

**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 Health Service Executive
Centre ID:	OSV-0002446
Centre county:	Cavan
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	PJ Wynne
Support inspector(s):	Paul Pearson
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 December 2014 09:30	15 December 2014 17:00
16 December 2014 09:00	16 December 2014 11:40

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This report set out the findings of an announced registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register a designated centre.

The inspection took place over two days and was the second inspection of the centre undertaken by the Authority. The findings of the previous monitoring inspection concluded that some improvements were necessary to meet all of the requirements of the Regulations.

The actions plans outlined in the inspection report dated 23 July 2014 were reviewed during this inspection. The inspector found that the majority of the actions had been completed satisfactorily. However, the action plan to ensure residents have adequate personal and communal space to include the facility to meet visitors in private was not completed. The timescale agreed with the provider to complete this work had not lapsed at the time of this inspection.

The centre currently accommodates seven adult residents, male and female for long term care. The specific care and support needs of the residents varied from moderate to severe intellectual disabilities with the majority presenting with behaviors that challenge.

Residents were supported and assisted to communicate in accordance with their assessed needs and preferences. There was evidence of family links in personal plans. There was education and training available to staff to enable them to provide care that reflects evidence based practice.

However, the following areas were identified for improvement and are outlined in the action plan at the end of this report. The inspector judged there were not a sufficient number of care assistants to meet the individual and collective needs of residents.

Monitoring systems require further development by the provider to ensure a more robust consistent approach and allow for early intervention when a pattern or a risk is identified. The objectives of some of the goals of personal plans are very limited and not linked appropriately to aspirations.

The Action Plan at the end of the report identifies all 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.

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.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied, through review of documentation and observation, that residents had choice in basic daily routines of living. Staff knew the individual preferences of residents for example, the food they prefer, activities they enjoyed and their interests at weekends.

Residents' capacity to exercise choice in their daily lives and routines was respected and facilitated. However, there were some limitations due to inadequate staff resources. This is discussed in more detail under Outcome 17, Use of Resources. Each resident had their own bedroom and while small in size, they presently meet their needs as all residents are mobile. Residents' religious rights were respected. If they wished to go to Mass this could be facilitated by the staff. Residents were supported to ensure involvement with their local community. This included the use of local amenities such as the cinema, cafés, shopping, restaurants and hairdressing facilities.

There was a complaints policy in place. An easy-to-read version for service users was prominently located in each resident's bedroom. A second person was available to ensure that complaints are appropriately responded to and records maintained. If the complaint was not resolved by the organisation, the complainant could bring their complaint to the HSE complaints officer. However, the names of individuals, their contact details and position within the service were not outlined. The policy referred to the unit and service manager and general manager. The ombudsman was identified as the independent appeals procedure. However, the name of the past ombudsman was identified as the contact person in the complaint policy.

Service users did not have the ability to have control over their own finances. A policy and procedure was in place to protect service users in this area. However, the safekeeping of resident's financial records did not fully assure their privacy. Financial statements for each resident were filed in their medical records and available to all staff and visiting allied health professionals.

Judgment:

Non Compliant - Minor

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Service users were supported and assisted to communicate in accordance with their assessed needs and preferences. Communication needs were identified in their personal plans. Communication passports were available for each resident. These provided a valuable tool if service users had to attend or be admitted to the local acute hospital.

By virtue of long standing relationships the staff understood the resident's preferences and the meaning behind their non verbal communication. The communication profile for each resident completed outlined residents preferred routine in all activities of daily living, from getting up, dressed and having their meals. Their documented profiles described well their level of independence and what they could do for themselves.

Residents had access to an advocate. However, access was not actively promoted. A named photograph was not available of the advocate or the designated officer to assist residents familiarise themselves to whom they could report a concern or make a complaint. Questionnaires were completed by residents and submitted to the Authority in advance of the inspection with assistance from staff. Impartial assistance to complete the questionnaires through an advocate was not pursued.

There was evidence of family links in personal plans. Families were contacted in advance of the review of an individual resident's personal plan and invited to attend the review meeting. Input from family members in relation to individual residents' wishes and preferences was documented in personal plans.

Judgment:

Non Compliant - Minor

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Family links were supported in the centre by a variety of means. There was an open door visiting policy in the house and family and friends were welcome to visit.

Family contact was supported as appropriate to each resident, for example via phone contact and visits home. Special occasions were celebrated. Staff said that they would facilitate visitors who may wish to take an individual resident out for shopping, for a meal or other special occasion.

Three residents attend a day service five days each week and four residents attend a structured day service once weekly. Alternative recreational activities and therapeutic services were available additionally to ensure residents wellbeing. Regular day trips to a local restaurant were facilitated by staff. Residents could avail of the centre's own transport. There is a car are available for their use which is driven by staff.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the policy on admissions. Referrals for new admission are through the Health Service Executive (HSE) services and are reviewed by the manager of the disability service and agreed by the admissions committee. However, the person in charge stated due to limitations of space no new admissions are planned.

Work was in progress to ensure each resident had an agreed written contract which

included details of the services to be provided for that resident and the fees to be charged. A copy of the contract of care was retained in each file examined and a copy was sent to the nominated next of kin. The person in charge was awaiting the return of copies of signed contracts from each resident's nominated next of kin.

The contracts of care viewed included the terms and conditions and an undertaking to pay an extra charge in respect of any additional service not included in the overall fee. These items were identified in schedule two of the contract and included for example, hair dressing, beautician and cinema. However, the total fee and the amount payable by the residents was not detailed in the contract of care.

Judgment:

Non Compliant - Minor

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):

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

Findings:

This area was examined in detail on the last inspection and further reviewed on this inspection. While there was some improvement, further work was required to ensure a high standard of care planning. The care files were organised since the last inspection. The layout of the documentation was revised and it was easier to track each resident's current plan of care. However, as discussed under Outcome 11 Healthcare, further improvement is required to ensure the most update recommendations from allied health professionals are reflected in care plans.

Each resident had a plan outlining their personal goals for the year. There was evidence of appropriate multidisciplinary involvement in resident's personal plans. Care plans were guided by clinician's assessment of need, staff knowledge, behaviours and assessed risk factors.

A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents taking account of their preferences, to support and enhance their life experiences. There was no linkage between personal goals and learning and development programs at day services.

The objectives of some of the goals of personal plans are very limited and not linked appropriately to aspirations. One resident had an identified personal goal to visit the beauty salon. However, this was part of a regular routine and not fulfilling any aspiration. Another goal identified for a resident was to top up the tea bags which was part of a regular household chore and not an idealistic goal. In some cases, the supports required to meet goals were not specified. One goal identified by a resident was to obtain new furniture. However, the personal plan did not detail the planned steps to achieve this goal.

The content of the personal plans indicated that further monitoring of practice was needed to fully ensure staff are supported to implement social as well as health care plans for residents suitable to the complexity of the resident needs.

There was no simplified or easy to read version of resident's personal plans available. Personal plans were not synthesised in pictorial format for the residents to assist their understanding of their personal goals. There was no use of assistive technology, aids or appliance for example, digital photo frames to promote residents full capabilities in their personal care plan or assisting to communicate their aspirations.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The centre presently accommodates seven residents. The house is well maintained both internally and externally and decorated to a good standard. Each resident has their own bedroom. Resident's bedrooms, as identified in Outcome 1, Residents Rights, Dignity and Consultation, while small in size presently meet the needs of residents. Bedroom and the communal spaces were well personalised with fixtures and fittings of their own choosing mainly and framed photographs of the residents on display. Some had purchased their own double beds and had matching curtain and duvets.

A separate kitchen and dining room was available. While there was a single spacious day sitting room there was limited communal space for recreational activity for residents. A suitable private area which is not the resident's own bedroom in which to receive visitors

was not available. This was identified as an area for improvement on the last inspection. The proposed works to address the matter and the timescale to complete this action has not lapsed.

Judgment:

Non Compliant - Major

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):

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

Findings:

Systems and procedures were in place to promote the health and safety of residents, staff and visitors. This area was examined in detail on the last inspection and further reviewed on this visit. The action from the last inspection in relation to revising the risk management policy was completed.

The Authority was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for adults with disabilities in advance of this inspection. Similarly evidence of compliance with planning and development legalisation was submitted to the Authority.

All staff had completed training in fire safety evacuation procedures. Records indicated routine fire drill practice were completed and identified staff and residents who participated and the length of time taken to evacuate. Residents' participation was documented and areas for improvement identified and documented to inform learning. The outcome of fire drills identified some residents were reluctant to leave the centre. However, no specific plan was devised to ensure these residents can be safely evacuated in the event of a fire.

Hazards identified in relation to the physical environment of the building or equipment were identified and appropriate controls implemented. Staff carry personal alarms to summon assistance if required while lone working. However, there was no gate provided to the top of the steps from the decking area leading to the lower garden and basement entrances.

A system was in place for incident reporting and investigation. Accident and incident forms were found to be well completed. However, the process in place for reviewing accidents and incidents to identify trends requires improvement. This is discussed in more detail under Outcome 14, Governance and Management.

The inspector noted there were systems in place to ensure the transport vehicle used by

the service was roadworthy, insured and equipped with appropriate safety equipment. Each resident had a risk assessment completed and a plan of care in place to meet their transport needs. This identified the level of supervision and support required.

Judgment:

Non Compliant - Minor

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):

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

Findings:

This area was examined in detail on the last inspection and further reviewed on this inspection. It was identified on the last inspection in one case file where a resident attended a day service there was no link in the behavioural support plan between the home environment and the day services. This was reviewed and a detailed plan was in place and communicated between the centre and the day service.

Staff to whom inspectors spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. All staff had up to date refresher training in protection of vulnerable adults. There were procedural guidelines on the provision of personal and intimate care to residents. These were identified in personal care plans.

There was a policy on the management of behaviour that is challenging and on the use of restrictive procedures which is in line with national policy on promoting a restraint free environment. Records, observation and interviews indicated some challenging or self harming behaviours occurred. There were behavioural support plans available which outlined potential risk factors and symptoms which indicated stress

There was one incident of environmental restraint documented. The reason, level, type and duration of the period of restraint was recorded. The rationale for the restraint which was to ensure the safety of the resident and other residents in the centre was detailed in the notes examined.

A behavioural support plan was in place and the resident was reviewed consecutively for a three month period. A review was undertaken by the mental health- dual diagnosis team in December 2014. However, the medical file evidenced the resident's psychotropic

medications was not routinely reviewed to ensure an optimum therapeutic value. The resident was last reviewed by the psychiatrist in September 2012 with a recommendation for a follow up appointment within four months. A review of medical notes evidenced this did not occur.

The behavioural support plans were developed in conjunction with staff and the behaviour support therapist. The care plans were well personalised to identify triggers and outlined preventative and reactive strategies on the interventions to take to ensure the safety of the resident. However, in one case the reactive strategy plan outlined by the behavioural support specialist was not successful as the resident was only interested for a short duration. This information was not relayed to the behavioural support therapist at subsequent reviews and therefore no new diversional therapy or reactive strategy was recommended.

The inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had been provided to all staff.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided as required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Service users had opportunities to engage in social activities. External activities were available through the day service and service users participated in range of varied interests such as art, crafts and dining out. Service users also attended local cafes and shops.

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):

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

Findings:

Residents' health care needs were met through timely access to general practitioner (GP) services, including out-of-hours. Access to appropriate treatments and allied therapies was available to residents as required on referral. There was evidence of good access to psychology, occupational therapy, dentist and chiropody.

Resident's files contained information that outlined their health, intimate and personal care needs along with their family contacts and relationships. Risk assessments were completed to inform care planning and detailed interventions in relation to identified needs. These included behavioural challenges, supports and medical issues.

However, in one case the medical/nursing care plans were not always updated to reflect the most recent recommendations. In one case file reviewed the recommendations from the physiotherapist and dietician were not updated in the plan of care.

One case file identified an escalation in behaviours that challenge by a non verbal resident. There was evidence of good input from the behavioural support therapist. A request for a further review by the neurologist following the introduction of a new medication was being pursued. However, there were no recent medical investigations requested to eliminate an underlying physical health problem to include pain, which maybe attributable to the escalation in behaviours that challenge.

There was a policy and guidelines for the monitoring and documentation of nutritional intake. This was revised since the last inspection. There was evidence of good input from dietetic services and the speech and language therapist. Each resident's weight is checked on a monthly basis. One resident identified at risk was weighed on a weekly

basis until her weight stabilised and was within the recommended range. Residents with swallowing difficulty were served their food in accordance with the recommendations of the speech and language therapist.

Staff to whom inspectors spoke stated that the quality and choice of food was frequently discussed with individual residents and changes were made to the menu accordingly. Some residents assisted staff with the weekly shopping and the menu was discussed.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

A medication management policy was in place to guide practice and included the arrangements for storing and administration of medicines to service users. Medication was administered via blister packs.

Staff were knowledgeable on the different medications and their functions. The inspector reviewed a sample of drugs charts. The prescription sheets reviewed ensured clarity in relation to the maximum amount for all PRN (as required) medication. This was an area identified for improvement on the last inspection.

Medicines were being stored safely and securely. There were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors.

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):

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

Findings:

The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below:

- A description in narrative form of all the sizes of the bedrooms in the designated centre including their size in metres square was provided. However, the sizes of the other communal rooms were not detailed to include the sitting room, dining room and kitchen.
- Apart from the management team the staffing complement does not require each staff members name to be identified.
- The person nominated to deputise in the absence of the person in charge was not indicated.

Judgment:

Non Compliant - Minor

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):

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

Findings:

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The person in charge worked full-time and had the skills and experience necessary to manage the centre. It was evident that both the person in charge and the provider had in-depth knowledge of the residents and their backgrounds. Regular management meetings were held.

The system to review the quality and safety of care and quality of life requires further development by the provider to ensure a more robust approach in line with the requirements of Regulation 23. This was identified as an area for improvement on the last inspection. Work remains in progress to satisfactorily complete this action. The management team advised the inspector an audit tool is being developed to audit a broad range of areas.

Presently medication practices and hygiene checks are being carried out on a regular

basis. However, the system to assure the quality of life and safety of care is not fully developed and implemented. Key quality indicators for example, the accident and incident records are reviewed by the senior staff. However, while there was an increase in behaviours that challenge in the centre and in particular by one resident this trend was not identified on data reviews.

A system to respond to findings or trends was not in place to ensure individual and collective enhanced outcomes for residents. There was no evidence of improvement plans developed arising from audits completed in the areas of medication management practice and hygiene checks to inform learning and minimise the risk of repeat incidents. Monitoring systems require further development by the provider to ensure a more robust consistent approach and allow for early intervention when a pattern or a risk is identified.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The head of nursing acted for the person in charge in her absence on a short term basis. In the event of a prolonged absence the management team advised a senior nurse would be appointed to fulfil the role until the return of the person in charge. There were sufficient arrangements in place to manage the service out-of-hours and at weekends. Other service managers are rostered to do on-call on a rotating basis.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector examined staff rosters, reviewed residents physical care and psychosocial needs in care files and met with residents and discussed with staff their roles, responsibilities and working arrangements.

The inspector was satisfied there was sufficient number of nursing staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection.

However, the inspector found there were not a sufficient number of care assistants to meet the individual and collective needs of residents. The roster was revised since the last inspection to ensure staff were deployed more appropriately at the weekend. Four of the seven residents attend a day service one day per week. The other three residents attend a day service five days each week and return to the centre at approximately 16:00 hrs.

From 17:00 hrs generally there is one nurse and one care assistant to meet the needs of all seven residents. Considering the nature and frequency of incidents of challenging behaviour and fact one resident requires continuous monitoring, the staff resources are not sufficient to meet the individual needs of all residents.

Activities and routines were adversely affected or determined by the availability of resources. There was insufficient staff to ensure flexibility of choice by residents to partake in some activities and day trips. During the week staff who accompanied residents on outings had to return to the centre before 16:00 hrs to ensure there was staff available to meet the needs of the three residents returning from their day service. This restricted and limited options for some residents.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The centre had a policy for the recruitment and induction of staff. The inspector reviewed a selection of staff files and noted that the files contained all documents as required under schedule 2 of the regulations. Garda Siochana vetting was applied for all staff members. The provider was awaiting the return of Garda Siochana vetting for the most recently recruited staff member.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Records evidenced a range of training was ongoing. In addition to the mandatory training required by the Regulations staff had undertaken in basic life support and hand hygiene.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

As addressed in previous Outcomes, the inspector found evidence of compliance in regard to records that need to be maintained in the centre as per Schedule 3 (residents' records) and Schedule 4 (general records) of the Regulations.

A directory of residents was maintained and contained all of the matters required by the Regulations. A record of residents' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained.

All of the written policies and procedures as required by Schedule 5 of the Regulations were in place. However, the policy on behaviours that challenge requires review. The policy did not guide staff in the event of a change or escalation of behaviours to ensure psychotropic medications are routinely reviewed to ensure an optimum therapeutic value and medical investigations are requested to eliminate an underlying physical health problem.

Judgment:

Non Compliant - Minor

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002446
Date of Inspection:	15 December 2014
Date of response:	11 February 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The safekeeping of resident's financial records did not fully assure their privacy. Financial statements for each resident were filed in their medical records and available to all staff and visiting allied health professionals.

Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Financial statements removed from clinical files and new individual files developed to maintain all financial records. These files will be securely maintained in the Person in Charge office and will be made available to the relevant persons for inspection.

Proposed Timescale: 04/02/2015

Theme: Individualised Supports and Care

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

The names of individuals, their contact details and position within the service were not outlined in the complaints policy. The policy referred to the unit and service manager and general manager. The ombudsman was identified as the independent appeals procedure. However, the name of the past ombudsman was identified as the contact person in the complaint policy.

Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

Complaints Policy has been revised to reflect the names of individuals, their contact details and position within the service. The ombudsman office details have also been revised.

Proposed Timescale: 14/01/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Access to an advocate was not actively promoted. A named photograph was not available of the advocate or the designated officer to assist residents familiarise themselves to whom they could report a concern or make a complaint

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The Person in Charge has contacted the National Advocacy on 04.02.15 with a view to

meeting in relation to ensuring access to advocacy services is actively promoted.

Proposed Timescale: 10/03/2015

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:

The total fee and the amount payable by the residents was not detailed in the contract of care.

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:

Contract of Care now details the total fee and the amount payable by the residents.

Proposed Timescale: 11/02/2015

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:

A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents taking account of their preferences, to support and enhance their life experiences. There was no linkage between personal goals and learning and development programs at day services.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

All person centred plans will be reviewed to ensure that each individual's goals take into account their preferences and also support and enhance their life experiences. As part of this review the designated centre will interlink with Day Services where applicable.

Proposed Timescale: 10/03/2015

Theme: Effective Services

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

The objectives of some of the goals of personal plans are very limited and not linked appropriately to aspirations.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

All person centred plans will be reviewed to ensure that each individual's goals take into account their preferences and also support and enhance their life experiences. As part of this review the designated centre will interlink with Day Services where applicable.

Proposed Timescale: 10/03/2015

Theme: Effective Services

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

Personal plans were not synopsised in pictorial format for the residents to assist their understanding of their personal goals. There was no use of assistive technology, aids or appliance.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Referral forwarded to the Central Remedial Clinic, Clontarf, Dublin 3 requesting assessment of residents for the use of assistive technology, aids or appliance. In the interim pictorial formats of individualised personal goals will be developed residents where appropriate.

Proposed Timescale: 10/03/2015

Theme: Effective Services

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

The medical/nursing care plans were not always updated to reflect the most recent recommendations. In one case file reviewed the recommendations from the physiotherapist and dietician were not updated in the plan of care.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in

circumstances and new developments.

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

Weekly audits will be conducted for a six month period to ensure that medical/nursing care plans are updated to reflect the most recent recommendations. First audit to be completed on week commencing 09.02.15 and ongoing.

Proposed Timescale: 09/02/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was limited communal space for recreational activity for residents. A suitable private area which is not the resident's own bedroom in which to receive visitors was not available.

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:

The Designated Centre will reduce its capacity for residents by one. This will allow for the creation of a communal space for recreational activity for residents.

Proposed Timescale: 31/12/2015

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 was no gate provided to the top of the steps from the decking area leading to the lower garden and basement entrances.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Contractor contacted and visited premises to assess work required as outlined above on the 09.02.15. Gate to be installed at the top of the steps at the rear of the premises.

Proposed Timescale: 12/03/2015

Theme: Effective Services

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

The outcome of fire drills identified some residents were reluctant to leave the centre. However, no specific plan was devised to ensure these residents can be safely evacuated in the event of a fire.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

All Individual Evacuation Plans to be reviewed to ensure that a plan is clearly outlined on each to ensure residents can be safely evacuated in the event of a fire.

Proposed Timescale: 27/02/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

In one case the reactive strategy plan outlined by the behavioural support specialist was not successful as the resident was only interested for a short duration. This information was not relayed to the behavioural support therapist at subsequent reviews and therefore no new diversional therapy or reactive strategy was recommended.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The person in Charge has in conjunction with the behavioural support specialist devised a regular communication system to ensure that any behavioural deterioration in any residents behaviour is relayed immediately.

Proposed Timescale: 11/02/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

One case file identified an escalation in behaviours that challenge by a non verbal

resident. However, there were no recent medical investigations requested to eliminate an underlying physical health problem to include pain, which maybe attributable to the escalation in behaviours that challenge.

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:

Medical investigations have been requested to eliminate an underlying physical health problem on the 26.01.15. Person in Charge has discussed with all nursing staff the requirement for constant observation and the need for onward specialist referrals as appropriate.

Proposed Timescale: 11/02/2015

Theme: Health and Development

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

Examination of a medical file evidenced a resident's psychotropic medication was not routinely reviewed to ensure an optimum therapeutic value. The resident was last reviewed by the psychiatrist in September 2012 with a recommendation for a follow up appointment within four months. A review of medical notes evidenced this did not occur.

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:

All nursing staff advised of the requirement of annual review for any resident's prescribed psychotropic medication.

In relation to the resident above review completed by consultant psychiatrist on the 18.12.15. Ongoing monitoring and scheduled appointments continue. Seen again by consultant psychiatrist on the 12.01.15 and next scheduled appointment on the 18.02.15

Proposed Timescale: 11/02/2015

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 submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are :

- A description in narrative form of all the sizes of the bedrooms in the designated centre including their size in metres square was provided. However, the sizes of the other communal rooms were not detailed to include the sitting room, dining room and kitchen.
- Apart from the management team the staffing complement does not require each staff members name to be identified.
- The person nominated to deputise in the absence of the person in charge was not indicated.

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:

Statement of Purpose revised to include the following;

- The sizes of communal rooms to include the sitting room, dining room and kitchen inserted.
- Staffing compliment names removed.
- Arrangements inserted outlining person to deputise in the absence of the person in charge was not indicated.

Proposed Timescale: 11/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

A system to respond to findings or trends was not in place to ensure individual and collective enhanced outcomes for residents. There was no evidence of improvement plans developed arising from audits completed in the areas of medication management practice and hygiene checks to inform learning and minimise the risk of repeat incidents.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Action Plans will be developed as appropriate upon completion of audits to clearly outline to inform learning and minimise the risk of repeat incidents. Complete and ongoing

Proposed Timescale: 11/02/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

There were not a sufficient number of care assistants to meet the individual and collective needs of residents. There was insufficient staff to ensure flexibility of choice by residents to partake in some activities and day trips.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

An additional care attendant shift has been added to the roster to ensure flexibility of choice by residents to partake in some activities and day trips.

Proposed Timescale: 02/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on behaviours that challenge requires review. The policy did not guide staff in the event of a change or escalation of behaviours to ensure psychotropic medications are routinely reviewed to ensure an optimum therapeutic value and medical investigations are requested to eliminate an underlying physical health problem.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Policy on Risk Management and Escalation inclusive of the prevention and management of challenging behaviour to be reviewed to address the above.

Proposed Timescale: 11/03/2015