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:	Towerview
Centre ID:	OSV-0005397
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
16 November 2016 11:15	16 November 2016 18:15

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of this inspection was to follow up on actions given on the previous inspection dated 11 February 2016 which found 11 actions in need of address by the provider. The Health Information and Quality Authority (HIQA) had also received unsolicited information about the centre. This information was followed up during the course of the inspection and details are outlined in the body of the report.

Description of the service:

This centre catered for nine residents over the age of 18 years old with disabilities. The centre comprises two semi-detached two-storey houses next door to each other in a housing estate in Westmeath. The centre is staffed with nursing staff on a 24/7 basis as well as care assistants.

How we gathered our evidence:

The inspector met with five residents, the person in charge, three staff members and the director of nursing. The inspector visited the two units of the designated centre. Documentation was reviewed such as policies and procedures, personal plans, risk assessments, complaints logs and records of accidents and incidents.

Overall judgment:

The inspector found that eight of the 11 actions had been acted upon and improvement noted. Three actions still needed to be addressed. Two of these related to the physical building layout and one related to the management of risks.

The provider had taken steps to address the premises issues and had put local changes in place. Meetings had been held with estates managers to determine a long-term plan for the future of the centre. The current layout presented issues with the private space and communal space available, the lack of a downstairs bathroom as well as the risks identified in the two-storey houses due to the changing and increasing needs of residents.

Of the seven outcomes inspected, four were compliant with the regulations and standards. Non-compliance was found in the following outcomes:

- Safe and suitable premises (moderate non-compliance)
- Health and safety and risk management (moderate non-compliance)
- Workforce (substantially compliant)

The findings are outlined in the body of the report, with areas in need of address 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 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:
The inspector found that residents were encouraged to be social and to take part in their communities. Residents had yearly meetings to assess and discuss goals they wished to work on for the coming year. These were reviewed regularly with a keyworker responsible for each resident to support them in achieving their goals. At the time of inspection one resident was in the process of transitioning to more independent living arrangements. This had been risk assessed and planned for, with the transition happening slowly over time.

Some residents had access to day services and availed of this throughout the week while others were in employment. Other residents had more individual timetables based on their wishes to retire or lead a more relaxed lifestyle. The inspector was told that an external facilitator came to the centre each week to deliver a course on social skills which residents were enjoying. Participation and improvement was recorded. The facilitator had also facilitated accessible training to residents in fire safety.

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

Findings:
While some local improvements had taken place in the centre based on the last inspection report, the inspector found that the layout and structural design of the centre was not adequate for the changing needs of some residents. The washing machine had been moved to the utility room which was an action at the previous inspection, and a spare bedroom in one of the houses was now being utilised as a staff space to store files and documents. These were improvements since the last inspection.

The centre comprises two semi-detached two-story houses. Downstairs in house one there was a sitting room, kitchen with dining furniture, and upstairs contained three bedrooms along with a small staff room. There was an extension to the downstairs area which had its own front door entrance and which provided two ground level bedrooms, a second living room and kitchenette, a wheelchair accessible bathroom and a utility room. This house caters for five residents.

House two had a sitting room, kitchen with dining furniture, four bedrooms upstairs and a small bathroom upstairs. There was no staff area; therefore the small kitchen contained large filing cabinets and notice boards. This house caters for four residents.

As outlined in the report of February 2016, some residents' bedrooms were very small, with inadequate space for storage and mobility around the room. House two did not have a downstairs bathroom and risks were identified with some residents using the stairs in this house. The bathroom available was small in size and posed a challenge for staff supporting residents with personal care. There was also limited storage in the house for resident files and documentation. This meant that the kitchen area contained large filing cabinets and other items which took away from the homely feel of the house and limited space and accessibility.

There was a shared secure garden to the back of the houses which offered a sheltered smoking area if residents chose to use it. There was some garden furniture. However, a large part of the grassy garden was inaccessible to residents due to its slope and risk of falls.

The provider and management team were fully aware of the issues with the premises, as well as some known risks as highlighted from members of the multidisciplinary team (MDT) regarding residents' safety. The director of nursing informed the inspector that meetings had taken place in May 2016 with the Estates team, and changes to the physical environment and the funding requirements of this were discussed. Individual discussions were also taking place around the suitability of the centre for the current

residents and their changing needs. The inspector found that long-term plans were being considered and discussed, but at the time of writing this report, no confirmed or costed plans were evident.

That being said, residents expressed satisfaction with their home and explained that they had lived there a long time. Records reviewed by the inspector outlined that family members wished their relatives to remain in the centre as this was familiar and homely to them. The inspector found that while parts of the centre were dated and in need of refresh, it was clean and warm and there was a homely feel in the centre. The centre was decorated with photographs of residents and their friends and families over the years and residents had their own bedrooms.

Judgment:
Non Compliant - Moderate

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

Findings:
Management of risk:

The inspector determined that while there was a process in place for identifying, assessing and reviewing risks, not all risks were adequately managed. For example, the risk of residents smoking in the centre which was highlighted in the last inspection report. Due to Health Service Executive (HSE) policies, residents were not able to smoke inside the centre. Residents were therefore asked to go outside to have a cigarette. This resulted in some negative interactions and verbal aggression towards staff. There was an incident recorded where a lit cigarette was found on a rug and other incidents which posed a fire risk from lit cigarettes. While some steps had been taken by management to try to encourage residents to smoke outside (such as the provision of a smoking canopy and written agreements for the safe storage of lighters and cigarettes), the overall management of this issue did not adequately assess all the risks involved, or explore all possible control measures to alleviate this.

The inspector also reviewed documentation in relation to the suitability of the centre for residents with particular diagnoses and known risks associated with this as highlighted by members of the multidisciplinary team in 2015. While short-term control measures had been put in place such as additional supervision, a long-term sustainable plan was needed to ensure the risks identified could continue to be managed within a two-storey

house for a resident with a progressive illness. The director of nursing outlined long-term plans for this centre to be adapted and reconfigured to better meet the changing needs of residents. However, at the time of writing the report, no formal plan had been drawn up and the inspector determined that current control measures documented were vague in nature and did not adequately outline how known risks were being addressed.

Unsolicited information was sent to HIQA about this centre in relation to risk and incidents not being reported. This was discussed with the person in charge and the director of nursing. The review of adverse events showed that these incidents were recorded and reported. They were reviewed as part of the monthly management review of adverse events and were also captured in the provider's unannounced visit to the centre in May 2016 along with the annual review completed for 2015. The person in charge confirmed that there were both current and previous sick leaves as a result of injury from residents. This was a known risk due to the mental health conditions of residents, and advice on how to access employee support was discussed at staff meetings in October 2016. Since the previous inspection staff had completed training in the management of potential and actual aggression which was an additional control measure to reduce the risk.

Fire systems:

The inspector found that there was a fire detection and alarm system in place along with emergency lighting which were routinely checked and serviced by a fire professional the last dated service being October 2016. Each resident had an individual personal evacuation plan and an overall evacuation plan was on display. The centre was staffed with three staff at night time working a waking night shift and the last recorded drill showed a good response and evacuation time. Residents were aware of the assembly point.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Overall, the inspector found that there were measures in place to safeguard residents from abuse or harm along with additional multidisciplinary team input and plans to support residents with behaviour that was challenging and mental health conditions. A continuous review of the suitability of this centre for residents was required to ensure the supports available would effectively support the resident and their changing needs, as well as protect all residents from potential harm.

The inspector determined that there was a clear process for reporting and responding to allegations or concerns of abuse. There was a policy on the safeguarding of vulnerable adults. A designated person had been appointed to respond to any allegations or concerns and staff had receiving training. There had been three allegations of abuse submitted to HIQA since last inspection of a peer-to-peer nature where one resident had struck out at another. These had been appropriately reported to HSE safeguarding teams in line with national guidance, and interim safeguarding plans put in place. These safeguarding plans had alleviated the issue with no further incidents reported.

The inspector found that some residents were being supported with mental health conditions as well as intellectual disabilities and dementia. At times, there were incidents of verbal aggression, abusive language and physically aggressive behaviour. All such incidents were recorded and reviewed by management on a monthly basis to identify patterns or trends. Residents had access to behaviour support specialists, psychology and psychiatry. However, not all residents consented to input from the multidisciplinary team. Some residents had behaviour support plans and others had been referred for behaviour support with staff monitoring and recording incidents to support data analysis by the multidisciplinary team.

Since the previous inspection, all permanent and agency staff working in the centre had been trained in de-escalation techniques and interventions for behaviour that is challenging. Staffing numbers had increased since the previous inspection with better continuity of care available for residents. This was an improvement since the previous inspection.

As mentioned in Outcome 7, the provider's annual review of 2015 noted a significant number of incidents including staff assaults over the past year. The provider's own review of these incidents indicated a cause for this behaviour and at the time of the inspection, acute psychiatric care had been provided to address specific identified needs. This was an improvement since the previous inspection which found no antecedent for the behaviour had been identified.

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:
The inspector found that residents had documented assessments carried out across personal and health-care areas. Where a risk or need was apparent, a care or personal plan was written up and implemented. For example, care plans for epilepsy management, dry skin or dysphagia. The inspector found that residents had access to a General Practitioner (GP) of their choice, along with other allied health care professionals such as physiotherapy, occupational therapy, speech and language therapy and psychiatry. Advice from allied health-care professionals was evidenced and incorporated into care plans.

Residents told the inspector that they could choose their meals and were encouraged to take part in the preparation and cooking of meals. Menus indicated that healthy eating was promoted along with a balance of enjoying take out foods or meals out in local pubs. Residents had been assessed using a validated tool for risk of malnutrition and residents with swallow issues or dysphagia had been assessed by speech and language therapy. Residents had access to nutrition and dietitian services as required, as well as consultant support for areas such as diabetes.

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

Findings:
The inspector determined that there were adequate management systems and a clear governance structure in place.

There was an appointed person in charge who worked in the centre five days a week and had protected hours over the course of the week for administrative duties and the oversight and management of the centre. The person in charge reported to the assistant director of nursing with the further lines of management being the director of nursing, the area disability manager and the provider nominee. Staff and residents were aware of who was in charge and the lines of accountability.

There were management systems in place to oversee the designated centre and there was evidence that these systems were effective in providing oversight and general management. There was a quality assurance group that met monthly to discuss areas of concern or to escalate risk to. The person in charge and assistant director of nursing held monthly reviews on areas such as accidents, incidents and complaints. A schedule of audits was in place internally as well as external audits in areas such as infection control and medicine management. Learning from these audits and actions plans was seen to be acted upon.

The provider had conducted an unannounced visit of the centre in May 2016 and an annual review had been compiled for the year 2015. Learning from these visits and reviews had generated action plans and highlighted areas in need of address in line with the findings of this report. Most notably with regards to premises, the suitability of the centre for some residents and staffing had been identified for improvement. This assured that the systems in place for review were capturing the areas in need of address.

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

Findings:
On the day of the inspection, there were three staff on duty as well as the person in charge for seven residents. On review of a sample week, the inspector found that there were generally four staff on duty with nine residents inclusive of the person in charge

who was present five days a week. At night time, the inspector was told that there were now three staff on duty and the rosters reflected this. The use of agency staff was still in practice. However, the inspector found that for continuity the same agency staff members were used as far as possible and displayed on the roster. There were no staffing vacancies at the time of inspection with all shifts that were being covered by agency for the purpose of sick leave, maternity leave or other holiday leave. This was an improvement since the last inspection.

On review of the training records which held information on 11 permanent staff and five agency staff members, the inspector found that since the last inspection all staff had been trained in managing behaviours that challenge and de-escalation techniques. Records also showed all staff had completed safeguarding vulnerable adults training.

However, while the system to capture training needs had improved and some dates were set for 2017 there were some gaps apparent:

- one agency staff member working in the centre had not completed fire safety training
- one permanent staff member had no evidence of manual handling training
- one permanent staff member was out of date for manual handling training

In response to the previous action plan, the provider had outlined that some staff had done safe administration of medicine (SAM) training and dates were set for April 2017 for the remaining staff to complete. Records available on the day of inspection showed that three health-care assistants had completed SAM (safe administration of medication) training, and ten health-care assistants had completed training in the administration of rescue medicine for epilepsy. The person in charge outlined that staff nurse on duty was responsible for administering medicine while on duty.

The inspector found that the previous person in charge had put a system of supervision in place. Meetings were held once a year to discuss their role and identify training or skill needs. The current person in charge had plans to ensure this formal supervision continued.

Staff personnel files were not reviewed as part of this inspection and will be examined on the next 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:

Louise Renwick
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-0005397
Date of Inspection:	16 November 2016
Date of response:	01 February 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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises were not suitable to meet the needs of some residents. There were issues with bedroom floor space, suitable storage, storage of information, second communal space for privacy and suitable bathrooms.

1. Action Required:

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

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

Please state the actions you have taken or are planning to take:
A review will be undertaken of Information maintained in the two houses in order to minimize the impact on the living space in the centre: 28/02/2017

Discussions are taking place to progress the building of an accessible premises through an approved Housing Association for residents in one house, subject to CAS funding. A costed development plan will be developed for the centre: 31/07/2017

One individual is currently transitioning to Independent living in the Community. A Plan is in place to support this individual with the Transition: 31/07/2017

Proposed Timescale: 31/07/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All parts of the centre were not fully accessible for all residents, and did not take due consideration for the changing mobility needs of residents living there. There was no downstairs bathroom for a resident who had risks associated with using the stairs.

2. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
A review will be undertaken of the accessibility needs for the individual resident in one house who requires access to a bathroom downstairs. This review will involve the resident, their families and the Multidisciplinary Team: 31/03/2017

Discussions are taking place to progress the building of accessible premises through an approved Housing Association for residents in one house, subject to CAS funding. A costed development plan will be developed for the centre: 31/07/2017

One resident is currently Transitioning to Independent living in the Community. A Plan is in place to support the individual with this Transition: 31/07/2017

Proposed Timescale: 31/07/2017

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:
Not all known risks were appropriately managed.

3. 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:
A review of all risks on the Risk Register inclusive of the risk relating to smoking will be undertaken by the Person in Charge in the centre and control measures will be put in place: 28/02/2017

A formal plan will be put in place in relation to the centre in conjunction with the Estates Department to meet the needs of the residents: 31/07/2017

The provision of a long term plan for individuals with progressive illness in the centre has commenced and will be identified following the exploration of all options in conjunction with the residents, their families and the Service: 31/07/2017

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Gaps in the provision of training were evident.

4. 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 review has been undertaken of the Training records for all staff working in the centre in order to ensure that all staff have completed the appropriate training to meet the needs of residents: Complete 31/01/2017

Where gaps are identified in staff Training records the Person in charge will schedule the appropriate Training for staff to attend:
28/02/2017

Fire training Induction was provided to the Agency staff member in the centre on

16/11/2016: Complete 16/11/2016

The staff member who had no evidence of Manual handling Training on the Training record in the centre is scheduled to attend Manual Handling Training on 28/02/2017.

The staff member whose Manual Handling Training had expired is scheduled to complete Manual Handling Training on 28/02/2017.

Proposed Timescale: 28/02/2017