

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Azalea Services
Centre ID:	OSV-0004463
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 December 2016 10:30	01 December 2016 17:00
02 December 2016 10:00	02 December 2016 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the fourth inspection of this centre by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

This unannounced inspection was scheduled to review the arrangements in place following a notification of the change of the person in charge of this designated centre. The inspector also reviewed actions issued to the provider following the previous inspection on the 17 June 2015. The designated centre is part of the service provided by the Brothers of Charity in Roscommon.

How we gathered our evidence:

As part of the inspection, the inspector met with the five residents living in this centre. The inspector observed residents being supported in a respectful and dignified manner. The inspector spoke with staff members about the management and operation at the centre, as well as observing care practices. In addition, the

inspector reviewed documentation such as personal-care plans, medical records, risk assessments and policies and procedures. Furthermore, the inspector met the joint persons in charge and discussed their roles and responsibilities in relation with the needs of residents and management of the centre. However, there was a lack of clarity regarding the roles and responsibilities of the joint persons in charge or the management schedules in place govern the centre.

Description of the service:

The centre provided residential services to five adults with intellectual disabilities. The centre comprised of three community houses located in Co. Roscommon. Three residents lived in one house, and two residents lived independently in the other house and apartment. The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided, and was reflective of the centre.

Overall Findings:

The inspector reviewed actions taken by the provider following the previous inspection. The inspector found that eight of the twelve actions arising from the inspection in June 2015, had not been completed. In addition, further action was required to ensure compliance with regulations and these issues are outlined in the main body of this inspection report.

On this inspection, the centre was inspected against ten outcomes. The inspector found non-compliances in nine of the ten outcomes inspected. Four outcomes were major non-compliant, five outcomes were non-compliant moderate and one substantially compliant. The failings related to residents' rights choice and consultation; health and social care; health and safety and risk management; safeguarding and safety; notifications; healthcare; medication management; governance and management; staffing and records and documentation.

Overall, the inspector found that there were inadequate governance and management arrangements in this centre to ensure good oversight of the service. The management of complaints, residents' finances, falls management, restrictive practices, medication management, staffing and documentation were all areas identified as significantly non-complaint.

Due to the significant level of risks identified on inspection a meeting with the provider was called to discuss the level of non-compliance in the centre. The provider was made aware of their responsibilities under the Health Act 2007 and was required to submit a time specific action plans to address the serious non-compliances identified on inspection. However, although the provider was given two opportunities to provide an adequate action plan response the action plan submitted by the provider did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

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):

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

Findings:

There were systems in place to ensure residents were consulted about the management at the centre. House meetings had taken place to discuss the day to day activities of the houses. Residents were also given the opportunity to access advocacy services if required. Furthermore, the inspector observed residents being supported by staff in a dignified and respectful manner and residents' privacy was respected in relation to his or her living space and personal belongings.

There were policies and procedures in place for the management of complaints. The complaints process was user-friendly and accessible to all residents. However, it was not prominently displayed in all houses in the centre. There were two failings issued following the last inspection of this centre. The first related to the inadequate management of complaints, where some residents were disturbing other residents at night by entering their bedroom. The second failing related to the lack of support staff at night to provide adequate personal care to residents. These issues were not addressed and are discussed further under outcome 17.

The person in charge was the nominated person to deal with all complaints. However, on review of the current complaints in the centre, the inspector found the person in charge had not addressed all of the complaints in the centre. For example, complaints were received that residents requiring emergency admission to hospital had to travel alone without staff support. This issue had occurred twice over the past few months and the complaints had not been resolved to the satisfaction of the complainant.

There was a policy in place for the management of residents' personal property, finances and possessions. At the last inspection, the inspector was told that a new financial recording system was to be introduced in all houses in the centre, to ensure good oversight of residents' money. This was not completed.

The inspector reviewed the current arrangements in place for managing residents' money and found that there continued to be inadequate governance around the use and oversight of residents' money at the centre. For example, in one house, a resident's funds were used to pay for the day to day running of the centre. Furthermore, a resident had contributed to the purchase of a car. These purchases were not in line with the resident's service level agreement, or the organisations policy or procedures in managing residents' finances.

Judgment:

Non Compliant - Major

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:

Residents had personal plans in place, which briefly outlined their assessed health, social care and support needs.

A comprehensive assessment of the residents' social care activities and goals were completed for all residents living at the centre. They were regularly reviewed and updated and were available to the residents in an assessable format.

Residents' healthcare plans were also in place, but these documents required improvement. The inspector found that the files viewed did not reflect the residents' current health status. Some residents living in this centre had complex medical conditions, but the residents did not have appropriate or up-to-date healthcare assessments or information outlining their individual healthcare needs. For example, there was an absence of adequate toileting needs assessments for residents, particularly for night-time. In addition, one resident had a diagnosis of dementia. However, there

was an absence of an appropriate healthcare assessment to identify their current and future care requirements, to ensure staff were aware of the residents' healthcare needs.

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:

There were systems in place to promote and protect the health and safety of residents, visitors and staff. However, there were two actions from the last inspection, one was complete and the other was not addressed. In addition, the inspector found that improvements were still required in the management of risks in the centre, for example, in areas such as: moving and handling, falls management, restrictive practices and fire safety management.

There was a safety statement and risk-management policy in place which included the procedures to follow for the assessment and management of risk in the centre. In addition, a risk register was in the place which set out the risks in the centre, and the associated control measures. However, not all risks were identified or managed as required by the organisational policies and procedures.

The inspector reviewed the management of some risks in the centre. Each resident had individual risk assessments in place. However, the inspector found that some residents had experienced a number of accidents in the centre, but these accidents were not adequately documented or managed. For example, some residents had fallen frequently over the past year, some had up to four falls, but following the falls they were not reviewed by the appropriate member of the multidisciplinary team. In two files viewed by the inspector the residents' falls risk assessment and falls care plans were not updated to reflect their increased risks of falls.

Moving and handling equipment was also found to be inappropriately stored and there was a lack of space in one of the houses. The equipment was stored in the main hallway, which was a hazard and could cause an accident. This was identified as a hazard during the last inspection and adequate storage facilities continued to be an issue in this house.

Fire safety management equipment was routinely serviced in the centre. All three

houses had fire alarm systems in place. The inspector reviewed the maintenance and servicing records for the fire alarm, emergency lighting and fire equipment and found that they had been serviced.

However, some of the houses did not have fire doors, intumescent strips or smoke seals in place to ensure the containment of smoke in the event of a fire occurring at the centre. In addition, there were no staff training details provided to the inspector to show that all staff had completed fire safety training.

Judgment:

Non Compliant - Major

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 were policies and procedures in place to safeguard residents from abuse. However, improvements were required in the care and welfare of some residents in the centre. On the previous inspection, the inspector found the toileting needs for some residents were not being met at night. The person in charge confirmed to the inspector that they completed a toileting assessment following the previous inspection in June 2015. The assessment showed that additional staff supports were required at night for safe moving and handling of residents in this centre. However, the person in charge said they did not have the resources required to put two staff on duty to manage this care issue. Therefore, the action of the previous inspection was not addressed.

On this inspection, the inspector reviewed this issue and found that residents' toileting needs were not attended at night in two of the three houses inspected, as staff were rostered to sleep at night. In one case reviewed, a resident was assisted to bed at 21.00hrs and they were not toileted again until the 08.00hrs. Furthermore, the inspector found that over a 14 night period, staff had documented in the resident's daily notes that the resident was incontinent on 11 occasions when they changed the resident the following morning. The staff support required and the associated risks with this practice had not been adequately managed following the review completed in June 2015. The inspector found that by not providing adequate staff to toilet the resident's at night

(when required) the provider had placed the residents' at increased risk of pressure wounds and a reduction of their skin integrity.

In addition, the inspector found that restrictive nightwear was used to manage some resident's behaviour at night. Although this practice was used to manage a condition called "pica" the use of this restriction was not assessed or documented in the residents' intimate care plan or behaviour support plan and was not approved by the organisations human rights committee. Furthermore, the requirement for this physical restraint was not reported to HIQA as required by the regulations.

Some residents in this centre had complex behaviour that resulted in self injury. The inspector found that staff were familiar with the residents' needs and wishes. However, not all residents had positive behaviour support plans available to support staff to appropriately manage the residents' behaviour. These plans were required so that a consistent approach was taken by staff to ensure that appropriate proactive and reactive strategies were used when required for these residents.

Furthermore, the person in charge did not show evidence that staff working in this centre had training in managing behaviours that challenge. This training was required to ensure that staff had up-to-date skills, appropriate for the role, to respond to behaviour that is challenging.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

A record of incidents occurring in the designated centre was maintained and notified to the Chief Inspector. The person in charge had submitted some notifications to HIQA as required. However, the PIC omitted to submit all details of restrictive procedures such as physical, chemical or environmental restraint used in the 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:

Residents were supported on an individual basis to achieve best possible health. Resident's healthcare needs were generally supported by staff and resident's family members, and the local General Practitioner (G.P.). The inspector observed that residents had appropriate access to the G.P., Speech and Language Therapist (SALT), Physiotherapist, and a Psychiatrist. Residents also had access to allied health professionals as required. However, the inspector found there was a significant difficulty in accessing health information in two of the three houses inspected on this occasion. For example;

There was not evidence to show that residents' health care needs were appropriately assessed or reviewed. Some residents did not have a comprehensive health-care plan in place to reflect their current health status. The inspector found one resident's care plan was dated 2013 and had not been adequately reviewed to include a medical condition called (PICA) (where the individual could eat inedible objects). Furthermore, the resident's intimate care plan was dated 2014 and did not reflect the residents current toileting needs.

In addition, residents with complex medical needs did not have accurate or up-to-date health care information recorded in their files detailing the care required by them daily. For example, the inspector found conflicting information about a resident's requirement to receive oxygen and staff working in the centre told the inspector they had not received training in the appropriate use and the safety precautions required when administering oxygen in the centre.

Referrals to allied services such as physiotherapy, or dietician services were not made following a deterioration in residents' health. For example, one person's health had deteriorated following a diagnosed with dementia and other residents' had experienced frequent falls. Although one resident was assessed by the occupational therapist for a suitable chair, the chair that was recommended was not yet purchased for the resident, and the residents mobility had significantly deteriorated in recent months.

The inspector met one resident who health had deteriorated significantly since the last inspection and the resident's current day and night time service provision was not meeting their needs due to their deterioration in their health.

Day service staff supported this residents' requests to remain at home during the day since their health had significantly deteriorated over the previous few months. However,

the inspector was told this request was not always facilitated due to staffing shortages.

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):

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

Findings:

The designated centre had policies and procedures in place to ensure safe medication management at the centre. There was a system for reviewing and monitoring medication management practices in the centre. However, there were a significant number of medication errors identified following the last inspection, and similar errors were identified again on this inspection.

The person in charge had completed a medication audit shortly before the inspection; however, it failed to identify medication errors and medication practices that were not best practice or in line with national guidelines. For example, not administering medication as prescribed and regularly withholding medication without reviewing this practice with the GP. In addition, the inspector found that emergency medication was written on one resident's medical chart, but was not signed by the GP. This omission was not identified during the recent medication audit completed by the person in charge.

There was also no evidence that all staff administering medication in the centre had received training in safe administering practices.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector reviewed the governance, operational management and administration of the centre and found there were areas where improvement was required. This was evidenced by the lack of management of complaints, risk management, safeguarding and safety, healthcare issues, medication management, lack of adequate staffing at night and on call management support at night.

There were three actions issued under this outcome following the previous inspection of this centre. Two of the actions were not complete and one was complete. Management systems were in place, but were not effective to support and promote the delivery of safe, quality care services. For example, there was not a clearly defined management structure that identified the lines of authority and accountability in the centre. There was a joint person in charge appointed to manage this centre by the provider. One person in charge was new to a management role since June 2016 and was working part-time. However, only ten of the 55 hours worked per fortnight by the person in charge were allocated for management duties in the three houses in this centre. The second person in charge was also working as the area manager for the services and was responsible for managing two designated centres and a day service for 21 residents. However, the inspector found there was a lack of clarity as to their role and responsibilities, particularly in the management of risks, healthcare issues, and staffing.

The annual review document was commenced, but it was not adequately completed. In addition, the provider nominee had conducted one six monthly annual review of the service in June 2016. However, it did not identify on-going areas of concern or where actions were required at the centre.

One of the houses in this centre was up for sale at the time of the inspection. The inspector was told the house was having frequent viewings from the potential purchasers prior to the inspection. However, the provider did not have any appropriate contingency plans in place, should they have to move residents from the property in the event of the house being sold.

There were a number of complaints recorded regarding lack of an on call supports system at night for staff. For example, between 24.00hrs and 08.00 hrs there was no manager on call to support residents and staff in the event of an emergency. This support was required on at least two occasions over the past number of months. For example, the assistance of emergency services was required during the night for a medical emergency, but there was no manager on call available to assist them.

Judgment:

Non Compliant - Major

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:

There were not adequate staffing needs assessments completed for all residents' living in this centre.

While there were an adequate number of staff working in this centre during the day of this inspection, residents required continuity of care over a 24-hour basis was not provided. The current staffing arrangements did not meet the needs of the residents. Previously, staffing support at night was identified as an issue. The person in charge identified that there were not adequate staff support at night available to meet the toileting needs of the residents' in one of the houses in this centre. However, this staff support requirement had not been adequately addressed and the previous action was still outstanding.

The person in charge had received complaints that residents that were acutely unwell as well as having complex behaviours were being transferred to hospital without staff support. On two occasions in the past year, an ambulance was called for an individual with breathing difficulties. However, the organisation's policy is not to provide staff to accompany residents on an emergency hospital admission. However, there was no comprehensive assessment completed to ensure that residents would be safe without familiar staff support in hospital.

There was no evidence that staff had received up-to-date mandatory training, access to education or other training to meet the needs of residents.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the records maintained in this centre and found documents were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. During the inspection, the inspector found it difficult to review the required documents in two of the three houses inspected. As a result, the inspector had to extend the inspection for a second day to allow time to review the information required.

Judgment:

Non Compliant - Moderate

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:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority