Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Annalee View Respite Centre
Centre ID:	OSV-0002448
Centre county:	Cavan
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	Catherine Glynn
Support inspector(s):	Maureen Burns Rees
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
05 April 2017 10:20	05 April 2017 17:15

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection

Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for resident and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations

2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

How we gathered our evidence
The inspectors met with three residents during the inspection. Inspectors observed practice and reviewed documentation, such as personal plans, healthcare records, risk assessments and staff files. The inspectors spoke with the person in charge, and two staff members on the day of inspection.

Description of the service
The centre offers a respite service to both adults and children with intellectual disabilities for up to five residents. Children and adults are accommodated on alternate weeks. Respite breaks are offered from one night up to a maximum of seven. The inspectors found that the centre is a two storey dwelling which is designed and laid out to meet the care and support needs required for the residents, as described in the statement of purpose. The centre is located in a small town outside of Cavan.

Overall summary of findings and judgment
Overall, the inspectors found there was evidence of a person centred approach and systems were in place to support both adults and children in the centre. Inspectors found that of the seven outcomes inspected, two were major non-compliant, one was moderate, one was substantially compliant and three were compliant.

The findings and the actions required are set out in the body of the report and the 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 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:
Overall, the inspectors found that actions from the previous inspection had not been addressed; for example, while residents' goals were set out on admission to the centre, the tasks were found to be unit based. The social activities completed did not enhance the residents level of ability or skill building. There was also no evidence of discussion or engagement with additional services outside of the centre, or with the residents' families or representatives, in order to plan activities or develop the residents' skills appropriate to their age, needs and abilities.

The inspectors noted, after reviewing six personal plans of adult and children, while there had been an improvement in the personal assessments in place in the centre, there were gaps throughout the documentation. For example, coordinated reviews of residents' personal plans, which reflected the input from the service, family, relevant multidisciplinary supports, school services or day services, had not occurred. Documentation from multidisciplinary meetings outlined actions required; however, there was no follow up information available or documentation to reflect these actions were closed or addressed for the residents.

The inspectors found that the staff were knowledgeable and familiar with the care and support needs of residents attending for respite. Staff outlined the pattern regarding the mixed service and the importance of the admission phase initially and then developing the stay based on this initial assessment.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
On the day of inspection, the inspectors found that there were systems and measures in place that promoted health and safety in the centre. The inspectors noted that actions from the previous inspection had been addressed with regard to separate policies regarding missing persons, adults and children.

An emergency plan was in place that specified responses to be taken by the staff in relation to possible emergencies. A health and safety statement was in place. A comprehensive risk management policy was in place. There was evidence available that the emergency lighting was checked quarterly. A system was in place to manage adverse events. An accident/incident report was completed for all incidents and these were reported to senior personnel.

The inspectors found that fire precautions were in place in the designated centre. There were regular fire drills. Fire fighting equipment and a fire alarm was provided and documentation that the fire alarm system had been serviced recently. Fire exits were observed to be unobstructed. Fire drill records were completed, with evidence of learning from these. In addition there was a system in place to complete night drills. Fire drill records showed how many residents were evacuated or if any aid such as a wheelchair was used. Personal emergency evacuation plans were in place for all residents and outlined the care and support needs for each resident and equipment required to assist with an evacuation

All staff had completed training in fire safety. Staff were able to tell the inspectors what they would do if the fire alarm was activated and how they would evacuate the residents.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
There were appropriate measures in place to keep children safe and to protect them from abuse. However, some improvements were required in relation to behavioural support arrangements.

The centre had a child protection policy, dated December 2016, which was in line with Children First, National guidance for the protection and welfare of children, 2011. There were also a policy for safeguarding vulnerable adults. The inspectors observed staff interacting with residents in a respectful and warm manner. Staff who met with the inspectors were aware of the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and Children First, 2011. The picture and contact details for the designated liaison person, (as per Children First, 2011) and the designated officer was on display and detailed in the policies referred to above. There had been no allegations or suspicions of abuse in the previous 12 month period.

Residents were provided with emotional and behavioural support. However, an up-to-date behaviour support plan was not in place for a number of residents who were identified to have had incidents of challenging behaviour, while availing of respite. Other files reviewed contained detailed and up-to-date behaviour support plans which had been put in place for individual service users by the providers psychologist. There was a policy and guideline for staff on provision of positive behavioural support, dated May 2016. Records showed that staff had attended appropriate training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviours that were challenging for individual service users. Based on an analysis of incidents of challenging behaviour for residents, there was evidence that changes had been put in place. These included, changes to the respite provision schedule and an increase in staffing levels.

There were a small number of environmental and physical restraints being used in the centre and their application was found to be in line with best practice. A restrictive practice register was in place. There was evidence that all restrictive practices were regularly reviewed and monitored by the multidisciplinary team. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

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:
The healthcare needs of residents availing of respite in the centre were met in line with their personal plans and assessments.

Each of the residents had low medical needs and support requirements. All recommended treatments were facilitated. The centre provided a nurse-led service with a qualified nurse on each shift. This ensured that those availing of respite in the centre received appropriate monitoring and nursing care. Each service users health needs were appropriately assessed on admission and met by the care provided in the centre. Each of the residents' had their own general practitioner(GP) and access to allied health care services which reflected their care needs. There was evidence that observations of weights were routinely recorded on a regular basis. A record of dietary and fluid intake was recorded for service users who required same.

The centre had a fully equipped kitchen. There was a separate dining area with adequate seating to allow meal times to be a social occasion. There was a policy on the preparation and storage of food, dated January 2017 and a policy on monitoring and documentation of nutritional intake, dated October 2015. The inspectors observed that there was an adequate supply of healthy snacks available and that a range of healthy and nutritious meals were prepared for the residents availing of respite in the centre. Two of the residents were on enteral feeds. There was evidence that enteral feeding regimes in place were overseen by resident's GPs and dieticians. The service had policies relating to the care and management of the enteral feeding devices in use in the centre. Staff had attended training in relation to enteral feeding care and management. Records showed that nutritional intake for the children were adequately recorded in the centre.

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:
There were systems in place to ensure the safe management and administration of medications. However, there were some improvements required in terms of record keeping practices.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines, dated December 2016. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. There was a secure cupboard for the storage of all medicines. The processes in place for the handling and storage of medicines were safe and in accordance with current guidelines and legislation. The inspector reviewed a sample of four prescription and administration records for service users and found a number of deficits. These included, allergies not recorded on two files, photo of service user absent on one file, service users date of birth not recorded on two files, the maximum dose for as required or PRN drugs were not stated on two files and a general practitioner signature was not recorded for discontinued medications in one file. These deficits were contrary to best practice and the providers policy.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, where they were returned to the pharmacy who signed off with staff receipt of same. There was a separate secure storage area for these drugs whilst awaiting return to pharmacy. The inspector reviewed self medication assessments in a sample of files reviewed which determined that it was not appropriate for those service users availing of respite to be responsible for their own medications. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. The inspector reviewed records for monthly medication audits undertaken in the centre which showed a fair level of compliance and were issues were identified that appropriate actions had been taken.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a

suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found that there were management structures in place that ensured the governance provided in the centre was appropriate to meet the needs for all of the residents.

The person in charge worked fulltime and was supernumerary to the staffing compliment. She coordinated a respite service for adults and children with an intellectual disability. She was provided with support from a management structure as set out by the organisation, which again, was appropriate to meet the needs of all of the residents. The inspectors noted that audits were conducted which reviewed the overall systems in place in the centre and identified gaps or improvements required in the service.

There was an annual review of the quality and safety of care completed and six monthly unannounced audits were completed. The inspectors found that where actions were identified, these had been addressed within appropriate timeframes.

There was an on call structure in place, which provided support to staff and residents when required outside of office hours. A schedule of arrangements for this on call was on display in the designated centre, at the time of inspection.

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:
Inspectors found that there were appropriate numbers and skill mix of staff, to support the needs for residents' attending the centre.

There was a planned and actual roster in place in the centre on the day of inspection. Inspectors found that the staffing on duty reflected the care and support needs of residents, as set out in the statement of purpose.

Staffing support was provided informally to all staff in the centre. However, the inspector found that this did not provide a consistent, formal structure regarding supervision, for all staff working in the designated centre.

The inspectors reviewed staffing files during the inspection and found that they did not contain the information required as set out in schedule two of the regulations. For example, there were gaps evident in employment history. Evidence of Garda Vetting was not provided in the required format.

Training records were reviewed and the inspector found that all staff were trained in line with the organisations requirements and national guidelines. A training needs analysis was complete and provided the person in charge with the guidance regarding any further training requirements or gaps evident in practice, such as up dates in medication practice.

Judgment:
Non Compliant - Major

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:

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002448
Date of Inspection:	05 April 2017
Date of response:	07 June 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not reviewed on an annual basis which incorporated all aspects of the residents care and support needs required.

1. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

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:
Personal Plans will now be reviewed on an annual basis and will incorporate all aspects of the residents care and support needs required by the below date. As there are currently 114 service users availing of this service this is the rationale for the extended timeframe below.

Proposed Timescale: 30/09/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans reviewed did not outline the participation of representatives or family as required, to ensure all care was monitored and implemented as required.

2. Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
Personal Plans will now be reviewed on an annual basis which will incorporate all aspects of the residents care and will include the participation of the service users' representatives. As there are currently 114 service users availing of this service this is the rationale for the extended timeframe below.

Proposed Timescale: 30/09/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans reviewed did not provide a comprehensive assessment on admission.

3. Action Required:
Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
The Person In Charge will ensure that all Personal Plans will be reviewed to ensure that

a comprehensive assessment is completed by the below date

Proposed Timescale: 30/06/2017

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:
An up-to-date behaviour support plan was not in place for a number of service users who were identified to have had incidents of challenging behaviour whilst availing of respite.

4. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
An up to date Behaviour Support Plan in now in place for all service users who are identified to have had incidents of Challenging Behaviour while availing of Respite

Proposed Timescale: 26/5/2017 Complete

Proposed Timescale: 26/05/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector reviewed a sample of four prescription and administration records for service users and found a number of deficits. These included, allergies not recorded on two files, photo of service user absent on one file, service users date of birth not recorded on two files, the maximum dose for as required or PRN drugs were not stated on two files and a general practitioner signature was not recorded for discontinued medications in one file.

5. 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:

All existing Kardex's have now been reviewed to ensure that allergies are recorded, photo identification is in place, dates of birth is recorded, medication accurately recorded. Complete on the 12.05.17

On each future admission to respite each service users Kardex will be reviewed to ensure that allergies are recorded, photo identification is in place, dates of birth is recorded, medication accurately recorded and general practitioner sign off on same.

Proposed Timescale: 28/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had not ensured that staffing files contained all of the information required as set out in schedule two.

6. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
To date all files have been reviewed and with the exception of Garda vetting files contain all the information as set out in Schedule 2. Complete on the 05.05.17

Up to Garda Vetting for all staff is on file however not in the format applicable to the Authority. This is currently being sourced through Head of HR CHO1.

Proposed Timescale: 31/07/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had failed to ensure formal supervision was in place in the centre which reflected a robust system in place for all staff.

7. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Formal Supervision has now been implemented for all staff in Respite.

Proposed Timescale: 29/5/2017 Complete

Proposed Timescale: 29/05/2017