

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Acorn Residential Services
Centre ID:	OSV-0003914
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Ivan Cormican
Support inspector(s):	Anne Marie Byrne
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 0 day(s).

The inspection took place over the following dates and times

From: 10 November 2016 09:00 To: 10 December 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
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 the inspection:

This was an unannounced triggered inspection following receipt of information received by the Health Information and Quality Authority (HIQA) concerning this centre. Concerns were raised in relation to the provision of adequate toilet facilities to meet the needs of residents within the centre. Further concern was raised with regards to the compatibility of residents living in the centre. This information, notifications received and other aspects of the service were reviewed as part of this inspection.

How we gathered our evidence:

Inspectors met with eight residents residing in both Croi Oscailte and Hazelview. Inspectors also met with staff members and the management team during the inspection process. Inspectors reviewed practices and documentation including personal plans, incident reports, policies and procedures, fire management related documents and various risk assessments.

Description of the service:

This service is managed by Western Care. The designated centre accommodates ten

residents and offers supports to adults who have varying levels of support needs. Acorn services provide support to adults from 18 years upwards. The designated centre comprises two houses which were both visited as part of the inspection process. Both houses were located on the outskirts of a large town and had access to local amenities such as shops, restaurants and public houses. The designated centre also had access to public transport links such as taxis, busses and trains.

The Person in Charge (PIC) had the overall responsibility for the service. On the day of inspection, the Area Manager was deputising in the absence of the PIC. The PIC reported directly to the Provider.

Overall judgement of our findings:

Inspectors found that the provider had put systems in place to ensure that the social care needs and communication needs of residents were met. On the day of inspection, inspectors observed staff using communication tools such as sign language to good effect. Picture formatted staff rosters were also on display for residents. Residents also enjoyed varied activities and utilised the amenities in the local town such as restaurants, churches, banks and hairdressers. Inspectors found that the dignity of residents was maintained and that residents were consulted in the running of the designated centre with regular residents' meetings taking place. Inspectors also noted further evidence of good practice in outcomes such as medication management, governance and management and workforce.

However, the findings of this inspection also identified two substantially compliant outcomes and one moderate non compliant outcome. These included, risk management, safeguarding and health care needs. Inspectors found that risk assessments failed to apply a risk rating to identify risks and also failed to specify times lines and responsibilities in action plans generated from these identified risks. Staff involved in the inspection process unable to clearly identify behavioural support plans within the centre but inspectors found that these staff had a good understanding of the behavioural needs of residents. Inspectors also found that dietary plans and health care plans for identified medical conditions were absent from some residents' personal profiles.

These findings are discussed further in the report and included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that residents were consulted in the management of the centre. Residents were facilitated to access advocacy services.

Inspectors met with residents who informed inspectors that they were frequently consulted in the day to day operations of the centre. Regular residents' meetings were held within the centre and minutes of same circulated. Additional support meetings were held between individual residents and staff members to allow for further resident feedback on the service. Residents spoken to informed inspectors that they attended day care services on routine days during the week. Where they do not wish to attend, they were facilitated to spend the day as they wished. Residents' bedrooms were observed to be reflective of each resident's personal interests and residents were provided with keys to lock their bedroom. Staff were noted to be courteous of residents' privacy and dignity and were observed to seek residents' permission before entering bedrooms.

Residents were observed to have intimate personal plans which clearly outlined residents' preferred personal care routines, level of independence and if necessary the level of support they required to carry out their intimate care.

Residents spoken with were aware of the centres complaints process and to whom they can complain to. The nominated persons to deal with complaints were identified for the centre and photographs of these persons were on display for residents to identify. A centre specific complaints form was observed to be in operation. The centre had a system in place to allow management to easily review the status and management of

active and closed complaints.

Judgment:

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:

On the day of inspection, inspectors found that the communication needs of residents were met. Staff were aware of residents' different communication needs and there were suitable systems in place to meet these needs.

Inspectors observed staff interacting, greeting and addressing residents in a respectful manner. The centre was found to have given consideration to the varied communication needs of residents. The provision of alternative formats of communication processes were in place to support these varied communication needs. Detailed communication guidance documents were available for each resident. These documents clearly outlined the specific communication needs of residents to include those in use of sign systems, picture exchange communication techniques and objects of reference.

The use of picture format information material was readily available throughout the centre. An information board was available in the centre for staff, visitor and resident reference. An easy read staff roster for resident reference was displayed on the information board. This was observed to display staff photographs to inform residents of which staff members were on duty. Easy read resident guides and complaints procedures were in place to meet varied communication needs of residents.

Residents were observed to have good access to multi-media devices such as television, audio visual systems and radio.

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:

On the day of inspection, inspectors found that each resident had opportunities to participate in meaningful activities that were appropriate to their interests and preferences. Arrangements to meet each resident's assessed needs were set out in personal plans that reflected each resident's needs, interests and capacities. Personal plans were observed to involve the participation of residents.

Comprehensive overviews of each resident's preferred social care routines were in place. An annual action plan report was in operation for each individual resident which detailed residents' personal goals. This report outlined the actions to be undertaken to achieve the said goals and the persons responsible to support the resident to complete the actions. The report also provided a status update on the progression of each goal and inspectors observed that this was regularly updated by staff.

Additional support meetings were found to be regularly held with individual residents and staff members. These meetings allowed for further review of annual personal goals and optimised resident interaction with key members of staff within the centre. Minutes of these meetings were reviewed by inspectors and were found to reflect residents' feedback on various aspects of the service.

Residents were encouraged and facilitated to access local community based services on a regular basis. Residents were observed to attend day care services and personal appointments on the day of inspection. Staff spoken with informed inspectors that where residents did not wish to attend day services, alternative activity based arrangements would be made by the centre. Inspectors observed one on one in-house activities being facilitated by staff for a resident who was not attending day service on the day of inspection. This alternative activity arrangement was observed to be resident led and facilitating staff were observed to address residents in a respectful manner.

Residents transitioning from the centre to home at the time of inspection were observed to have multi-disciplinary team involvement to ensure the transition process was in line with the support needs of residents.

Judgment:

Compliant

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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:
On the day of inspection, inspectors found that the premises met the assessed needs of residents. The centre comprised of two separate houses which inspectors noted to be clean, warm and bright. Residents were offered individual bedrooms, some of which were en-suite. Residents also shared an adequate amount of bathrooms in both houses.

Residents' bedrooms were individualised with personal effects such as art, personal achievements and music posters. There was adequate kitchen and dining space for residents to participate in preparing a meal and enjoy a comfortable dining experience. Living rooms were spacious and suitably furnished to meet the needs of residents.

Inspectors found that the management of the designated centre were currently revising bathroom facilities to meet the on-going needs of residents. The participation of residents and their families in these alterations was also noted by inspectors.

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):
No actions were required from the previous inspection.

Findings:
Inspectors observed that the centre had policies in place relating to health and safety and risk management. However, inspectors found that improvements were required in relation to the risk rating of risk assessments within the centre.

Inspectors noted that fire precautions were been taken by the centre to include the provision of fire doors and regular checks of fire equipment and fire escapes. Personal Emergency Evacuation Plans (PEEPs) were developed for each resident, detailing the specific evacuation procedure required by individual residents. Residents spoken with informed inspectors that they were actively involved in regular fire drills. Residents further informed inspectors of the evacuation procedure and demonstrated a good understanding of fire safety.

A localised health and safety plan was in use by the centre. This identified specific hazards in relation to the centre and guided on the associated risk assessments which had been completed to mitigate these hazards. A system for the review of accidents and incidents was also found by inspectors.

Each resident was observed to have a personal risk management plan in place. This document outlined resident specific risk assessments which had been completed and the control measures which were implemented. However, the assessments failed to identify the severity rating of the risks identified. This practice was not in line with the centres risk management policy. Inspectors also found that the centre had a localised risk management plan for the service. This plan was observed to be operated as a live document, outlining various risk management activities the centre had planned to undertake. Inspectors noted that the close out of these actions was impeded as the plan did not identify those responsible or the timeframe in which the actions were to be completed by.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. There were measures in place to keep residents safe and protect them from abuse. Staff members were observed to treat and

address residents in a respectful manner. However, inspectors found that some clarification was required on the resident specific guidance documentation made available to staff.

Staff spoken to were knowledgeable of the centres safeguarding policies and demonstrated a clear understanding of their role in the identification and reporting of suspected abuse. Up-to-date training on safeguarding and restrictive practices had been provided to staff. Staff identified to inspectors the designated officer for the centre. Safeguarding concerns had been identified at the time of inspection and staff spoken to were knowledgeable on the safeguarding plans in place and of their role in safeguarding residents.

Inspectors found that where restrictive practices were in place, appropriate risk assessments were completed. Likewise, where residents presented with safeguarding concerns, risk assessments and safeguarding plans were in place. However, inspectors observed that improvements were required in the manner in which documented risk assessments and management plans were presented and made available for staff use. During the inspection process, inspectors sought the guidance of staff to access specific behavioural support plans and risk assessments. Inspectors found that staff experienced difficulty in distinguishing between which documentation represented risk assessment activities and which documentation informed their daily practice. Inspectors found that staff could clearly describe behavioural management plans for residents, however, staff were unable to identify the behavioural management plans within the designated centre.

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:

Inspectors found that residents had access to allied health care services that reflected their varied care needs. Residents were also actively encouraged to take responsibility for their own health and medical needs. Staff spoken with were knowledgeable of residents' overall healthcare needs. However, inspectors also found that there were gaps and inconsistencies in the documentation to guide on the daily management of specific conditions.

Each resident was observed to have a record of information pertaining to their health

care needs. Documented records of interactions with various allied health professionals were maintained for all residents. Included within each health care record was a guide on each resident's medical history. This informed staff of what healthcare needs individual residents had, of how the relevant conditions impacted on the individual residents and of the staff support required by individual residents on a daily basis.

Staff spoken with were knowledgeable of each resident's particular care needs and demonstrated a clear understanding of their responsibilities in supporting these residents. Staff were aware of various protocols available to them and were able to direct inspectors to where these guidance documents were located should staff be required to access them.

Generally, residents' health and social care needs were met, however, inspectors observed deficiencies in documentation relating to the healthcare needs of residents. Where residents were identified with specific nutritional needs, there was no documented specific dietary guidelines readily available to staff. Although inspectors found that nutritional assessments and multi-disciplinary team reviews were completed, adequate plans of care were not in place to guide on the suitability of daily snack and menu options. Staff spoken with did display knowledge of the typical snack and menu choices suitable for residents with specific nutritional needs. However, staff demonstrated a reliance on this knowledge on their familiarity of residents and on the review of previous food diaries.

Inconsistencies were further observed by inspectors in the provision of personal plans for residents who presented with specific health care needs. Residents who presented with specific health conditions had personal plans in place. These plans were observed to provide detailed interventions to be followed by staff on a daily basis. However, it was observed that the same guidance documentation was not available to guide staff on the management of all medical conditions. This practice does not allow for continuity in the information provided to staff to guide on the management of specific health care conditions. Furthermore, this practice does not ensure that all residents health care needs are consistency planned for.

A kitchen and dining area was available for residents' use. Residents were observed being facilitated to prepare their meals. Residents spoken with informed inspectors that they are facilitated to dine out when they wish. Snacks and refreshments were readily available to residents. Residents were observed to be offered support with their meals as required.

Judgment:

Non Compliant - Moderate

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 written operational policies relating to the ordering, prescribing, storing and administration of medications to residents.

Inspectors observed that risk assessments and assessments of capacity had been completed to encourage residents to take responsibility for their own medications where appropriate. No residents were observed to be self administering medications at the time of inspection.

Prescription records were neatly presented and provided clear direction on the medications to be administered. Where as required medication was prescribed, resident specific protocols were in place. These were reviewed by inspectors and were found to inform administrating staff of the indications for use and maximum dosages of the as required medication to be administered. Further supportive documentation was available to staff which detailed the storage and disposal arrangements for residents' specific medications. A sample of medication administration records were reviewed by inspectors and no gaps in administration documentation practices were observed.

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:

Inspectors found that management systems were in place to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The person in charge (PIC) was on leave at the time of inspection. The Area Manager

was present in the centre on the day of inspection to deputise in the PICs absence. Inspectors found that six monthly audits were completed by the Provider. The audit reports and accompanying action plans were made available to inspectors to review. Action reports were found to outline the personnel responsible for the completion of action, estimated close out dates and each action's current status update. Inspectors noted that action reports were reviewed regularly with all involved members of staff.

There was a clearly defined management structure in place which outlined the lines of authority and accountability in the centre. Staff spoken to were knowledgeable of the structure and informed inspectors that they felt very supported in their role by the organisation.

Inspectors observed that regular management and staff meetings were held. Complaints and incidents were noted to be reviewed and discussed at the appropriate meetings.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that staffing levels took into account the assessed needs of residents at all times. Residents were observed to receive assistance and care in a respectful, timely manner.

Inspectors observed that there was a planned roster for the centre. This roster indicated the name and role of the staff members rostered for duty with the exact times of shift commencement and completion. Inspectors observed that where additional staffing resources were recently required to meet the changing needs of residents, this resource was provided and illustrated on the roster. Staff supervision arrangements were in place at the time of inspection.

Training records reviewed demonstrated the nature of staff training conducted within the centre. Staff had received training in areas such as safeguarding, fire safety and manual handling.

Judgment: Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ivan Cormican
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 Western Care Association
Centre ID:	OSV-0003914
Date of Inspection:	10 November 2016
Date of response:	05 January 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 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 provider failed to ensure systems were in place to ensure risk management activities were completed in line with the centres risk management policy.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

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:

The organisation has updated its Risk Management Policy and it is being released for implementation in January 2017. This includes guidance for staff to address these issues. A briefing for managers is scheduled for 16/1/2017.

All Personal Risk Management Plans (PRMP's) will be updated as per organisational guidance to ensure the severity rating of risks are identified. The local risk management plan will be amended to identify the people responsible and the timeframes for actions to be completed.

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:

The provider failed to ensure documentation made available informed the knowledge and skills of staff to support residents with behaviours that challenge.

2. 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:

Documentation regarding responding to behaviours that challenge is being reviewed by the PIC and the Behaviour Support Specialist. These will be amended to ensure staff are able to identify the behavioural management plans within the designated centre.

Proposed Timescale: 31/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure appropriate personal plans were in place for resident specific conditions.

3. Action Required:

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

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

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

The PIC is reviewing all Personal plans regarding specific health care needs. This process will be guided by the organisations policy Best Possible Health Policy. Where necessary, plans will document specific nutritional needs and provide specific dietary guidelines to staff, including the suitability of daily snack and menu options. Plans will ensure that the management of all medical conditions are included where necessary

Proposed Timescale: 31/01/2017