses, general practitioners (GPs) or other organisations. Residents could avail of respite for between one and three weeks per year.

The centre could accommodate six residents during any respite period. The centre is a purpose-built bungalow located in a scenic rural setting near a village and a beach and accessible to a number of towns and Cork city.

Overall findings:

A high level of compliance was found overall with care and support provided in a person-centred way. The person in charge demonstrated competence and capability in managing the centre in a planned and effective manner, supported by the staff team and members of the senior management team.

Residents communicated to inspectors how they made choices, what they liked to do during the day and the people important in their lives. Staff demonstrated that they knew residents well and staff were observed to support residents to make decisions, to communicate and maintain independent living skills. Interactions between staff and residents were comfortable and appropriate.

Three outcomes were identified as being at the level of moderate non-compliance and these included improvements required to:

- ensure that residents were afforded satisfactory opportunities to participate in activities in the community during their stay (outcome 1)
- policies, procedures and practices in place for the prevention and control of infection under regulation 27 (outcome 7)
- policies, procedures and practices in place for the management of medication (outcome 12)

Other improvements had been identified and were being progressed by the provider and person in charge in relation to the management structure in the centre and staff training.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met can be found in an action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall, arrangements were in place to consult with residents and to promote residents' rights, dignity and respect. However, the provider was requested to assess the adequacy of both the available resources and the opportunities provided to residents to participate in activities both inside and outside of the centre during their respite stay.

Residents were consulted with and participated in decisions about their care and the organisation of the centre. At the beginning of each week, a meeting was held during which residents identified what they would like to do for the week, the menu for the week, fire safety and in-house activities. However, it was not demonstrated that activities on offer were sufficient or suited residents' age, interests and capacities. Also, it was not satisfactorily demonstrated that activities at times were not dictated by the routine and resources of the centre, particularly transport resources. For example, there was one bus available to the centre that could accommodate two wheelchair users at any one time, meaning that some residents would not be able to go out every day of their respite stay if they wished to do so. As residents availed of respite for only one, two or three weeks a year, this was not satisfactory. Also, the inspector observed that no-one left the centre until 3:15pm on the first day of the inspection, despite it being a bright sunny day. Finally, staff had not received training to facilitate in-house activities and ensure that the activities being provided were appropriate to individual residents.

Residents' rights were respected with consent obtained from residents for the use of any restrictions (such as bedrails) or monitoring devices. Residents' dignity was respected, all bedrooms were single en-suite bedrooms and staff were observed to knock on bedroom doors and wait for a response before entering. Interactions between residents

and staff were appropriate and supportive.

A log of residents' personal possessions was maintained on arrival at the centre and residents were given the choice to manage their own monies during their stay or for staff to manage their monies on their behalf. Records of any monies managed by staff were maintained. There was adequate space for clothes and personal possessions in all bedrooms.

At the previous inspection, improvements were required to the complaints procedure to ensure that it was accessible to residents. At this inspection, a user-friendly complaints procedure was visibly displayed in the centre. The inspector reviewed the complaints log. Recent complaints related to wound care, care of equipment, a negative experience when attending an outing, missing items and postural positioning. The inspector found that complaints were investigated promptly, measures were put in place in response to a complaint and the outcome of each complaint was recorded, including whether the complainant was satisfied with the outcome. There was evidence of follow through of required actions, for example, care of resident's equipment had been discussed at the staff team meeting and training in wound care was being actively pursued.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall, there were arrangements in place to support residents' communication needs.

There was a policy in place relating to communication. Residents' preferred means of communication was reflected in residents' personal plans, including the use of any aids or technologies. Input from medical and allied health professionals speech as it related to communication, such as speech and language therapy, was reflected in personal plans.

Staff were observed to support residents to communicate, in line with their communication care plans and residents' independence to express their choices, emotions or wishes was supported using their preferred means of communication.

Residents had access to radios, a television in the main communal sitting room and in

each of the residents' bedrooms, newspapers and the internet. A notice board was located in the hall that contained pictures of who worked in the centre. Pictorial information was also located in the kitchen and dining rooms regarding meal choices and menus, fire safety and infection control information. Each resident's bedroom was individually identifiable for the week with a picture and a sign was available on bedroom doors to indicate when not to enter. The names of staff on duty each day for the week and the schedule for the week was also visible on a notice board in the dining area.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall, family and personal relationships were supported for residents availing of respite in this centre.

While the centre operated a respite service, the involvement of families and consultation with families was evidenced. This involvement began at pre-assessment stage through to the respite stay itself, with families kept informed of any changes or developments, for example, if their loved one became unwell during their stay.

Residents and their families also had the option to visit the centre and meet staff prior to their stay.

The person in charge outlined how compatibility of residents with each other was considered during the planning stage. Where residents requested to attend the respite at the same time as other residents, with whom they had formed friendships, every effort was made to facilitate this request.

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):

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

Findings:

The centre's admission and discharge policy set out in a clear manner the criteria for admission. Residents' admissions were in line with the centre's statement of purpose.

A person participating in the management of the centre outlined how respite stays were organised and planned, with stays booked each quarter. Prior to admission to the centre, an assessment was completed either in the resident's home or if requested, as part of a visit to the centre. The assessment process ensured that the centre could meet each resident's needs.

The inspector saw a sample of a contract in each resident's file that comprised a service agreement and was signed by the resident and/or their representative.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, based on the sample of personal plans viewed during inspection, there was a comprehensive assessment process in place that informed residents' personal plans.

As previously mentioned under outcome 4, prior to admission to the centre, an assessment was completed either in the resident's home or if requested, as part of a

visit to the centre. The assessment process ensured that the centre could meet each resident's needs. This process also involved gathering information relevant to residents' support requirements, including information from a resident's day service and any multi-disciplinary inputs. This information was gathered and informed staff in relation to how to support any healthcare, mobility, communication, dietary or behaviour support requirements. Thereafter, a care plan was developed and reviewed on each admission with any changes captured. Goals for the respite stay were captured during both the pre-assessment and admission process and reviewed on each visit. It was demonstrated that goals identified by residents were facilitated by staff.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the centre provided a safe and suitable premises that was accessible for residents and located in a scenic setting.

The centre was bright, accessible, pleasantly decorated and well maintained. The design and layout concurred with the statement of purpose. The premises met the mobility requirements of residents who were wheelchair users and the layout promoted the residents' safety, dignity, independence and wellbeing.

There was ample private and communal space with a bright and spacious glazed dining/sitting area with an adjoining kitchen and a separate quiet room.

All bedrooms were single bedrooms, which were spacious with en-suite accessible shower rooms. Bedrooms had direct access to the external grounds via double doors. Equipment and aids were provided in each room, including a ceiling mounted hoist in each bedroom and shower room and a mobile hoist if required. Other accessible facilities were provided including doorways that were wide enough to accommodate mobile chairs of different widths, door handles on the corridors with wheelchair user accessible push button operating facility, light switches and call bells were at an accessible height for residents and hand rails. An accessible bath was available also, again with ceiling mounted hoist, should residents wish to have a bath. Records reviewed indicated

equipment used in the centre was regularly inspected and serviced by an external company.

There were no obvious hazards in the centre and the centre was well maintained. There was ample space for storage of supplies and equipment, both internal and external to the centre.

Since the previous inspection, a laundry room and housekeeping room had been created in the house. Medical equipment and clinical supplies were stored in a suitable separate clean location. The person in charge outlined that arrangements were in place in the event of there being any clinical waste generated in the centre.

Externally, there were wheelchair accessible external pathways to garden, patio and veranda areas and a ramp with handrails leading into the centre.

The centre had two closed circuit television (CCTV) cameras located front and rear of building and an intruder alarm. The centre had a policy on the use of CCTV.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:

There were arrangements in place for the promotion of health and safety and for the prevention of accidents and injuries. While a number of good practices were found in relation to the prevention and control of infection, improvements were required to the procedures in place to ensure a consistent approach and adequate oversight was in place.

The organisation had a national policy in place in relation to hand hygiene that was outside of its review date and did not reflect current evidence-based practice. There was no infection control policy in place meaning that it was not clear what the organisation's policy was with respect to some areas, for example, staff training or auditing of practices. Some relevant policies had been developed to direct staff how to support residents who may be at risk of infection in relation to specific care needs, for example, enteral feeding and catheter care.

The person in charge had requested an infection control audit, which had been

completed by an infection control nurse in August 2016. The inspector spoke with the person in charge and members of the staff team, found and observed that actions identified had either been completed or were being progressed. However, an action plan had not been developed to track the actions and ensure they would all be completed. While risk assessments had been completed for specific care needs that posed an increased risk of infection to residents, including tissue viability, catheter care and mouth care, a risk assessment had not been completed that addressed the risk of infection associated with a busy respite service. The inspector did find in practice that a training programme was in place in relation to hand hygiene and food safety and that one staff was a hand hygiene assessor. However, some staff required this training. Staff and management clearly articulated the measures in place to prevent and control the spread of infection. For example, there were clear arrangements in place to manage laundry, ensure cleanliness of the environment, food safety and waste management, meaning that in practice, no significant risk was identified.

The risk management policy included all the specific requirements as outlined in the Regulations. A risk register was in place that included relevant risks such as risks associated with postural management, entrapment by bedrails, choking, the development of pressure sores, falls and medication management. However, further improvement was required to the risk register to include a governance-related risk identified in the provider's unannounced visits, draft annual report and as articulated by a representative of the provider entity.

Arrangements were in place for the recording, investigation and learning from serious incidents. A formal reporting system was also in place.

Residents' personal plan clearly outlined the residents' requirement with regard to mobility needs, the use of a hoist, the sling to be used and any other notable requirement.

Suitable fire equipment was provided and all fire exits were unobstructed. Fire doors were found to be held open appropriately and no doors were wedged open, as was found on the previous inspection. Procedures for the safe evacuation of resident and staff in the event of fire were displayed in communal areas and in each resident's bedroom. A fire evacuation plan was compiled at the beginning of each week and considered any mobility and staffing requirements. Staff spoken to were knowledgeable on what to do in the event of an emergency and training was up to date or scheduled for new staff. There was evidence of regular fire drills. However, where a resident had refused to leave, the action taken was not clear. Prior to the close of inspection, a person participating in the management of the centre developed a procedure relating to this possible scenario recurring. Advice from a health and safety or fire officer could be sought if required within the organisation.

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, arrangements were in place to safeguard residents and protect them from abuse.

The centre had policies and procedures in place for the protection of vulnerable adults and for reporting any suspicions, allegations or incidents of abuse.

The inspector found that for any allegations, policies and procedures had been followed in practice and both internal and statutory procedures had been followed with statutory reporting requirements having been met. Staff were observed treating residents respectfully and warmly.

The centre had a policy on managing behaviours that challenge and training for staff had taken place since the previous inspection with training scheduled for any new staff. Information required to support residents was obtained during the assessment process and there was evidence of input from psychology where indicated. Support plans were in place where required, for example, to support residents who may become anxious.

The centre had a policy of the use of restrictive practices. It contained comprehensive guidance for staff on the use, the monitoring of restrictive practices. The rights of residents were protected in that each resident had signed a consent for the use of a restrictive element; for example, a request to use a bedrail/or not to use it or the use of a lap belt. Checks were carried with residents' written consent and where applicable, these checks were documented. There was other evidence to indicate that some residents had signed that they did not want to be disturbed or checked once they retired for the night.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record was maintained of all incidents and accidents that had occurred in the centre. Where required, incidents had been notified to the Chief Inspector. A quarterly report had been provided to HIQA as required by the Regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The centre provided short respite breaks to residents so access to training and education was not reviewed on this inspection. The inspector found that residents' life skills and independence was supported and encouraged while in respite. Residents' care plans identified whether residents required support and if so, the level of support required in a range of areas. For example, supports that may be required in relation to personal care, mobilising, meal preparation, during mealtimes, to take medication, to maintain a safe environment, to manage monies or personal possessions and to pursue personal activities or interests. It was evidenced that staff endeavoured to support residents if and as they required support and to maintain independence.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, based on observations, conversations with the person in charge, staff and a review of residents' personal plans, residents' healthcare needs were met during their respite stay.

Residents had access to a local general practitioner during their stay and an out-of-hours GP service, in the event of a resident becoming unwell. The inspector observed this service being used during the inspection.

Residents' personal plans contained relevant information regarding the next of kin to contact if required, general practitioner contact details, any diagnoses, dietary requirements, medication and mobility requirements. Clinical risk assessments had been completed where required, for example in relation to maintaining skin integrity or the risk of choking. At each admission, any changes since the previous admission were updated and reflected in the relevant care plan. However in a file reviewed, some out of date care information required archiving; this was potentially confusing. This will be addressed under outcome 18.

During the assessment process, any additional information required to support residents' healthcare needs was gathered and captured. This included input for example, from a dietician or speech and language therapist to support residents during mealtimes and assessments were in residents' files. Staff demonstrated understanding of the assessment contents and were observed to implement the recommendations in practice.

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, there were systems in place for the ordering, prescribing, storing, administration and safe return of medicines. However improvements were required to both policies and practices in place.

Medicines were dispensed from a pharmacy and brought to the centre by residents in the form in which they had been dispensed. Medicines were checked on arrival at the centre and stored securely. An assessment of residents' who chose to self-administer their medicines and did so at home was completed prior to admission. However, a risk assessment was completed, the risk assessment tool lacked objectivity and it was not clear how it comprehensively assessed residents' capacity in line with their wishes and preferences and the nature of their disability. Also, the risk assessment tool did not take into account different supports that residents may require to administer their own medicines.

Each resident had a folder that included a prescription that had been transcribed by the resident's general practitioner and a protocol for emergency medication (where applicable).

A dedicated fridge was available for medicines that require refrigeration. However, the fridge temperature was outside of the recommended range and could not guarantee the stability of medicines requiring refrigeration. Also, there were no clear arrangements in place to segregate any medicines that did not require to be used during the respite stay.

The inspector reviewed the arrangements in place for medicines that required specific controls at the time of inspection. Overall, arrangements in place were in line with relevant legislation with safe storage and administration of medicines as prescribed. However, the register was difficult to follow and this practice required review.

Medication prescription and administration records were maintained in accordance with relevant legislation. Staff demonstrated an understanding of how to manage any changes to the prescription, such as the need to withhold a medicine. Medication administration records identified the medicines on the prescription and allowed space to record comments on withholding or refusing medications. Medicines, including psychotropic medicines were counted daily.

Where any PRN ("as required") medicines were used, the indication for its' use was clear and staff demonstrated an understanding of the instructions provided.

A recent medication audit had been completed in the centre by the person in charge and an action plan to track any required actions. Any medication errors were recorded on an incident form and reviewed by the person in charge.

A training programme was in place to ensure that staff identified to work in the centre received training in medicines management and epilepsy awareness (including the administration of any rescue medication). However, it was not clear whether the programme relating to competency assessment for non-nursing staff who administered medicines provided adequate reassurance and the person in charge confirmed that this was currently under review.

There was an organisational medicines management policy in place that was under

review at the time of this inspection. The inspector reviewed the policy that was in use in the centre and found that a number of areas required review. Areas that required review relate to the crushing of medicines, how to record any medicines that have been refused or withheld, the recording of conditions under which medicines that require refrigeration are stored and arrangements to ensure staff competency. In particular, the responsibilities for the management of medicines as outlined in the medicines management policy required review in line with the relevant legislation. While some of these areas have been addressed in the revised policy, others have not.

Judgment:

Non Compliant - Moderate

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 statement of purpose consisted of the aims, objectives and ethos of the designated centre. The statement of purpose was made available to residents and their representatives.

However, the inspector found that the statement of purpose did not meet the requirements of the regulations. The statement of purpose was written in the format of a resident's guide and so did not adequately outline the service intended to be provided to residents. This was addressed prior to the close of inspection with a revised statement of purpose completed and submitted to HIQA.

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 provider had nominated a person in charge of the centre who was involved in the effective running of the centre. The provider had identified the need to review the management structure in the centre and was progressing this action at the time of inspection.

The management structure in place comprised a person in charge of the centre, who reported to the director of services. The director of services and person in charge met informally every two weeks and formally on a monthly basis. National team meetings were held every six weeks, which the person in charge and representative of the provider attended.

The person in charge was the person in charge for two designated centres and the adult day service. However, this had been reviewed and the agreed revised arrangement was that this role would no longer include adult services, increasing the focus of the person in charge in the two residential centres under her remit, including this centre. The person in charge currently attended the centre approximately one day a week, although had the ability to increase her support to the centre as required. For example, the person in charge had been attending more frequently since November 2016 on foot of three notifications of concern.

The person in charge met the requirements of the regulations in terms of experience, qualification and skills. The person in charge was an experience qualified nurse in intellectual disability nursing and had worked at management level since 2009. The person in charge was supported in her role by two persons participating in the management of the centre. While there was a coordinator identified on each shift, the team leader structure in the centre had not yet been formalised and this had been identified as an action in the provider's draft annual report.

The report for the annual review for the previous year was in draft format as it was not yet due at the time of this inspection. The provider's draft annual report identified the need to strengthen the management structure in this centre and was progressing this action through a recruitment campaign. Other key areas to be addressed included the on-going review of respite goals and improvements required to medication management. Feedback from families was being compiled to inform the annual report.

The provider had arranged for unannounced biannual visits to be completed in the centre. The most recent unannounced visit took place in December 2016 and involved a review of key aspects of quality and safety of care in the centre.

At the time of the inspection, the arrangements in place where the person in charge is

expected to be absent for a period of 28 days or more required clarification.

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 provider was aware of their responsibility to notify the chief inspector of any occasion where the person in charge is expected to be absent from the centre for 28 days or more. Deputising arrangements in such an event were previously discussed under outcome 14.

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):

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

Findings:

Overall, resources were provided in line with the statement of purpose.

There was a system in place for the identification of any maintenance issues or equipment requiring replacement on an emergency basis. The centre was in clean and in a good state of repair both internally and externally.

The action from the previous inspection that relates to transport has been discussed in a

wider context of activities under outcome 1.

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, staff levels were appropriate to meet residents' needs at the time of inspection. Training needs had been assessed with some training required that related to mandatory training and other training required to support residents' needs.

At the previous inspection, mandatory training and other training required to support residents was not up to date. Since the previous inspection, a training needs analysis had been completed and staff had received or been scheduled for further training. At this inspection, scheduled training that was yet to take place included in relation to hand hygiene, food safety, positive behaviour support, infection control, first aid and refresher training relating to epilepsy. Training to be scheduled for the following month (April 2017) included in relation to developing staff skills in meeting boundaries and disability awareness. A session on wound care had been attended by one staff member and a suitable available trainer was being actively explored.

Staff team meetings were held regularly and staff said that they could add items to the agenda as necessary. Staff appraisal systems were in place. The person in charge and social care leader had received training in relation to staff supervision and this process was soon to commence. An induction folder was available for new staff, which provided a clear picture of the key things to know about each individual and how to support their individual needs. A sample of staff files were reviewed and an identified gap was being followed up by a human resources officer within the service.

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):

No actions were required from the previous inspection.

Findings:

Overall, records and documentation were stored securely and made available for review. Improvement was required to ensure that information relating to residents' care and support requirements which was no longer required, was archived.

Records were kept securely in a locked office and confidential files stored securely and made available to inspectors for review where required.

Residents' records as required under Schedule 3 of the regulations were maintained. Records listed in Schedule 4 to be kept in a designated centre were also made available to inspectors. As previously mentioned under outcome 11, the system required review to ensure that out of date care information was archived to prevent confusion.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the regulations.

All the required policies and procedures as required under Schedule 5 were made available to the inspector. Staff with whom the inspector spoke demonstrated an understanding of specific policies such as the medication policy and the complaints policy. Easy-read versions of policies were also prominently displayed in the centre. Hand hygiene guidance and the infection control policy were previously discussed under outcome 7.

A directory of residents was maintained in the centre.

There was a policy on the provision of information to residents and a residents' guide was available. The residents' guide did not contain all of the information required by the regulations, although this was addressed by the person in charge prior to the close of inspection.

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:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
Centre ID:	OSV-0002036
Date of Inspection:	15 and 16 March 2017
Date of response:	13 April 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

As detailed in the findings, it was not demonstrated that adequate opportunities for residents to participate in activities in accordance with their interests, capacities and age were provided.

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

1. Action Required:

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

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

- A review of the roster has taken place to assign members of the team specifically to activities, this will be implemented on the 1/07/2017 and will be reviewed on the 1/10/2017 for its effectiveness.
- A review of the current transport available to the house will be completed by 31/05/2017
- Training for staff will be sourced around providing activities for service users 31/05/2017 Once the training has been sourced it will be implemented for all staff. Ongoing.

Proposed Timescale: Point 1: 31/10/2017

Point 2: 31/05/2017

Point 3: Initial 31/05/2017 ongoing training from there.

Proposed Timescale: 31/10/2017

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:

As detailed in the findings, not all risks had been included in the risk register.

2. Action Required:

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

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

- An audit of the risk register is currently taking place following the inspection. Due completion 30/04/2017
- All areas that were not covered at the time of inspection will be included in the register following the audit. 5/05/2017
- A regular system of audit has been implemented to ensure the assessment, management and ongoing review of risk. Completed and Ongoing
- A system for responding to emergencies has been included in the risk register. Completed

Proposed Timescale: Point 1 30/04/2017

Point 2 5/05/2017

Point 3 ongoing

Point 4 Completed

Proposed Timescale: 05/05/2017

Theme: Effective Services

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

As detailed in the findings, improvement was required to ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by HIQA. A summary of required improvements is as follows:

- hand hygiene guidance was outside of it's review date and did not reflect current evidence-based practice
- there was no infection control policy in place
- a number of staff required hand hygiene / infection control training
- an action plan had not been developed to track the actions identified in an infection control audit in August 2016
- a risk assessment had not been completed that addressed the risk of infection associated with a busy respite service.

3. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- The national hand hygiene policy was reviewed and has been updated. Completed
- A national infection control policy is currently under development it will be completed by 31/05/2017
- A schedule of training has been developed for the staff who require it. (please note some staff are on maternity leave so this training schedule will be ongoing)
- The action plan is developed and in place. Completed
- A risk assessment is under development and will be Completed by the 5/05/2017

Proposed Timescale: Hand Hygiene policy: Completed

Infection control policy: 31/05/2017

Schedule of training 31/07/2017 (ongoing)

Action plan for infection control audit: completed

Infection control risk assessment 5/5/2017

Proposed Timescale: 31/07/2017

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:

Improvements were required to ensure the safe storage of medicines. The fridge temperature was outside of the recommended range and could not guarantee the stability of medicines requiring refrigeration.

4. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

A Fridge thermometer is in place and daily checks are carried out to ensure the temperature is within range.

Proposed Timescale: Completed

Proposed Timescale: 13/04/2017

Theme: Health and Development

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

The register that was maintained and related to the storage and disposal of controlled drugs was not maintained in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

5. Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

We now have 2 books in the house - one is a register for the check on admission and prior to and post dispensing of the controlled medication. The second is a book will be for the daily count of the controlled medication.

Proposed Timescale: Completed.

Proposed Timescale: 13/04/2017

Theme: Health and Development

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

The responsibilities outlined in the organisation's policy and implemented in practice for the completion of a risk assessment and assessment of capacity for the purposes of encouraging residents to take responsibility for their own medication was not in line with the regulations. Also, the risk assessment tool used lacked objectivity and it was not clear how it comprehensively assessed residents' capacity in line with their wishes and preferences and the nature of their disability. Also, it did not into account different supports that residents may require to administer their own medicines.

6. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

A full review of the assessment form is to take place and implement recommendations following the review in line with the updated medication policy.

Proposed Timescale: 31/07/2017

Theme: Health and Development

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

The responsibilities outlined in the organisation's policy and implemented in practice for the management of medicines required review in line with the regulations and other relevant legislation.

7. 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:

A national review will take place of current practices, the initial meeting will take place on the 12/04/2017. Following this a schedule will be developed on how to address these issues and ensure we are compliant with the regulations.

Proposed Timescale: 31/07/2017

Theme: Health and Development

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

There were no clear arrangements in place to ensure that any medicines not to be used are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

8. Action Required:

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

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

A system has been implemented to ensure that medicines not to be used are stored in a secure manner and segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Proposed Timescale: Completed

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:

As detailed in the findings, the management structure required clarity, particularly in relation to the post of person in charge of the centre during any absence that exceed 28 days and the team leader, on-site coordinator role.

9. Action Required:

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

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

Recruitment for a PIC is ongoing , the adult services manager will be the nominated person to cover the new person in charge should there be any absence that exceeds 28 days.

Recruitment for a on site coordinator will be completed by the 1/05/2017

Proposed Timescale: PIC recruitment 1/06/2017,
On site coordinator 1/05/2017

Proposed Timescale: 01/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Scheduled training that was yet to take place included in relation to hand hygiene, food safety, positive behaviour support, infection control, first aid and refresher training relating to epilepsy. Training to be scheduled for the following month (April 2017) included training skills for meeting boundaries and disability awareness. A session on wound care had been attended by one staff member and a suitable available trainer was being actively explored.

10. 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:

A training schedule is in place to address the training deficits for staff.

Proposed Timescale: Training is ongoing a schedule is developed.

Proposed Timescale: 13/04/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The system required review to ensure that out of date care information was archived to prevent confusion.

11. 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:

A review of the current archiving system is currently underway. Once this is completed a new system will be implemented.

Proposed Timescale: 31/05/2017