

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)
Centre ID:	ORG-0008286
Centre county:	Wexford
Email address:	jmurphy@cwewe.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)
Provider Nominee:	Trevor Jacob
Person in charge:	Lynsey Moorehouse
Lead inspector:	Caroline Connelly
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	1

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 May 2014 11:20	20 May 2014 20:00
21 May 2014 09:00	21 May 2014 17:00

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

This was a monitoring inspection of one of the centres that come under the auspice of the County Wexford Community Workshop Enniscorthy limited (CWCW) (E) residential Services. The CWCW provides a range of day, residential, and respite services in Enniscorthy for people with disabilities. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. This centre provides residential services and care for up to 15 residents in total who currently live in two individual houses. The centre supports people with a variety of disabilities ranging from mild to profound and with different levels of abilities and needs.

As part of the inspection the inspectors met with residents, the person in charge, the nominated provider, the CWCW manager, the human resources manager, the finance manager, nursing, care and other staff members. Throughout the inspection inspectors observed practices and reviewed documentation which included residents records, policies and procedures in relation to the centre, medication management, accidents and incidents management, complaints, health and safety documentation and staff files. At the commencement of the inspection the inspectors met with the provider, the manager and the person in charge and discussed the management and

clinical governance arrangements for the centre.

The person in charge works full time and was responsible for the two houses in the centre and for a day service which was in close proximity to one of the houses. The person in charge was seen by the inspectors to be very involved in the day-to-day running of the centre and she told inspectors she was at times included in the nursing compliment in one of the houses and the day centre. Staff and residents informed inspectors that the person in charge was easily accessible to residents, relatives and staff.

Throughout the inspection there was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was evident and encouraged with many residents regularly going out and a number went home for weekends or holidays. There was an extensive range of social activities available internal and external to the centre and residents were seen to positively engage in the social and community life which was reflected in their person-centred plans.

The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of health care with appropriate access to their own general practitioner (GP). Person-centred plans were viewed by the inspectors and were found to be comprehensive, appropriate to the needs of the residents and up-to-date. A number of improvements were required in relation to the provision of evidenced based healthcare and in the inclusion of the multidisciplinary team in person-centred planning and reviews, development and updating of policies and procedures. Staff training, fire safety, financial management documentation and health and safety also required improvement. The premises in one of the houses did not meet the needs of the residents due to lack of private and communal space.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- staff training and development
- health and safety issues
- updating policies and procedures
- medication management
- provision of evidenced based nursing practice
- updating of the emergency plan
- infection control practices
- improvements in documentation of financial records
- provision of communal and private space
- decoration of premises.

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 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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre on numerous occasions and speak to staff prior to admission. The providers do not accept emergency admissions and all referrals for admissions are made through the HSE and these are then assessed by the senior management team. The person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. However, there was not an admission policy that set out transparent criteria for admission in accordance with the statement of purpose as is required by legislation. It stated in the statement of purpose that the admissions policy was under development. There was also no evidence that the admission policy took account of the needs to protect residents from abuse as is required by legislation and it was evident to the inspectors that a clear admission policy was required and this needed to be reflected in the statement of purpose.

Inspectors found that the centre did not have any written agreements with residents in relation to the terms and conditions of residing in the centre. These contracts/written agreements should detail the support, care and welfare of the resident and details of the services to be provided for that resident and the fees to be charged in relation to residents care and welfare in the designated centre as required by the regulations.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre consists of two individual houses in the community and residents are provided with access to day services at the main CWCW workshop and as some of the residents are retired there is a retirement day service on the grounds of one of the houses. Most residents attended day services however there was one resident who did not attend day services and some of residents who attended intermittently and participated in activities in their house at other times.

Inspectors were informed by staff that there were a number of options available for all residents in relation to social activities. Many of the residents enjoyed sport, art, music, drama bowling and other physical activity. Residents are supported to access and take part in social events and activities of their choices, apart from the activities provided in the centre the rest are community based, are age appropriate and reflect the goals chosen as part of their person-centred plan. Residents to whom inspectors spoke described the many and varied activities they enjoyed and spoke of the day trips out and about dining out and going into town. There is a transport vehicle available at all times for both houses and the residents regularly enjoy getting out and about on evenings and weekends. One of the residents was facilitated to have a dog which lived in the house and was welcomed by all.

Inspectors were informed that the person-centred plans had been developed and updated recently for the resident's. The inspectors reviewed a selection of personal plans which were personalised, detailed and reflected resident's specific requirements in relation to their social care and activities that were meaningful to them. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that nurses, social care workers and care assistants who worked with the residents fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each residents' personal

plan. There was evidence of monitoring of residents needs including residents' interests, communication needs and daily living support assessments. Some of the plans had agreed time scales and set dates in relation to further identified goals and objectives. However, some of the plans did not reflect the individual residents' goals and lacked a plan of how these goals can be achieved. The person in charge told the inspectors that she was aware of the current limitations of the person-centred plans and was working towards full implementation.

There was some evidence of interdisciplinary team involvement in residents' care including, medical and GP, speech and language, dentist and chiropody services. These will be discussed further in Outcome 11 healthcare needs.

The inspectors noted that in each resident's person-centred plan it identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. There was evidence in some residents' person-centred plans that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings. However, this was not consistent in all plans and in some there was no evidence of ongoing review or of review meetings. In a number of person-centred plans there was no evidence of resident and family involvement and plans were not signed off by family and staff and some were not dated.

There was evidence that residents were supported moving between services and were given guidance in life skills required for the transition to more independent living. When residents health needs increased they were also facilitated to move to a part of the service that met their needs providing higher support if required.

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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre consists of two separate houses in different geographical locations one which currently provides accommodation for eight residents with an intellectual disability who have requirements for nursing care and the other which provides accommodation for six residents that do not require full time nursing care. Both houses provide accommodation in a bungalow setting but provide different standards of accommodation. In the larger of

the two houses inspectors' noted that the décor, design and layout were compatible with the needs of the residents. All residents had a bedroom of their own and five of these bedrooms had an en-suite bathroom. The house was seen to be modern, bright, well ventilated, had central heating and decorated to a good standard. There were adequate baths, showers and toilets with assistive structures in place including hand and grab rails, to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Residents that showed inspectors their rooms stated that they were happy with the living arrangements and most had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their own bedroom, there were options for residents to spend time alone if they wished with a number of communal rooms available.

However, in the second house there were three shared twin bedrooms one which had a spacious en-suite. The other four residents shared the bathroom with shower area, and a separate toilet. There is a small living room and a kitchen with a separate dining area. There is no other communal space available for residents use. The communal space provided does not meet the residents' requirements for social, cultural, and religious activity and there is no space for residents to spend time alone if they wished or to receive visitors in private. The residents' privacy and dignity was not maintained in the shared bedrooms as there was no provision of screening between the bed space. Numerous of the residents spoke to the inspectors and told them that they were not happy sharing a bedroom and that they would like to have their own bedroom. One resident told the inspectors how one of the other residents who she shared a room with was frequently up during the night and was very disruptive to her sleep pattern.

The houses in general appeared clean, were homely with suitable furniture and comfortable seating. However, some areas were seen to be in need of redecorating for example paint work on the walls and a crack was seen in the ceiling of one house. Laundry facilities were provided for each premises and were adequate. However, the laundry in one house was in an outside garage which did not give easy access. Staff said laundry is generally completed by staff but residents are encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them in good condition.

Equipment for use by residents or people who worked in the centre included wheelchairs, specialised chairs, hoists, and other specialist equipment were generally in good working order and records seen by the inspectors showed that they were up to date for servicing of such equipment.

The houses were set in mature grounds with car parking facilities. Gardens contained suitable garden seating and tables provided for residents use. Grounds were kept safe, tidy and attractive.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre-specific safety statement was seen by inspectors which required review in June 2014. Comprehensive risk assessments were seen by inspectors for fire, chemicals, medication management, slips, and transport. However, there were no risk assessments for windows that opened fully, the open fire, blind ties and other areas that could be a risk for residents. A selection of personal plans reviewed by inspectors noted that individual risk assessments had been completed. These included risk assessments for any mobility issues such as screening for falls, choking, hearing loss, self injurious behaviour, challenging behaviour and daily living support plans such as diet and weight management. There was a risk management and risk assessment policy in place however it did not meet the requirements of legislation as the risk registrar did not adequately cover the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- self-harm.

The environment of the houses was homely and visually clean. The person in charge and staff informed inspectors that the cleaning of the houses was undertaken by the care staff with assistance from some of the residents. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were some measures in place to control and prevent infection, hand gels and hand hygiene posters were available in one of the houses only and the inspectors formed the opinion that regular hand hygiene practices were not fully embedded into the culture of the centre. Not all bedrooms had hand-washing sinks available and some residents shared a bedroom and a bathroom. One of the residents had specific nursing procedure that required high standards of infection control. Infection control practice needs to be kept under review if staff need to assist residents with personal hygiene in their bedrooms, they would need to be facilitated to abide by best practice in relation to infection control with appropriate hand-washing facilities. Shared towels were seen in bathrooms and consideration should be given to the use of paper towels to prevent cross contamination. In one of the houses the sluice room was in one of the bathrooms, this did not meet the requirements of best practice infection control guidelines.

The fire policies and procedures were centre-specific. The fire safety plan was viewed by

the inspector and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" throughout the houses. Regular fire drills took place in each house on a two monthly basis. Individual fire management plans were available for some residents and the response of the resident during the fire drills was documented. However not all residents had personal plans for emergency evacuation.

Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Training records confirmed that fire training was held recently however there were a number of staff listed that had not received fire training. There was a fire alarm in both houses and the inspectors examined the fire safety register with details of all services and tests carried out. Fire fighting equipment including fire alarms were serviced on various dates in 2013 and in May 2014. The provider had not taken adequate precautions against the risk of fire in that fire doors were not in place in both houses.

Although emergency plans were in place in relation to fire and staff demonstrated their knowledge of what to do in an emergency situation, this needed to be formalised and documented in a centre-specific emergency plan to take into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre.

Inspectors viewed policies in relation to vehicles used to transport residents. The centre owns its own fleet of vehicles with a vehicle allocated to each house. Up-to-date service records were seen and all vehicles were taxed and insured. Staff were required to have a full clean driving licence to drive the vehicles.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors viewed comprehensive policies and procedures that were in place for the prevention, detection and response to abuse which were dated March 2014. These

included easy read and picture guidance for residents use. Staff with whom inspectors spoke knew what constituted abuse and they demonstrated an awareness of what to do if an allegation of abuse was made to them. They told the inspectors that all allegations of abuse are recorded. The person in charge informed the inspectors they have in place a designated person to deal with any allegations of abuse. The designated person is the manager for CWCW. The designated person and the person in charge attended the training on adult abuse and are due to roll out the training for all staff commencing next week. However, to date no staff have received safeguarding and abuse prevention training as is a requirement of legislation.

Residents in one of the houses had a discussion on abuse recently and spoke of how incidents of abuse had happened to them in the past and they knew how to report any abuse. Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, respectful and homely atmosphere and saw that there was easy dialogue between residents in their interactions with staff.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. Inspectors reviewed the local arrangements to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. Inspectors met with the finance manager who confirmed that the centre acted as social welfare agents for most of the residents and the inspector saw that they had all the correct documentation in place. The centre receive payment on a fortnightly basis and process the money through a payroll system where they deduct the cost of residential charges and any other items they charge for such as meals in the canteen, gym membership and pocket money given to the resident. The resident receives a payslip every fortnight with charges and deductions clearly identified. The remainder of the residents' money is paid into their bank or credit union account.

Inspectors saw that residents had easy access to personal money and generally could spend it in accordance with their wishes. Inspectors viewed the systems in place in the houses to safeguard residents' money. Each resident had a personal account of their money and property book and generally all financial transactions when possible were signed by residents. In addition transactions were also to be checked and counter signed by staff and written receipts retained for all purchases made on residents' behalf. Residents generally had control over their money when going out and it was all documented in a book which detailed money signed in and out balances receipt numbers and receipts were maintained for all purchases. However, the inspector saw that the systems in place were not sufficiently robust in that a number of the staff were not following the policy and there were not double signatures on a number of transactions and receipts were not always available. The system of allocating and distribution of residents pocket money was also not sufficiently robust in that it was taken out by the financial staff in CWCW and then collected by the person in charge/team leader to be taken to each of the residents houses and then put into the residents purse/wallet there. There was little evidence of double checking and signatures in place and the system did not protect the residents or the staff member. Inspectors saw residents finances were subject to checks and audit by the person in charge.

There was evidence in residents personal plans that detailed behavioural support plans were in operation for residents who presented with behaviours that challenged. Staff training records showed that some staff had received training on dealing with behaviours that challenge with a number of further dates planned. Records confirmed that a staff member had undertaken the instructors course for challenging behaviour.

The inspectors saw that a restraint free environment was promoted as much as possible and that any residents that required restrictive procedures were reviewed on a regular basis. One resident was using bed rails during a specific procedure and this was all documented on his assessment and safety support plan, however there was no record of when the bed-rail was put in place and when removed and how frequently the resident was checked when restraint was in place as required by best practice guidelines and by legislation.

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors saw that residents were assisted to access community based medical services such as their own GP and chiropodist. They were supported to do so by staff that would accompany them to appointments and assisted in collecting the prescription as required. Out-of-hours services were provided by the local on call doctor service who attended the resident at home if necessary. Inspectors were informed that residents' medications were reviewed on a regular basis and residents were to receive an annual medical health check which is signed by the GP. However, the inspectors saw that although some residents had these completed in the residents notes, others had not received the annual health check. Psychiatry was accessed at a local out-patient clinic and there was evidence of regular attendance at appointments in some of the residents' notes. There was limited access to other allied health services such as physiotherapy, social work, speech and language therapy and psychology services via HSE referral. However, there was little evidence of multidisciplinary attendance at residents review meetings in their person-centred plans.

Inspectors also found that many of the residents had complex physical and nursing needs yet there was no evidence that resident's wellbeing and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health

care as there was little evidence of validated tools in use in the service.

Inspectors saw that in each house residents were fully involved in the menu planning. Weekly meetings were held with the residents to plan out the meals for the week. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. Residents during the week usually had their main meal in the restaurant in the CWCW which they paid for. Teatime menus were seen and the food was seen to be nutritious with adequate portions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. The residents' where possible, assisted in the food preparation and in the cleaning afterwards. Inspectors' observed that residents had access to fresh drinking water at all times.

Inspectors viewed the monitoring and documentation of some residents' nutritional intake and noted that referrals were made to the GP, speech and language referrals and dietician as outlined above. Some of the residents were seen to have nutritional plans and swallow plans as required with some residents requiring a soft diet. However, there was no evidence of regular weights being recorded and the person in charge said they did not have a sit on scales to use for certain residents. Therefore there was no evidence of weight loss or gain to assist in evidenced based individual assessment of the residents.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were centre-specific medication management policies and procedures in place dated September 2013 which were viewed by the inspectors and found to be comprehensive. Inspectors saw that the residents GP prescribes all residents medication and this is obtained from one of two local pharmacies which the residents choose. The houses had medication supplied in a version of monitored dosage system. The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

One of the houses was a nurse led services but in the other house nursing staff were

not present at all times. A number of non nursing staff had undergone two day training on Safe Medication Administration (SAM) and they are required to complete three practical assessments following the training. These assessments are carried out by nursing team leaders. When the staff has successfully completed three assessments they receive their certificate. Inspectors saw evidence of this training in staff files. The centres policy states that (SAM) training to be updated on a two yearly basis yet one of the staff had not received this training since 2010 and there were three other staff members who had not received (SAM) training. The staff told the inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided. Residents' medication were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. The inspectors observed the practice of medication administration and were satisfied with the practices observed. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. Staff who spoke to the inspectors were knowledgeable about the resident's medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. However, inspectors identified a number of areas that medication management was not meeting the requirements of legislative and professional guidelines as identified below.

- one prescription for eltroxin was not prescribed correctly
 - GP had signed across a number of medications and not signed each medication individually.
 - medication fridge temperature was not monitored or recorded
 - out-of-date olive oil (2009) was seen in one house
 - no date of opening on eye drops therefore no way of knowing when they were to be discarded.
 - nutritional supplements not prescribed by the GP
- PRN medication not reviewed in line with medication policy.

The inspectors saw a number of charts for residents that required their medications to be crushed in different houses and the staff informed the inspectors they endeavoured to get liquid medication wherever possible. Staff demonstrated an awareness of the requirement of the GP to prescribe crushed medications as drugs which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe drugs in this format. There were no residents that required scheduled controlled drugs at the time of the inspection.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available and although it contained a reference to most of the information required in schedule 1 of the regulations. The statement of purpose did not outline the criteria for admissions to the centre. The information in the statement of purpose was not sufficiently detailed to reflect the day-to-day operation of the centre and the services and facilities provided in the centre.

The statement of purpose required review to be more comprehensive and to contain all the relevant information to meet the requirements of legislation.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre is one of a number of designated centres that come under the auspice of County Wexford Community Workshop Enniscorthy limited (CWCW) (E) residential Services. The CWCW provides a range of day, residential, and respite services in Enniscorthy for people with disabilities. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. The board of directors meet on a monthly basis and the inspectors viewed comprehensive minutes of these meetings. The senior management team which deals with the daily operations comprises of the Chief Executive Officer (CEO), manager of day and residential services, human resources manager, management accountant, and a group commercial manager. There are a number of team leaders who are responsible for various areas of the service. The team leaders in the residential services are the person in charge for the specific centres. The senior management team meets every month.

The person in charge for the centre works full-time and has managed the service for a number of years. There was evidence that the person in charge had a commitment to her own continued professional development. The person in charge is a qualified nurse intellectual disability; she has also completed a degree which included a managerial module. She also undertook a course in human resources management and the train the trainer in adult safeguarding. Inspectors formed the opinion that she had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. However, she is included in the nursing compliment for the centre and the day centre and has limited time specified for managerial responsibility.

The CWCW manager takes responsibility in the absence of the person in charge.

Additionally the person in charge is available on call and staff told inspectors that they have called her in the past. The person in charge and the other team leaders meet on a weekly basis with the CWCW manager.

The nominated provider, the CWCW manager and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors saw that there was a copy of the National Standards and the Regulations were available to staff in each house along with other relevant documentation.

As the person in charge works between the houses and is based in one house inspectors noted that residents were very familiar with the person in charge and approached her with issues and to chat during the inspection. Residents and staff identified the person in charge as the one with authority and responsibility for the service. Staff who spoke to the inspectors were clear about whom to report to within the organisational line and of the management structures in the centre.

Staff who spoke with the inspectors said they had regular team meetings and received good support from the person in charge however many had not received any formal support or performance management in relation to their performance of their duties or personal development. The human resources manager who spoke to the inspectors confirmed that they had commenced a staff appraisal system which is a requirement of the regulations.

Inspectors noted that throughout the inspection the person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. The senior management team are currently involved in an audit of the services reviewing the services against the national standards inspectors saw the first draft and this was an ongoing process.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors met with the human resources manager during the inspection. He informed them that the centre had undergone a process to ensure all the documentation required by legislation was included in the staff files. Inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. There were numerous human resources policies including a policy on recruitment and selection. The human resources manager stated that a large proportion of the staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. There were a number of care and nursing staff recruited in the last year and there was evidence that new staff received a comprehensive induction programme in their staff files. Each new staff member is allocated a mentor to support and offer them guidance throughout their probationary period.

During the inspection inspectors observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on talking to staff and observations by inspectors staff members were knowledgeable of residents individual needs and this was evident in the personalised person-centered plans seen by the inspectors. Residents spoke very positively about staff saying they were caring and looked after them very well. The inspectors spoke to staff on duty during the inspection, all staff appeared to be competent and were aware of their roles and responsibilities. Staff that worked alone stated they felt well supported by the person in charge and could call her for advise or assistance at any time. However, there was no lone worker policy available and supervision of some staff was limited. The inspectors were satisfied that the staff available during the inspection in most houses was appropriate to meet resident's needs

As discussed in previous outcomes based on a review of training records by inspectors, not all staff had received up-to-date mandatory training in fire and moving and handling. Training records confirmed that a number of staff had recieved training in managerial issues such as diploma in management, clinical supervision human resources

management, clinical issues such as peg reinsertion training, infection control, training on person-centered plans, pressure ulcer prevention, management of behaviour that challenges, nutrition and medication management. A number of the care staff had a BA in applied social studies or had undertaken a Further Education Training Awards Council (FETAC) level 5 qualification in healthcare.

There was evidence that formal staff meetings were held monthly and team leaders meetings on a weekly basis and the minutes were kept of issues that were discussed. A sample of the minutes showed that the topics discussed included all issues relevant to the further development of the centre. Staff who spoke to inspectors confirmed that such meetings were held on a regular basis.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Caroline Connelly
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 County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)
Centre ID:	ORG-0008286
Date of Inspection:	20 May 2014
Date of response:	19 June 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There was not an admission policy that set out transparent criteria for admission in accordance with the statement of purpose as is required by legislation.

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Our Admissions Policy will be in place in September 2014 and will address all of the

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

relevant criteria.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

There was no evidence that the admission policy took account of the needs to protect residents from abuse as is required by legislation.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The area of abuse will be covered in our admission policy.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Inspectors found that the centre did not have any written agreements with residents in relation to the terms and conditions of residing in the centre.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

We are currently working on a contract of care for our residents which will address the areas mentioned above. Once finalised it will be put into place within our residential homes.

Proposed Timescale: 31/12/2014

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:

Some of the person-centred plans did not have any evidence of ongoing review or of annual review meetings.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All PCP's have been audited. The outstanding annual reviews are currently being arranged.

Regular audits will continue to take place to ensure that the regulations are met.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

In a number of person-centred plans there was no evidence of resident and family involvement and plans were not signed off by family and staff and some were not dated.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

All PCP's have been audited. Letters will be sent to all families inviting them to take part in the PCP process. All family participation will be documented.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Some of the person-centred plans did not reflect the individual residents' goals and lacked a plan of how these goals can be achieved.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

We will liaise with the Health Professionals around an assessment of need for each resident. The person in charge has been given supernumerary time in the residences in order to provide any necessary education and assistance around our PCP process.

Proposed Timescale: 31/12/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The communal space provided does not meet the residents' requirements for social, cultural, and religious activity and there is no space for residents to spend time alone if they wished or to receive visitors in private. The residents' privacy and dignity was not maintained in the shared bedrooms with no provision of screening between the bed space.

The laundry in one house was in an outside garage which did not give easy access for residents to use.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

We will engage the services of an architect to form a plan. We will seek planning permission. While we have sought funding on a number of occasions without success we will continue to seek funding for the purpose of extending the premises in question.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Some areas in the premises were seen to be in need of redecorating, paint work on walls and a crack was seen in the ceiling of one house.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

An architect will inspect the cracks and redecorating will be completed

Proposed Timescale: 31/07/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There were no risk assessments for windows that opened fully, the open fire, blind ties and other areas that could be a risk for residents.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

We will carry out the above risk assessments immediately. All other risk assessments will be carried out as identified. A Risk Management Policy is currently being developed and will be completed by Dec 2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Emergency plans were not in place in relation to all emergency situations and where residents could be relocated to in the event of being unable to return to the centre.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

We are currently looking at our Emergency plans and will develop them to encompass all emergency situations.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The risk registrar did not adequately cover the precautions to be in place to control the

following specified risks:

absence of residents.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The Risk Management Policy that is currently being developed will include measures and actions necessary around the absence of residents.

Proposed Timescale: 30/09/2013

Theme: Effective Services

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

The risk registrar did not adequately cover the precautions to be in place to control the following specified risks:

accidental injury to residents or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The Risk Management Policy that is currently being developed will include measures and actions necessary around Accidental injury to residents or staff.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

The risk registrar did not adequately cover the precautions to be in place to control the following specified risks:

aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The Risk Management Policy that is currently being developed will include measures

and actions necessary around aggression and violence.

We are currently working on our Risk Registrar and plan to run some further training for relevant personnel.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The risk registrar did not adequately cover the precautions to be in place to control the following specified risks:

self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The Risk Management Policy that is currently being developed will include measures and actions necessary around self harm

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

In one of the houses the sluice room was in one of the bathrooms, this did not meet the requirements of best practice infection control guidelines. The inspectors formed the opinion that regular hand hygiene practices were not fully embedded into the culture of the centre.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

We plan to make the necessary structural changes to move the sluice area to a suitable area by Dec 2015.

In relation to infection control, relevant training will be provided for the Person in Charge and frontline staff. (June '15)

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

There were a number of staff listed that had not received fire training.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff will receive suitable fire safety training.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The provider had not taken adequate precautions against the risk of fire in that fire doors were not in place in both houses.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

We will audit our Residential services.

All recommendations will be implemented in order of priority and in a timely fashion.

Proposed Timescale: 30/09/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no record of when the bed rail was put in place and when removed and how frequently the resident was checked when restraint was in place as required by best practice guidelines and by legislation.

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:

The relevant procedures will be put in place supported by evidence based practice.

Proposed Timescale: 30/09/2014

Theme: Safe Services

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

The systems in place for the overall management of residents finances and residents pocket money was not sufficiently robust to protect residents.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Our Policy around Finance will be finalised in Oct 14

Internal audits will be carried out on a weekly basis to ensure Double signatures and appropriate receipting. Sep 2014

Proposed Timescale: 31/10/2014

Theme: Safe Services

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

Staff had not received training in safeguarding and in the protection, recognition and response to allegations of abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Abuse training for all staff will be completed by Nov 2014

Proposed Timescale: 30/11/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was little evidence of multidisciplinary attendance at residents review meetings in their person-centred plans.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

We do not have a Multidisciplinary Team and as such depend on HSE cooperation. HSE will be asked for commitment from their MDT. If a member of the MDT cannot attend a meeting we will look for a written report from them.

Proposed Timescale: 31/07/2014

Theme: Health and Development

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

There was no evidence that resident's well-being and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health care as there was little evidence of validated tools in use in the service.

There was no evidence of regular weights being recorded and the person in charge said they did not have a sit on scales to use for certain residents. Therefore there was no evidence of weight loss or gain to assist in evidenced based individual assessment of the residents.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

We are currently looking at validated tools that would be suitable for our service. We will implement any tools necessary once a decision has been made.

We are in the process of pricing accessible weighing scales and will commence monthly weight checks on its arrival.

Proposed Timescale: 30/09/2014

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 inspectors identified a number of areas that medication management was not meeting the requirements of legislative and professional guidelines as identified below.

- one prescription for Eltroxin not prescribed correctly
- GP had signed across a number of medications and not signed each medication individually.
- medication fridge temperature was not monitored or recorded
- out of date olive oil (2009) was seen in one house
- no date of opening on eye drops therefore no way of knowing when they were to be dis-guarded.
- nutritional supplements not prescribed by the GP
- PRN medication not reviewed in line with the medication policy.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The PIC will meet with the pharmacist in relation to our current package and will insist that the pharmacist carries out six monthly audits within our residential areas. Internal Medication audits will be carried out on a weekly basis. The PIC will meet with the relevant GPs around correct procedures for signing. We have commenced monitoring and recording of the fridge temperatures.

Proposed Timescale: 31/10/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not outline the criteria for admissions to the centre. The information in the statement of purpose was not sufficiently detailed to reflect the day-to-day operation of the centre and the services and facilities provided in the centre.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be amended to include criteria for admissions to the centre. It will also contain more detail about the day to day operation of the centre.

Proposed Timescale: 30/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Based on a review of training records by inspectors, not all staff had received up-to-date mandatory training in fire and moving and handling.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Fire Training will be completed in Sep 2014

Moving and Handling training will be completed in Dec 2014

Proposed Timescale: 31/12/2014