

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oakvale
Centre ID:	OSV-0002463
Centre county:	Cork
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	6

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 Escalation 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:
23 May 2018 10:00	23 May 2018 18:30
24 May 2018 09:30	24 May 2018 13:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

In November 2015, the Health Information and Quality Authority (HIQA) applied to the district court under Section 59 of the Health Act 2007 for specific conditions to be placed on the registration of this centre. This was an unannounced inspection to identify if the provider was operating the centre in line with these conditions and to monitor overall compliance with the regulations as set out in the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013.

Description of the service

The centre was based in a campus setting and was intended to provide residential accommodation for up to 30 male and female residents who were over the age of 18 years. The centre can meet the needs of adults with an intellectual disability who may also present with physical and healthcare needs. Nursing care and social care

support was provided to residents in this centre. This centre was involved in an overall transition plan for the campus and could accommodate residents who were preparing to transition to community-based living.

The centre comprised of a long corridor which separated into five bungalows. Each bungalow contained single and shared residents' bedrooms, a kitchen and dining area, office space, a sitting room, a laundry room and shared bathroom facilities. Residents also had access to a patio area which contained seating for residents to enjoy. Each bungalow was wheelchair accessible, with ramped access at all exit and entry points.

How we gathered our evidence

The inspector met with 16 residents living in the centre, many of whom were unable to speak with the inspector. However, two residents spoke briefly with the inspector over the course of the inspection. The inspector had the opportunity to visit each bungalow and met with both staff nurses and healthcare assistants who work to support residents. All staff who spoke with the inspector knew the residents very well and were knowledgeable in the care and support needs of each resident living in the centre. The inspector observed staff to interact respectfully with residents and residents appeared to be comfortable in the company of staff.

During this two day inspection, the inspector also reviewed documentation such as personal plans, risk assessments, fire safety records, complaints records, staff files, training records, audit findings and staff rosters.

Overall judgment of our findings

Overall, this centre was found to provide residents with a clean, comfortable and homely environment to live in. Residents were supported to live the lives that they wanted. Some actions identified following the last inspection of this centre in January 2018 were not completed in line with the time frames as set out by the provider. However, the provider had plans in place to bring these remaining actions back into measurable timeframes. Following this two day inspection, the inspector was satisfied that the provider was operating the centre in line with the registration conditions as applied by the district court in November 2015.

Many areas of good practice were observed in areas such as the management of complaints, risk management and fire safety systems, communication and governance and management. However, this inspection identified that some areas of improvements were required to residents' rights, dignity and consultation, social care needs, safeguarding and safety, medication management and workforce.

Of the 13 outcomes inspected, eight were found to be compliant, four were substantially-compliant and one outcome was in moderate non-compliance with the regulations.

The reasons for these findings are explained under each outcome in the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall, residents were consulted about how they wanted to spend their time. Where residents could not communicate their wishes, staff advocated on behalf of these residents to ensure their choices were respected. The inspector observed staff to interact well with residents and address them in a respectful manner. However, some actions relating to this outcome from the last inspection had not been completed in line with the time frames that the provider had set out.

There was a complaints procedure in place which was in an accessible format to residents and included an appeals procedure. A designated person was appointed in the centre to deal with complaints and any complaints received were reviewed at a daily management team meeting. There were some complaints being managed by the provider at the time of this inspection and clear records were maintained of the nature of these complaints, investigations held, the outcomes of these investigations and whether the complainants were satisfied with the outcome. Although a copy of the complaints procedure was displayed in the centre, it did not clearly detail how the centre responded to and managed complaints. The inspector brought to the attention of the person in charge, who rectified this prior to the close of the inspection.

Advocacy services were available to residents and information was prominently displayed in the centre to guide residents on how to access these services. Residents' meetings were regularly occurring within each bungalow and, throughout the inspection, the inspector frequently observed staff consulting with residents on a one-to-one basis.

During the last inspection of this centre in January 2018, it was identified that the use of clear glass viewing panels to some bedroom doors impacted on residents' privacy and dignity. The inspector found during this inspection that no further measures had been taken by the provider to rectify this. However, the person in charge informed the inspector that plans were in place to address this issue in the weeks subsequent to the inspection.

Judgment:
Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

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

Findings:

On the days of inspection, the inspector observed that the provider had ensured that each resident with assessed communication needs were assisted and supported at all times to communicate their wishes. Residents also had access to internet, television and radio as they wished. The provider told the inspector that although the action relating to this outcome from the previous inspection was not fully implemented in line with the time frames set out, progress was being made towards recruiting a speech and language therapist for the centre.

The provider had various measures in place which ensured that on this inspection, residents' communication needs were being met. Where residents presented with specific communication needs, they had clear communication plans in place to guide staff on how these residents could communicate their wishes. Since the last inspection, the provider has sought the assistance of external organisations to guide staff on how best to support residents with a visual impairment who live in the centre. The inspector observed the use of brightly coloured utensils, directional signage and colour blocking systems to ensure these residents were supported to move independently between rooms in the centre. Sign language was available to residents with a hearing impairment and staff spoke confidently with the inspector about how they effectively communicate with these residents. Various communication tools were available to residents to use as they wished, including, white boards, pictorial references and easy-to-read information.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector found the action relating to this outcome from the previous inspection was satisfactorily completed. However, during this inspection, the inspector noted that improvements were required to transition plans for residents who were preparing to move to the community to ensure that they were kept up to date.

Residents were supported to participate in daily activities with some residents attending day services on the campus setting. Adequate staffing arrangements ensured that sufficient staff were available to meet the needs of residents who required one-to-one support to access the community. The inspector found staff were very familiar with residents' likes and dislikes and residents' preferences were well-documented. The centre had access to full-time transport and further efforts were being made by the provider to secure further transport for the centre. Some residents living in the centre presented with a cognitive impairment and although these residents did have access to meaningful activities, the person in charge told the inspector of the plans in place to review and implement a more structured and focused activities programme for these residents over the coming months.

Effective assessment and personal planning arrangements ensured that residents' needs were assessed on at least an annual basis in consultation with the resident or their family. Following assessment, clear personal plans were put in place to guide staff on the support they were required to give to residents on a daily basis. Of the assessments and personal plans reviewed by the inspector, these were found to have been reviewed on a regular basis. Staff who spoke with the inspector were very familiar with residents living in the centre and of their assessed support needs. Personal goals were developed with residents and clear records were maintained which demonstrated the support residents required from staff and the progress they had made to date towards achieving their goals.

This centre accepted the admission of residents who were de-congregating from other centres located on the same campus as this centre. At the time of this inspection, a number of residents were preparing to transition to the community in the coming

months. Staff who spoke with the inspector told of the life-skill supports in place for these residents to help them prepare for their new living arrangement. A de-congregation group was established by the provider to oversee this transition process and staff, residents and family members were regularly briefed on the progress of residents' transition. Although comprehensive transition plans were in place, some had not been updated to accurately reflect each residents' current transition status.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found this centre to be clean, nicely decorated and provided residents with a warm and homely environment to live in.

The centre was separated into five bungalows, which each accommodated between 4-6 residents. Shared and single occupancy bedrooms were available to residents and bedrooms were personalised in accordance with residents' preferences. The person in charge told the inspector of the progress made towards providing residents with additional storage space in their bedrooms over the coming months.

Each bungalow contained a kitchen, dining area, sitting room, laundry room, bathroom facilities, staff office space and opened out onto a patio area which residents were observed to use and enjoy during this inspection. Some bungalows also contained a leisure room which provided residents with access to cinema facilities, a pool table and other recreational games. Quiet areas and designated visiting rooms were also available to residents if they wished.

The centre was found to be equipped with aids to support residents with manual handling needs and the centre was fully accessible to residents who were wheelchair users. Since the last inspection, the provider had made progress towards widening the door of a visiting room to ensure it was wheelchair accessible. These works were due to be completed in September 2018, in accordance with the provider's time frames as set out following the last inspection of this centre in January 2018. The person in charge told the inspector of the progress made to date by the provider to achieve this.

<p>Judgment: Compliant</p>

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

<p>Theme: Effective Services</p>

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider was found to have adequate fire safety and risk management systems in place within this centre.

Effective risk management systems ensured that where risks were identified, these were assessed, managed and regularly reviewed. Residents' risk assessments were found to be well-maintained and clearly identified the controls measures in place to mitigate against identified risks. A risk register was in place for the assessment and review of organisational risks. The person in charge told the inspector that a review of the centre's organisational risk management systems was recently completed, which had a positive impact on ensuring high-rated risks were escalated, reviewed and addressed my senior management. The person in charge demonstrated a good knowledge of the centre's risk management systems and was kept up-to-date on the status of risks which had been escalated to senior management.

The provider had various fire safety precautions in place, including regular fire drills, regular fire checks and internal and external emergency lighting. Each bungalow within this centre had multiple fire exits available, had fire containment measures in place and had a fire detection system. Evacuation plans were in place for each resident and where residents required bed evacuation at night, the provider had ensured these residents' bedroom doors were wide enough to accommodate such an evacuation. Staff had received up-to-date training in fire safety and knew how to respond to fire in the centre and how to support residents to evacuate. Although there was a fire procedure displayed in the centre this did not included all information on how staff would respond in the event of a fire. This was updated by the person in charge prior to the close of the inspection.

<p>Judgment: Compliant</p>

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):

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

Findings:

The provider had arrangements in place to ensure residents were safeguarded from abuse and to ensure that residents with behaviour that challenges were supported by staff working in the centre. However, the provider had not completed all actions relating to the use of restrictive practices as set out following the last inspection of this centre in January 2018.

Where residents experienced behaviour that challenges, these residents received regular assessment and had clear behaviour support plans in place to guide staff on the support they required. All staff had received up-to-date training in the management of behaviour that challenges and a behaviour support therapist was available to support in the review and management of behaviour that challenges in the centre. In addition to this internal behaviour support arrangement, staff told the inspector of how some residents also availed of further behaviour support from another external organisation.

There were some safeguarding plans in place at the time of this inspection and these plans were found to be clearly documented and guided staff on their responsibility in safeguarding residents from abuse. The person in charge attended daily safeguarding meetings with other members of the management team to review incidents which had occurred in the centre to determine if they required further investigation and management. Staff had received up-to-date training in safeguarding and staff who spoke with the inspector were aware of the safeguarding plans in place and of their responsibility to safeguard these residents. Where residents required one-to-one staff support as part of their safeguarding or behaviour management plan, the provider had put this arrangement in place.

There were restrictive practices in place at the time of this inspection and the inspector observed good practices in relation to the use of restraint. Staff who spoke with the inspector were very knowledgeable of its appropriate application in practice and clear protocols and records were in place to demonstrate the rationale for each time such restraints were used. Although there was evidence available to demonstrate restrictive practices were regularly reviewed, not all restrictive practices had an assessment in place or information available to guide staff on their application in practice. In addition, records were not always maintained in accordance with Schedule 4 of the regulations for

any occasions on which restrictive practices were used in the centre. This was brought to the attention of the person in charge who informed the inspector that work was still in progress to move towards addressing this non-compliance.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Since the last inspection, the person in charge had made improvements to ensure any allegation, suspected or confirmed abuse of any resident was reported to HIQA. During this inspection, the inspector reviewed a number of incidents which had occurred in the centre and observed that the person in charge had given the chief inspector notice in writing within three working days of adverse incidents occurring in the designated centre in accordance with regulation 31.

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):

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

Findings:

Since the last inspection, the provider had made progress towards recruiting a speech and language therapist for the service. In the interim, the provider had engaged with external supports to ensure the healthcare needs of residents were being met until this

appointment was made.

Some residents who lived in this centre presented with complex healthcare needs and the provider had arrangements in place to ensure these residents' healthcare needs were met. Residents were found to have up-to-date assessments completed to inform clear personal plans that guided staff on how they were required to support these residents. Staff who met with the inspector spoke confidently about the specific healthcare needs that some residents had and were very aware of the nursing and care interventions that were in place for these residents. Residents also had access to healthcare specialists as required, and staff maintained good communication with these specialists in the management of residents' specific healthcare needs.

Residents were supported by staff to assist in evening meal preparation if they wished to do so. A spacious kitchen and dining area was available in the centre for residents to enjoy. Where residents were assessed as requiring modified diets, plans were in place to guide staff on the food types and consistency suitable to each resident.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Overall, the provider had a safe and clear medication management system in place. Although no residents were taking responsibility for their medicines at the time of this inspection, some capacity assessments were not reviewed in line with the time frames set out.

There were written operational policies and procedures relating to the ordering, prescribing, storage and administration of medication to residents. Medicines were dispensed in blister packs, which were clearly labelled with residents' details and medicines were at all times administered by a registered staff nurse. Residents had medicine management plans in place which guided staff on each resident's preferred way to take their medicine. Protocols were also in place to guide staff on the administration of as-required medicines. A sample of medication records were reviewed by the inspector and these were found to be signed by the prescribing practitioner, were well-maintained, with no gaps in the documentation of medication administration found.

The centre had completed assessments of capacity to encourage each resident to take responsibility for their own medication; however, some assessments required review as they had fallen outside their review dates.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The registered provider had prepared a statement of purpose outlining the services they intended to meet and this document was available in the centre and was regularly reviewed. However, upon inspection it was identified that it did not adequately describe all required information as set out in Schedule 1 of the regulations. A revised Statement of Purpose was submitted to the Chief Inspector following the inspection.

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 provider had systems in place to ensure that the quality and safety of care delivered to residents was effectively monitored and regularly reviewed.

The annual review and six-monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, actions were put in place by the provider to address these. The person in charge was also conducting regular audits in the centre which gave further oversight to areas such as residents' files, residents' dining experiences and medication management. The provider had also implemented a system where key performance indicators were maintained for each resident each week. The person in charge told the inspector that this system enhanced the general oversight of residents' safety and welfare in relation to incidents that were occurring, allied healthcare professionals' visits, up-coming appointments, complaints made and safeguarding concerns.

This was the only centre that the person in charge was responsible for and he held a full-time role and was based in the centre each week to meet with staff and residents. Overall, the inspector found the person in charge to have a good knowledge of the regulations and standards, of residents' needs and of the operational systems in place within the centre. He held an administrative role which supported him to have the capacity to fulfil the duties associated with his role. The person in charge told the inspector that he was required at times to provide nursing cover in the centre and this facilitated him to continue to have regular oversight of care practices in the centre. He was supported by a team of clinical nurse managers and the person in charge told the inspector that in an effort to improve the governance and oversight of care practices, the provider had plans in place to increase the supernumerary capacity of clinical nurse managers. At the time of this inspection, the inspector observed the centre was being effectively monitored through the current governance and management structure.

Regular meetings were occurring at both a local and management level which allowed for all staff to discuss issues arising in the centre. Various groups were identified with the responsibility for overseeing the safe delivery of care to residents and to oversee the successful transition of residents from the centre to the community. Safeguarding meetings were occurring on a daily basis, which was having a positive impact on better management and oversight of incidents occurring in the centre.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider had a system in place to ensure that where the person in charge was absent for more than 28 days, persons were identified to be appointed to the role of person in charge.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Although no actions were required from the previous inspection, during this inspection the inspector found that some improvements were required to the maintenance of the staff rosters.

Staff supervision was regularly occurring in the centre and all staff had received up-to-date mandatory training, with refresher training dates also scheduled for the coming weeks subsequent to the inspection. A sample of staff files were reviewed by the inspector and these were found to contain all information as set out in Schedule 2 of the regulations.

Adequate staffing arrangements ensured that the skill-mix and number of staff was sufficient to meet the needs of the residents living in this centre. Where residents required one-to-one support as part of their behaviour, social or safeguarding plans, the provider had made these staffing arrangements available to residents. The number and skill-mix of staff was regularly overseen by the person in charge and staff who spoke with the inspector throughout the inspection were found to be very knowledgeable of how they were to care and support residents living in the centre.

Although a planned and actual roster was in place, it did not clearly describe the exact start and finish times worked by staff each day.

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:

Anne Marie Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002463
Date of Inspection:	23 May 2018
Date of response:	26 June 2018

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider failed to ensure the privacy and dignity of residents in use of bedrooms with viewing panels to their bedroom door was protected.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Since the time that the inspection took place works have been completed to install blinds on the viewing panels of the doors into the bedrooms.

Proposed Timescale: 20/06/2018

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure residents' transition plans were updated to reflect the current transition status of each resident.

2. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

Since the time that the inspection took place most of the transition plans for the residents who are scheduled to move to the community have had their plans updated to reflect the new time line for their move. The remaining 4 plans will be updated by 13/07/18.

Proposed Timescale: 13/07/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that where restrictive practices were in use:

- appropriate risk assessment and information to guide staff on their appropriate application in practice was in place
- records of any occasion a restrictive practice was used was maintained in line with Schedule 4 of the regulations

3. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in

accordance with national policy and evidence based practice.

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

Since the time that the inspection took place new guidelines for the use of buzzers/wander alarms have been drawn up and implemented. These guidelines state clearly how and when the alarms should be used and when they should be activated/deactivated. All residents who live in the two affected bungalows have an updated risk assessment for unexplained absences. A document to record times when the alarms are activated and deactivated is now in place. A submission has been made to the local rights review committee on behalf of all the residents for these two areas. The role of the rights review committee is to consider that we are operating within the least restrictive environment possible. The rights review committee were happy to sanction the use of the buzzers/wander alarms at this time.

Proposed Timescale: 26/06/2018

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure capacity risk assessments were reviewed in line with their review dates.

4. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

All capacity to self-medicate risk assessments will be reviewed by the 27/07/18.

Proposed Timescale: 27/07/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure planned and actual rosters clearly identified the start and finish times worked by staff both day and night.

5. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota,

showing staff on duty at any time during the day and night.

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

Since the time that the inspection took place the roster has been updated to reflect the start and finish times of staff. The colour codes applied to different grades of staff has also been made clear on the roster.

Proposed Timescale: 11/06/2018