Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Tigh an Oileain
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	23 July 2019
Centre ID:	OSV-0001970
Fieldwork ID:	MON-0023325

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre is situated on its own spacious site and was designed and built for its intended purpose. Residential services are provided to a maximum of six residents; there is an integrated day service provided on site and currently an additional three residents attend this service. Circulation areas and doorways are designed to meet the needs of residents with higher physical needs. Each resident has their own bedroom some of which have en-suite sanitary facilities. Residents share a choice of rooms suited to social and recreational activities including a sun-room with views of the surrounding picturesque location. The centre is for some residents, within walking distance of the village; transport is also provided. The provider aims to provide a residential service and supports responsive to the needs, wishes and choices of residents, based in their communities and connected to natural support networks. To provider aims to ensure that each resident lives as full a life as possible with access to healthcare, education, training, work and leisure. The centre is staffed at all times and the staff team is comprised of the person in charge who is a registered nurse in intellectual disability nursing, social care workers and senior instructors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
23 July 2019	09:30hrs to 18:15hrs	Mary Moore	Lead

What residents told us and what inspectors observed

The five residents currently living in the centre, a resident attending the day service and the inspector engaged throughout the day as residents went about their normal routines. Residents remembered the inspector from the previous inspection and welcomed the inspector back to their home. The atmosphere in the house presented as very relaxed with residents enjoying each others company and the company of staff and chatting to the inspector about life in general. There were communication differences but residents were eager to communicate and in the manner that they wished. Resident discussions reflected ordinary but fulfilling lives lived in partnership with peers, friends and family supported by staff and family.

Residents spoke of their interests in sport, their differing favoured teams and their delight at the recent county football win. Residents confirmed that they continued to enjoy the experience of paid work and participating in community schemes and initiatives. Residents spoke of upcoming plans and events for the summer and discussed how they shared between them the completion of household or external tasks such as making sure the hens were safely housed as the evening approached.

Residents said that all was good in the house; that life was good and they were happy; one resident gave the inspector a thumbs-up sign.

The relationship that developed between residents, the commitment to care and support that was person centred and to maintaining relationships that were important, was evident in the repeat reference to a peer currently not residing in the centre and the visits made twice daily by staff and residents to their peer.

Capacity and capability

Overall the inspector found that this centre was effectively managed including effective continuous oversight of the service. There was evidence that the provider responded appropriately to matters that impacted on the quality and safety of the care, support and services provided to residents. However, staffing issues identified by the provider and at the time of the last HIQA inspection, while managed so as to reduce potential impact on residents were not satisfactorily addressed.

The management structure was clear and functioned effectively; each person participating in the management of the centre was clear on their individual role and responsibilities and issues were addressed at the appropriate level or escalated to the responsible person. The inspector found that while there was an obligation on the provider to manage its budgetary resources, there was a shared governance objective of the delivery of an appropriate, safe, quality service to residents.

For example the person in charge though she had other areas of responsibility was based in the centre and was evidently visible and accessible to residents and staff. Residents were seen to be equally comfortable with other members of the management team present on the day. The person in charge held regular staff team meetings where the general operation of the centre and residents' needs were discussed; feedback was provided to senior management on any issues or concerns raised; the inspector found that these were responded to such as a request for equipment or maintenance. Staff were supported by a system of formal supervision; newly recruited staff by probationary reviews.

The person in charge monitored the adequacy of staffing levels and arrangements, and there was evidence that the provider did respond proactively. For example additional staffing resources and altered staffing arrangements at night were in place up to quite recently in response to specific changing and increased resident needs. However, the fundamental issue of the original ethos of the service to be delivered, the grades of staff historically employed to deliver on this, the changing needs and requirements of residents in the intervening period and the suitability of the staff skill-mix to meeting these changing needs had not been satisfactorily addressed since the last HIQA inspection.

The inspector was assured by the person in charge that this staff-grade/skill-mix issue was managed so that residents did not have un-met or neglected needs. However, in managing this issue other issues arose, for example there were days when the person in charge was the only staff on duty who undertook personal care with and for residents. There were other staffing matters arising and under consideration at the time of this inspection such as twilight staffing hours and additional staffing for some social outings. The general view in the centre was that staffing levels, arrangements and skill-mix were not reflective of and not suited to the number and assessed needs of the residents; the provider was aware of this. What the inspector evidenced was a staff skill-mix and staff deployment arrangements that did not meet all residents needs at all times. There was an absence of objective and risk based analysis of staffing requirements and of the impact and potential impact of these arrangements and their management. This required review by the provider.

The inspector reviewed, discussed and clarified staff training records. There was good staff attendance at baseline and refresher training; recently recruited staff had completed safeguarding, medicines management and the first component of fire safety training; the second practical component was scheduled. Staff were however due both baseline and refresher training in responding to behaviour that challenged including de-escalation techniques.

Nursing care was provided as needed by the person in charge, the clinical nurse specialist and community based nursing services.

In managing the staff rota the person in charge considered continuity and consistency for residents.

As stated at the outset of this report and notwithstanding the deficits discussed

above in staffing, the inspector found that the adequacy of the safety and quality of the care, support and services provided to residents was consistently and effectively overseen. For example incidents and events were recorded and reviewed and action was taken to prevent a reoccurrence. Residents were consulted with on a weekly basis and did raise matters that they believed needed to be addressed such as maintenance issues. Some preliminary analysis of staffing requirements had been completed. The provider was also completing the unannounced reviews of the service as required by the regulations; the inspector reviewed the findings of the most recent review completed in March 2019. The review was comprehensive, focussed on compliance, quality and safety; an action plan was out in place to drive improvement, although a substantive body of compliance and overall good practice was found. The response to the action plan, the rationale for findings and the action taken to bring about the necessary improvement was formally recorded by the person in charge.

Regulation 14: Persons in charge

The person of charge met the requirements of Regulation 14 in that the person in charge worked full-time and was suitably qualified and experienced. Though the person in charge had other responsibilities the inspector found that the person in charge was consistently engaged in the management and oversight of the centre. However, the additional demands on the person in charge by virtue of the staff skill-mix needed to be included in the required staffing review.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix did not meet all residents' needs at all times. There was an absence of objective and risk based analysis to ensure and assure that staffing levels, staff skill-mix and staff deployment arrangements were appropriate to the assessed and changing needs of the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were due both baseline and refresher training in responding to behaviour that challenged including de-escalation techniques.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall the inspector found that this centre was effectively and consistently managed. The provider had effective systems for self-identifying both good practice and areas that needed to improve. Generally the inspector found that the provider responded and did address matters that impacted or had the potential to impact on the quality and safety of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

Consideration of the purpose and function of the centre was needed as part of the required staffing review. However, the record itself was current and was an accurate reflection of the centre and the integrated type of service that was operated.

Judgment: Compliant

Regulation 30: Volunteers

The employment of volunteers had been considered but currently none were employed. There were procedures to ensure that there was adequate and appropriate assessment of suitability and supervision such as assessment of qualifications, experience, Garda vetting and role clarity.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the records maintained of accidents and events occurring in the centre and was satisfied that there were adequate arrangements that ensured the required notifications were and had been returned to HIQA such as any unplanned evacuation of the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had accessible complaints procedures in that they were prominently displayed and feedback on general satisfaction levels was formally sought from residents on a weekly basis.

Judgment: Compliant

Quality and safety

As discussed in the first section of this report assurance was required from the provider that staffing arrangements and skill-mix supported and ensured the provision of optimal safe, quality care and support at all times. Overall however there were many indicators of a good service.

For example the care and support to be provided was based on the assessment of each resident's needs, abilities, wishes and preferences. The plan of support was based on this assessment and was seen to be individualised to each resident and responsive to their changing needs and wishes. The plan included the plan for agreeing personal goals and objectives; reviews and plans were current and residents and their representatives were consulted with and participated in decisions about the support needed and to be provided.

The inspector's observations on the day and narrative notes seen indicated that the plan guided daily practice and the agreed goals for 2019-2020. Resident wishes were seen to be respected, for example a request for new work placements and for staff support to use local services where residents had expressed a little anxiety around this.

The care and support provided respected the individuality of residents and their choices and decisions such as the broad range of activities that residents engaged in the local and wider community. On speaking with residents it was evident that residents were supported to maintain and develop peer, personal and family relationships and that this was important to them. Access to national advocacy services was facilitated and utilised.

Residents did have health care needs some of which needed consistent and specific support and intervention to ensure resident health and well-being. The inspector was satisfied having reviewed and discussed plans, protocols and records created by staff that the necessary arrangements as advised by the appropriate health care professionals were in place. The person in charge maintained good oversight of needs and changing needs and ensured that residents had timely access to the services that they needed including their GP (General Practitioner), specialist

hospital services, occupational therapy, physiotherapy, dietitian, dentist, optician and chiropody.

Necessary interventions included dietary modifications. These and residents' choices and preferences were reflected in the meals seen to be provided and enjoyed by residents. For example some residents preferred their main meal at midday while others preferred to have it in the evening; staff facilitated this. Residents were encouraged to make healthy lifestyle choices and body weight was monitored regularly as an indicator of good health.

Residents had good support from psychology to manage any challenges that they faced and that might present as behaviour that challenged themselves or others. The overall approach was therapeutic and there were minimal restrictions on resident's lives and routines.

The identification of risk, its assessment and management was seen to be resident and centre specific, reflected residents assessed needs and sought to support resident independence and well-being while keeping residents safe. Accidents and incidents were seen to be reviewed and their occurrence and their review informed risk management procedures. Residents and staff discussed incidents; staff explained the risk posed so that residents understood so as to reduce the potential for reoccurrence.

Residents were consulted about the running of the centre in a meaningful way. Staff and residents sat together each week and discussed a range of matters such as the menu for the week, social events, complaints and keeping safe. Residents engaged and contributed to these discussions but the inspector did recommend that requests, suggestions and actions agreed should be tracked at subsequent meetings to confirm that they had been followed through on.

Based on the evidence available to the inspector the inspector was assured that residents knew and understood what good support was; staff understood their safeguarding responsibilities; the provider responded appropriately to any concerns raised.

Resident safety was further promoted by the provider's effective fire safety management systems. Staff completed visual inspections of measures such as escape routes and tested the fire detection and alarm system weekly. Certificates were also seen confirming that this system, the emergency lighting and fire fighting equipment were inspected and tested at the required intervals. Staff and residents participated in simulated evacuation exercises; records of these indicated that they were meaningful and purposeful in that they did assess the adequacy of the fire evacuation procedures and staff and resident knowledge of them. There was evidence of learning and corrective action following these drills such as the provision of devices to assist evacuation. The inspector did recommend that while the responsive element of the drills should continue, for example when new staff were recruited, the centre specific frequency of these drills should be agreed and their recording should be reviewed so that there was a drill record to correspond with each completed drill logged.

The design and layout of the premises was suited to the individual and collective needs of the residents. The layout was spacious and afforded residents the choice of personal space and privacy as well as spending time with peers. The centre overall presented very well; however there were minor structural works started but not completed in two resident bedrooms.

Regulation 10: Communication

Residents were engaged and informed. Residents had access to a range of media including personal computers. Communication differences were assessed and any support needed so that residents could communicate effectively such as manual signing or symbols were used. The inspector saw that residents were facilitated to access technology and appliances to optimise their communication capabilities.

Judgment: Compliant

Regulation 13: General welfare and development

From speaking with residents and records seen, residents were supported to live meaningful and fulfilling lives based on their individual skills and choices. Resident had good and meaningful opportunities for community inclusion and integration from participating in community initiatives to enjoying the experience of paid work. Residents were supported to develop and maintain new and existing friendships and relationships.

Judgment: Compliant

Regulation 17: Premises

There were minor structural works started but not completed in two resident bedrooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Resident health and well-being was supported and promoted by the correct diet and supporting residents to make healthy dietary choices. Individual meal choices and preferences were seen to be facilitated.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. Risks and their management were reviewed; for example accidents and incidents informed review. The approach to risk management was individualised and supported independence and responsible risk while keeping residents safe from harm.

Judgment: Compliant

Regulation 27: Protection against infection

Current evidence underpinned and informed day to day infection prevention and control practice. For example staff had completed recent hand hygiene competency assessments; staff used the appropriate equipment such as gloves and water dissolvable bags; the premises was visibly clean, staff used a colour coded system of cleaning. Residents were educated on hand hygiene. The laundry was suitably equipped; the inspector did advise that the sink in the laundry should be clearly indicated as a sink for hand-washing purposes only.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that staff promoted resident safety and well-being by adhering to the providers' policies and procedures on the management of medicines. Staff had completed the training required including refresher training on the administration of emergency/rescue medicines. There was a low reported and recorded incidence of medicines related errors.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and outlined the supports required to maximise their well-being, personal development and quality of life. The plan was developed and reviewed in consultation with the resident and if appropriate their representative. The daily record created by staff reflected the instructions of the support plan and the personal objectives plan. This provided assurance that the plan guided and informed daily practice.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs; staff adhered to healthcare plans and protocols. Each resident had access to the range of healthcare services that they required for their well-being. Care was evidenced based and evolved and changed in line with new developments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported therapeutically to respond and cope with challenges that presented. Residents had good access as needed to psychology. Communication and its importance in preventing incidents of behaviour and risk was recognised. In general residents lived and socialised together compatibly.

There were policies and procedures for the identification and review of restrictive

practices. In reality residents enjoyed minimal restrictions in their routines.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and supporting procedures for ensuring that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to safely exercise independence, choice and control. The provider respected resident capacity to express choices and make decisions. Residents were facilitated to access advocacy services and other services and information to promote and protect their rights. Residents with spoken with and provided with the information they needed to understand matters that arose and to make good decisions. The individuality, privacy and dignity of residents were seen to be respected in the day to day operation of the service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tigh an Oileain OSV-0001970

Inspection ID: MON-0023325

Date of inspection: 23/07/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A Qualitative review on the staffing and skill mix will be conducted by the DOS. A risk based analysis will be carried out to ensure that staffing levels, staff skill-mix and staff deployment arrangements are appropriate to the assessed changing needs of the residents including the grades & contracts of the staff historically employed. A submission for funding will be made to the HSE for funding for the additional staffing required based on the changing needs in the house. This will ensure the staffing & skill mix will meet all residents' needs at all times. This will be completed by 31st December 2019.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Baseline and refresher training in responding to behaviour that challenges including de-escalation techniques will be arranged before 30th November 2019. Fire training has been scheduled for all staff in September 2019.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A detailed maintenance requisition for all of the works to be carried out on the 3 bedrooms has been sent to the administration manager for approval. Maintenance works will be completed by 31st December 2019.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/12/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2019