

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lee View
Centre ID:	OSV-0005517
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamonn Loughrey
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 April 2017 09:45 To: 18 April 2017 16:10

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a 10 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This was a new designated centre which had not previously been registered or inspected by the Health Information and Quality Authority (HIQA).

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge and team leader, viewed the building, and reviewed documentation such as person planning, medication and health and safety templates, fire records and a staff file. An interview was carried out with the person in charge. The provider representative and other members of the management team attended a feedback meeting at the close of the inspection.

Description of the service:

This service provides a full time residential service to two adults, male or female, who are diagnosed with a mild or moderate intellectual disability. This centre is a two-storey dwelling in a residential area close to a town. Two people had been

identified for admission to the centre.

Overall judgment of our findings:

The inspector found that the provider had put system in place to ensure that the regulations would be met and to ensure positive experiences for residents.

Good practice was identified throughout the service and all of the 10 outcomes examined were found to be compliant. Details of the findings are described in the report. There were no actions required from this inspection.

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 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The person in charge showed the inspector a sample of the agreement for the provision of services that had been prepared for use in the centre. The document was informative and clearly described the services that residents would receive.

The person in charge was very focused on ensuring that there would be a thorough pre-admission assessment, that service would be delivered to meet the needs of residents and that compatibility of residents would be prioritised. Thorough pre-admission assessments of the needs of the residents identified for admission to this service has been undertaken. The residents who would be moving to the centre were friends of the same age, and knew each other well.

As part of the planned transition, the prospective residents had been visiting and spending time in the centre over a period of five months to become familiar with the house.

There was an admission policy to guide practice.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was not occupied at the time of inspection, but the person in charge and team leader told the inspector how residents' social care needs would be met, and how transitions to the centre were being managed.

The person in charge explained that she, and the team leader, worked closely with staff in the residents' day services, to ensure continuation of social care. They had also met with residents' families as part of the admission process.

Personal plans had been developed for both residents intended to reside in this centre. The inspector viewed one of these plans which was well documented, informative, person centred and up to date. The care and support planned for this resident reflected her assessed needs, wishes and interests. Short, long and medium term goals had been identified. There were clear and up-to-date records of how these were currently being achieved, and progress was being updated regularly.

The person in charge intended that annual personal planning meetings would take place with each resident, their support workers, and families.

Detailed transition plans had been developed for the residents proposed to move to this service. These included user-friendly versions of the transition plans, which were accessible to the residents. The inspector viewed both versions of one of the plans, and found that the transition had been well planned. A schedule of visits to the centre had been taking place for several months, to familiarise residents with life in the house. The visits had taken place both during weekday afternoons and at weekends. In addition to leisure time, the visits incorporated some household routines to build up residents' involvement in these activities. While in the centre, the residents did some light housework, baking, and meal preparation. They laundered some tea cloths to become familiar with the laundry process, and had been planning their meals, and doing grocery shopping with staff in a local supermarket. They had also been working on using their keys to lock and unlock doors, making their own packed lunches, and were doing some recycling.

As part of the preparation for the move to the centre, the residents had chosen furniture, decor and paint colour schemes for their bedrooms. Both bedrooms were very different and reflected each resident's individual taste.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The design and layout of the centre is suitable for its stated purpose.

This centre is a two-storey dwelling which will accommodate two residents. It is set in a residential area within walking distance of a town. There are separate bedrooms for each resident. One of the bedrooms has en suite toilet, shower and hand washing facilities, and the other has an adjacent bathroom for the sole use of the resident. There is a staff bedroom, an office, a staff and visitors bathroom, and a spare room. All rooms are well furnished and comfortable, and as part of the transition process, proposed residents had chosen the furnishing and colour schemes for their rooms.

There is a well equipped kitchen with dining space, utility room, and a sitting room. The rooms are bright, well maintained, and comfortable.

There are laundry facilities in the house, where residents will be able to do their own laundry if they wish to.

Residents will have access to an enclosed garden at the rear of the house.

Suitable arrangements are already in place for the disposal of general waste, by contract with a private company, and the person in charge confirmed that this arrangement will continue. Recycling bins are provided in the centre for residents and staff to use.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to promote the health and safety of residents, visitors and staff.

There was a safety statement and a risk management policy. While a range of general risks in the building had been identified, the person in charge stated that the risk register would be reviewed, and updated if required, shortly after the move to identify any further risks that may occur on occupation of the house. In addition, it was planned to develop an individual risk management plan for each resident.

The inspector reviewed fire safety procedures. The provider had arranged for the house to be examined by a fire safety consultant. A fire compliance report, signed by a competent person had been completed and was viewed by the inspector.

Fire alarms, fire extinguishers, emergency lighting had been provided and there were records to confirm that these were being suitably serviced. It was planned for fire extinguishers and the central heating boiler to be serviced annually, and the alarms and emergency lighting quarterly

There were systems in place for daily checks of the fire panel, exits, carbon monoxide alarm and emergency lighting, and monthly checks of, for example, fire alarms, extinguishers and automatic door releases were planned.

It was the person in charge's plan to carry out at least four fire evacuation drills in the centre each year, one of which would be during sleeping hours. Three fire drills had already taken place during resident's recent transition visits to the centre. Records of these drills were kept and included information such as the total time taken to evacuate the centre. Records indicated that all evacuations had been undertaken in a timely manner.

Fire evacuation procedures are displayed in the building, including a version in an accessible format that is intended to be clear to residents.

All staff had already received fire training, but it was planned that they would again attend mandatory fire training, and induction, including fire safety familiarisation, before commencement of the service.

An emergency plan had been developed for the centre to guide staff in the event of an emergency.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

There were measures were in place to safeguard and protect residents from abuse.

Training in safeguarding was mandatory every three years in the organisation, and there was a safeguarding policy to guide staff. The person in charge confirmed that new staff would attend this training before the commencement of this service.

The person in charge understood her responsibilities in relation to adult protection and was clear on how an allegation or suspicion of abuse would be managed.

There was a designated liaison person and a confidential recipient available, and their photographs and contact details were prominently displayed in the centre.

There was a policy to guide on the management of residents' money, which the person in charge planned to implement on the admission of residents' to the centre. The person in charge explained that on-going financial audits would be undertaken to safeguard residents' property and money. Residents would have the option of locking their bedroom doors if they wished to.

Supports, including the service of a behaviour support therapist and staff training, were in place to promote a positive approach to behaviour that challenges if required. Based on pre-admission assessments of the proposed residents, the person in charge stated there would be no residents using bed rails or any other form of physical restraint, and that chemical restraint would not be used for behaviour management in the centre.

There was a policy for the provision of intimate care and individual intimate care plans had already been developed for residents pending admission to the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that arrangements were in place to ensure that residents' overall healthcare needs will be met and that they will have access to appropriate medical care and healthcare services.

The person in charge told the inspector that all residents will have access to their own general practitioner (GP), and that they will retain the GPs that they attended before moving to this service. It is planned that residents will have the opportunity to attend an annual health check, in addition to required appointments. Residents will have access to healthcare services, such as behaviour support, psychology and psychiatry within the organisation. Annual eye tests and six-monthly dental checks will also be arranged for residents. Referrals to other healthcare professionals, such as occupational therapists, speech and language therapists and physiotherapists will be made as required.

Each resident will have access to cooking facilities and will be supported to have meals and snacks that they enjoy at times that suit them. Meal planning will be based on consultation with residents about what they like to eat, while having regard to the nutritional quality of food. Residents will also be involved in household and food shopping.

It is planned that monthly weight monitoring will be undertaken for all residents in line with organisational practice. This was already in place for a resident pending admission and was recorded in this resident's personal plan. The person in charge confirmed that this system would continue to be implemented. The person in charge explained that body mass screening and nutritional assessment would be introduced if required.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were safe medication management systems planned.

The inspector viewed the template for recording medication administration and found that it made provision for recording all the required information. The person in charge confirmed that the organisational medication auditing system would be implemented, and that these audits would be undertaken every month.

Records indicated that all staff had received training in safe administration of medication, including the administration of emergency medication for epilepsy.

Assessments for self-administration of medication had already been undertaken for the proposed residents.

A locked medication cabinet was available for the safekeeping of medications, and there was a separate secure area for the storage of unused or out-of-date medication.

The person in charge discussed the arrangements for residents to access a pharmacist. She stated that the residents who were identified for admission to this service would continue to access the service of their existing pharmacist, and that residents would be supported to call to the pharmacist for their medications.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

There was a written statement of purpose that described the services to be provided and, at the time of inspection, complied with most of the requirements of the regulations.

However, some minor adjustment was required to ensure the statement of purpose

complied fully with schedule 1 of the regulations. The person in charge amended the statement of purpose and a suitably updated version was supplied to HIQA 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):

This was the centre's first inspection by the Authority.

Findings:

There were effective management systems to govern the centre. There was a clearly defined management structure that identified the lines of authority and accountability.

The inspector met with the person in charge who was found to be suitably qualified and experienced. The person in charge is appropriately supported by, and reports to, her line manager, who in turn reports to the provider representative. She will also work closely with a team leader, who will be based in the centre. Both the person in charge, and team leader, were knowledgeable regarding the requirements of the regulations and standards and had a very good overview of the health and support needs and personal plan of the pending residents. The role of the person in charge was full-time. The person in charge was currently the manager of five centres and she explained her plan to ensure the effective governance of all these centres.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The person in charge was clear about her role and responsibilities and about the management and reporting structure in the organisation. She told the inspector that she felt well supported by the management team, and that she had monthly meetings with her line manager.

Arrangements were in place to cover the absence of the person in charge. In addition, there was an out of hours on-call person available to support staff when the person in charge was not on duty.

Support services were available within the organisation, including behaviour support

services, a social worker, psychology, psychiatry.

There were systems in the organisation for monitoring the quality and safety of care and these systems were to be implemented in this centre. All accidents, incidents and complaints were to be recorded and kept under review within the centre for the purpose of identifying trends, as well as being reviewed by the health and safety team. Members of a management team carried out unannounced visits to all centres in the organisation every six months, on behalf of the provider, to review the quality of service and compliance with legislation. The person in charge also confirmed that an annual review and report would be carried out when the centre had been operating for a year, and annually thereafter.

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):

This was the centre's first inspection by the Authority.

Findings:

The proposed staffing levels in the new designated centre were adequate.

The person in charge had prepared a sample roster of the proposed staffing level, which indicated that there would be at least one staff on duty at all times when residents were in the centre. There were several times identified on weekdays and weekend when two staff would be on duty to ensure that each resident would have opportunities to participate in individualised activities of his or her choice. The person in charge told the inspector that some of the staff who would be assigned to this centre were already employed in the organisation and knew the proposed residents. Some additional staff had recently been recruited and were currently gaining experience in the organisation pending the opening of this service.

The person in charge explained that mandatory training would continue to be delivered to staff in line with the organisation's procedure. She also stated that additional training would be provided to staff based on the care needs of the residents. For example, one staff member to be assigned to the centre had recently attended training specific to the needs of a proposed resident.

There was evidence that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed a staff file and found that it contained all the required documents as outlined in Schedule 2 of the regulations such as suitable references, Garda vetting and photographic identification.

At present there are no plans for the involvement of volunteers in the service.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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