

**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-0004909
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Marie Matthews
Support inspector(s):	Thelma O'Neill
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	7

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 3 day(s).

The inspection took place over the following dates and times

From:	To:
20 March 2015 16:30	20 March 2015 17:30
09 April 2015 10:00	09 April 2015 18:30
13 April 2015 12:00	13 April 2015 22:00

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 was an announced two day registration inspection. The provider had applied to register three new apartments in Strandhill in Sligo as a new centre, to allow the transfer of three male residents with moderate to severe learning disabilities currently accommodated in a congregated centre run by the service. A second four bedded house in Ballymote, Co. Sligo will also be part of this centre and will be managed by the same person in charge (PIC). This was not ready for occupation at the time of inspection and the provider was anxious not to delay the transfer of the three residents ready to move to more suitable accommodation.

The inspector visited the new apartments which were unoccupied at the time and also visited the centre in which the three residents are currently accommodated to review care plans and policy documents. The service is part of the service provided by the Health Service Executive (HSE) known as Cregg Services. Where possible residents were interviewed during the inspection and consent to review their personal plans was obtained. It is proposed that the new centre will provide care to a maximum of seven residents. As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures were reviewed.

The fitness of the person in charge was assessed through interview during the inspection process to determine fitness for registration purposes. She was found to have a good knowledge of her role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. She displayed a positive attitude towards regulation and ensuring that the rights of residents were protected and their voices were heard. The provider nominee has been met by inspectors from the Authority at this and other inspections. She has evidenced competence and responsiveness in her role as provider representative. The premises described under Outcome 6 relate to the proposed new centre - the subject of this application for registration.

Residents awaiting transfer to the apartments currently have one to one staff support and maintain as much independence as is possible. The inspector was told that the staff resources currently allocated will transfer with the residents. There was a system of assessment and care planning in place to meet resident's individual needs. A new assessment tool to ensure adequate social assessment and engagement had been recently introduced which included identification of individual goals. Residents had visited the new apartments and the local area as part of transitional arrangements.

The service was managed and run by a suitably qualified person in charge who had good oversight of the service and systems in place to monitor the quality and safety of care. There was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and service users reported a high level of satisfaction with the service provided to them. Areas of non-compliance related to care planning, staff training and ensuring relevant information has been obtained for staff working with vulnerable adults. These are discussed further in the report and included in the Action Plan at the end of this report.

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):

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

Findings:

The PIC informed the inspector that residents were currently consulted with informally on a daily basis about all aspects of care and decisions and they plan to continue these arrangements in the new apartments. A new template has been introduced to help capture feedback from residents.

A complaints policy was available. The PIC monitors complaints and follows up on issues as they arise and a complaints officer was identified for investigating formal complaints. The complaints procedure was available in an accessible format. A copy of the Residents' Guide was forwarded following the inspection and this contained a summary of how to make a complaint.

The inspector was told that each resident will have their own apartments with a key worker to support them. The PIC stated that each apartment would be decorated to the resident's tastes. There was adequate space in each apartment for the residents' personal possessions and belongings. A personal property card is maintained for each resident in their files. Residents are supported to buy personal items such as clothes, items for their homes and this is documented in their personal care plan.

The inspector was told that when residents move to their new homes, they will be supported and encouraged to purchase and prepare their own food. It is envisaged that two of the residents who normally eat together will continue to share some meal times, and each resident will be supported when eating out.

The inspector was told residents were being supported to participate in external

activities in their new community to help with the transition to their new home, for example going on outings, to local cafés and for walks in the area. A system was in place to record the activities residents participated in. The inspector identified to the PIC that this system required review to also capture the time spent at each activity and the level of participation.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were supported and assisted to communicate in accordance with their assessed needs and preferences. Staff were observed to be able to converse with residents. Some documentation was available in an accessible format but this required further development to ensure all documents used by residents were available in an accessible format. Communication passports were available for each resident which detailed their health and social needs in the event of the resident being admitted to hospital. The PIC said that television and radios would be provided in each apartment.

Judgment:

Substantially Compliant

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):

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

Findings:

Residents were supported to develop and maintain positive personal relationships with their family members and the PIC said links with the wider community in the area are currently being explored. The inspectors saw that some families of residents are in regular contact with the centre and attend all reviews. Contact with Family members was recorded. The PIC said that parents have been involved in the transition of

residents and had visited the new accommodation and guided through the process with the support of Social Worker and Manager. Key workers also advocate for residents.

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):

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

Findings:

The person in charge confirmed that three residents would reside in the proposed new centre. As discussed, a further 2 residents will transfer at a later stage to a second house in Ballymote which will form part of this centre. A service level agreement was currently in place for residents but a new contract of care is required to reflect the new residential arrangements. An admission policy was in place to guide practice. The provider confirmed that the needs of the existing residents would be considered as a priority for any future admissions.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Resident's care and social goals were identified using a using comprehensive nursing assessments tool. There was evidence of multidisciplinary input into care plans

reviewed. Personal plans reviewed had more of a health focus and had limited information on residents' social and emotional needs. A new assessment tool had been recently introduced to improve this aspect of care called 'listen to me' which captured better information on each residents social needs and preferred daily routines. Most care plans were reviewed four monthly.

Personal goals were identified as part of the 'listen to me' assessment. This was a new process and although goals were identified, these were limited in their scope and a time frame for completion of the goals was not yet included.

Each resident had a personalised plan developed with the assistance of a consultant psychologist to assist them to transition to their new apartment. The PIC told the inspector that residents had visited their new home and gone for walks and had visited local coffee shops as part of a transitional programme

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):

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

Findings:

The site is accessed from the main road and overlooks Summerville nursing home and Strandhill beach. The new centres' design and layout was in line with the statement of purpose and would meet the needs of the residents whilst promoting safety, dignity, independence and well-being.

The centre comprises three individual apartments and the inspector verified that the location, design and layout of these apartments were suitable for the needs of the purposed residents. Suitable heating, lighting and ventilation are provided. Two apartments share an entrance hallway but have separate front doors. The third apartment has its own separate entrance at the side of the premises. All three apartments are spacious, bright and comfortable with wheelchair access and accessible doorways, corridors and bathrooms.

There was appropriate equipment for cooking, cleaning and laundry provided in each apartment. The apartments were unoccupied at the time of inspection and some minor works were required to personalise each apartment to reflect the residents own taste.

An accessible bathroom with a walk in shower is provided in each apartment and thermostatic controls are fitted to hot water taps. The apartments are not fully furnished

as yet. The Person in Charge informed the inspector that plans were in place to furnish the house within the next few weeks with the involvement of the residents so they could be involved in choosing fabrics and paint colours. The person in charge confirmed that there are thermostatic controls fitted on the water dispensing system to ensure water at point of contact with residents does not pose a risk to them.

Window restrictors were not currently fitted on any windows and this will require review/risk assessment. Keypad locks are provided on each front door to secure access. There is currently no perimeter fence provided.

Judgment:

Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Appropriate fire safety procedures were in place. Suitable fire safety equipment was provided and corridors were wide and uncluttered providing adequate means of escape. Emergency lighting was provided in all communal areas and in hallways. Personal evacuation plans were completed for each resident which took account of their mobility and cognition. These were been reviewed to reflect the residents new environment. A fire register was provided available for the centre and the PIC stated that fire drills would continue to be completed monthly. A fire safety training plan was in place and most staff had completed fire safety training. Further dates were scheduled so that all staff would have completed prior to the move.

Thermostatic controls were provided on the heating system to allow each resident to set heating levels to their preference.

An environmental risk assessment to ensure that the new centre is free from significant hazards was planned once the residents move in. The Person in charge confirmed that she would complete this and forward to the Authority prior to the residents moving into the centre. There were systems in place to record and monitor accidents and incidents. Senior managers reviewed all accidents or incidents at a monthly incident review meeting. The PIC confirmed that this system would continue in the new centre

An organisation Risk Management and emergency policy was available. This included guidance on the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. The document required review as it was not succinct and did not provided easy to read guidance for staff on managing risk.

Individual assessments were completed for each residents clinical risks e.g. injuries as a result of falls or challenging behaviour.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The PIC and staff confirmed that there had been no allegations of abuse reported since the last inspection. Residents said they felt safe and could talk to the staff.

There was an organisational policy available on the prevention, detection and response to abuse which had been recently reviewed to improve the guidance on the management of an allegation of abuse and those staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to.

A senior social worker was listed as the designated person in the centres policy and all staff interviewed were aware of her role. All staff had completed refresher training on adult protection which was an action from the last inspection. A policy was available on managing behaviour that challenges, however, staff did not have up to date training in this area.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The PIC was aware of the requirement to notify the Authority of any incidents as described in the regulations.

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):

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

Findings:

Residents received a one to one wrap around service and were supported by their key workers to identify and take part in areas that were of interest to them. The centres Statement of Purpose references to day services and further education and training but none of the current residents availed of these services. In- house activities currently available such as cooking baking gardening and arts and crafts are also described in the statement of purpose. The PIC described new amenities which would be available to residents once they were relocated in their new accommodation including a nearby beach, restaurants and shops and said that residents are already visiting the local community as part of a transitional process. This will be monitored on future inspections to the centre.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The nursing team assessed each resident's health care needs and care plans were in

place to ensure residents received the appropriate medical care. Records, such as medical and allied health care professional records were available for each resident. The PIC stated that residents would be registered with a local community general practitioner. An on call out of hours GP service was available. The PIC said residents would be supported by staff to complete a weekly grocery shop to allow them purchase the food they liked and residents would be supported to prepare meals if they wished.

The PIC confirmed that support health services were available including speech and language therapy, dentist, occupational therapy and chiropody and that will continue be provided to residents as required. The inspector observed that some care plans did not sufficiently guide care. For example one resident was prescribed lithium medication and required regular blood test to ensure he was receiving a therapeutic dosage however his care plan did not sufficiently guide staff as to the how often bloods needed to be tested. Some other deficiencies were identified in care documentation. For example, where the resident had been seen by a specialist their care plans was not updated to reflect the advice of a specialist and in other instances the linkage between care plans was inconsistent.

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):

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

Findings:

An organisational medication management policy and procedures for the administration of medication was available however this required review to reflect the arrangements for storing or obtaining medication for residents. The PIC told inspectors that medication will be supplied by a local pharmacy in individual blister packs. The PIC also confirmed that care staff would administer medication on occasions in the new centre and would need to complete training in safe medication practice before administering any medication. The inspector reviewed a sample of prescriptions and medication administration records and found that they were clearly written and complied with best practice.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the

manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

A statement of purpose was available which described the aims of the centre and described the facilities and services which were to be provided for residents. However further detail was required to the document to comply with Schedule 1 of the Regulations. For example, a floor plan of each apartment was included in the document however this was not of sufficient size to show the dimensions or primary function of each room in the designated centre.

Further information was also required on the qualifications and experience of the staff member who will provide cover for the PIC in her absence and on arrangements for residents to engage in social activities and access to education and training. The statement of purpose included some information on admissions which stated that any future admissions will be assessed through the HSE's placement process. Further information was required to clarify this and explain the mechanisms in place to assess and place residents and the factors such as compatibility with current residents that need to be taken into consideration.

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):

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

Findings:

The management structure of the service was under review at the time of inspection and the inspector was subsequently told that the Clinical nurse manager currently managing the unit occupied by residents will be the Person In Charge for this centre. She is a suitably qualified person with relevant 31 years experience commensurate to

her role. She is employed full-time as the Clinical Nurse Manager. The person in charge displayed a positive attitude towards compliance and a willingness to address any issues arising to improve the quality of care provided to residents. Arrangements were in place for another experienced staff member to provide cover for her in her absence. The provider nominee has been met by inspectors from the Authority at this and other inspections. She has evidenced competence and responsiveness in her role as provider representative.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Details of deputising arrangements were included in the Statement of purpose . The staff member who deputises for the PIC is a senior nurse with over 25 years experience. He is currently working with residents. The PIC was aware of the requirement to notify the Authority if she planned on been absent from the service for more than 30 days.

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

Findings:
Staffing resources and skill mix were based on the assessed needs of residents and the PIC confirmed that these staff would transfer with the residents. Staff accompany residents to all medical appointments. The apartments were suitably equipped and furnished to meet the needs of the residents that were transferring. A transport vehicle is provide for the centre and will be shared by residents. Arrangements were in place to

ensure that the new centre would be maintained to a good standard internally and externally.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector was satisfied that there was an appropriate number of staff in the designated centre. Each resident received one to one support. One waking night staff member provides cover at night. An additional staff member comes on duty in the evenings and sleeps over at night. The PIC confirmed that these staffing levels are already in place and have been assessed as appropriate to meet the residents needs.

The inspector reviewed staff files during a previous inspection however they were found to be incomplete and did not contain all of the information required in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example not all staff had two references and Garda vetting was not available for staff who had been working at the centre for several years. Nursing staff did not have a current certificate of registration from their registration board. Several staff had not completed mandatory training in manual handling and some were overdue fire safety training.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Systems were in place to maintain records. Records as outlined in Schedule 3 and 4 of the Regulations were generally in place. Records were securely maintained and easily accessible.

Written operational policies were in place; however, some required review to ensure they informed practice and provided centre specific guidance to staff. As discussed under outcome 11, improvements were required to care planning documentation. Staffing records were also incomplete as detailed under Outcome 17 - Workforce.

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:

Marie Matthews
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-0004909
Date of Inspection:	20 March 2015
Date of response:	15 May 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 02: Communication

Theme: Individualised Supports and Care

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

Not all documentation was available in an accessible format for residents.

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.

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

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

Documentation will be available to service users in an accessible format that will support them to make decisions in relation to their needs and wishes e.g. Complaints Policy, Adult Protection and Risk. Support from Speech and Language therapist will advise and guide on suitable material that will help communication around service user wishes and needs.

Complaints policy will be in both accessible format and written format and will be displayed together for all staff, families and service user.

Proposed Timescale: 30/06/2015

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:

A new contract of care is required to reflect the new residential arrangements

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A Draft Contract of Care has been sent to the inspector for review to see will it meet the regulatory requirements, This was emailed to Inspector Friday the 1st May 2015. If agreeable this contract of care will be produced to families and service users for a period of 28 days after moving into their new home, opportunity for discussion will be afforded to families. This contract of Care will be rolled out with all service users who will avail of the service in the centre.

Proposed Timescale: 31/05/2015

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:

Personal plans goals identified were limited in their scope and didn't include a time frame for completion

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Personal plans for all service users are presently been reviewed by the Team which includes the service user , family and key workers, psychologists, behavioural therapist and speech and language therapist and other disciplines if required. These Personal Plans will be in place no later than 28 days of Admission to designated centres, they will clearly outline the needs and supports required to maximise personal development in accordance with the service user wishes.

Proposed Timescale: 31/07/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Minor works were required to personalise each apartment to reflect the residents own taste

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:

The premises have been quoted for a deep cleaning prior to the move.

The service users who are moving will take their own belongings from their apartment in Cregg Services with them if they wish. Funding will be available to service users to decorate their homes as they wish and will be supported by key workers and families to decorate their home.

Choice will be encouraged through shopping with key workers and family members, personalisation of homes will be encouraged at all times.

During the Transition stage as identified some service users will need items in their Apartment prior to move while others will require all their items in the home for the Move.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Window restrictors were not currently fitted on any windows and this will require review/risk assessment. Keypad locks are provided on each front door to secure access. There is currently no perimeter fence provided.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Risk assessment on the outside of the premises in Strandhill was carried out, and a

fence surrounding the premises was recommended, this was erected by the owner and is in place since April 2015. An additional gate is to be put on to a Step for extra support at Apartment 1, for safety concerns.

Risk assessment on the windows will be carried out for the individual apartments and service users when they settle in their apartment. Recommendations will be enacted upon immediately for the safety of the service users as detailed by the pending Risk Assessment. Presently during service users transition visits there has not been an issue in relation to the windows, however this will be monitored. Window restrictors will be fitted.

Proposed Timescale: 31/07/2015

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:

Risks assessments were required for the new apartment to ensure the safety of residents.

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:

To date a risk assessment has been carried out on Fire with a plan in place this includes installation of fire blankets Extinguishers identified, emergencies exits and evacuation points, designated areas and signage.

A health and safety risk assessment have been carried in the garden in Strandhill. Following this a fence has been erected and gates are been fitted, so all service users will have access to their surrounding area, to enjoy the view and be safe while doing so.

Risk assessments will be carried out on all service users individually to their needs and safety when they move into their new homes and in relation to Activities supported by staff.

Risk assessments that have been already carried out on service users will transfer with them into the apartments and house and will be continue to be reviewed monthly or as needed, taking note the change of environment. As risks are identified in Service Users new home they will be assessed as needed and controls put in place where required.

Proposed Timescale: 30/09/2015

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:

Staff did not have up to date training on the managing behaviour of behaviour that challenges

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff will attend Studio 111 training. A scheduled Course is been organised for the 26/27/28th May 2015. Staff will be identified to attend this course. A refresher course will be organised for those staff that have recently carried out the Studio 111 training. More interaction and on the ground training will be sought from the CNS in behaviours that challenge for staff going forward.

Proposed Timescale: 31/07/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some care plans did not sufficiently guide care. A resident was prescribed lithium medication and required regular blood test to ensure he was receiving a therapeutic dosage but the care plan did not sufficiently guide staff as to the how often bloods needed to be tested. Some care plans were not updated to reflect the advice of a specialist and linkage between care plans was inconsistent.

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:

Care Plans have been audited to date, and an action plan has been placed in each Care File. Care Plans are reviewed by Line Manager to assess the work to date has been carried out.

Advice from Sensory Specialist will be followed through and action Plans and activities commenced to reflect their advice. Recording sheets will be available which reflects the length of time service users engage in Activities which are campus base or community based.

Taking of Blood of Service users, and guidance and protocol will be looked at for all

service users with the Psychology and Psychiatry Teams and staff. Best practice guidelines will be developed and a review mechanism inbuilt to plan.

Phlebotomy Clinic has now commenced on May 11th every Monday in Cregg this will facilitate all service users for Regular blood checks where necessary

Risk Assessments and Protocols for taking bloods will be reviewed and Monitored

Proposed Timescale: 31/05/2015

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:

Care staff who will be administering medication had not had training in safe medication practice

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:

Medication Management for care staff will be provided prior to moving to the community. Presently there is no care staff trained in Medication Management as identified staff moving first will be prioritised within the service. Currently a training Plan is been developed.

Proposed Timescale: 31/07/2015

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:

Further detail was required in the statement of purpose to comply with Schedule 1 of the Regulations. A floor plan of each apartment was not of sufficient size to show the dimensions or primary function of each room in the designated centre. Information was required on the qualifications and experience of the staff member who will provide cover for the PIC in her absence and on arrangements for residents to engage in social activities and access to education and training. Information on admissions required review.

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 will be updated to comply with Schedule 1 of the Regulations and sent to inspector as requested. Area needs to be measure out and exact measurements of rooms will be sent to inspector.

Information around the PPIM will be sent and his name will be submitted to the inspectorate as a replacement in the absence of the person in charge. Inspector met the PPIM on first meeting in December 2014, interview process needs to be organised with inspector going forward as identified by her.

Arrangements will be put in place for residents to engage in social activities and access to education and Training

Information on Admission will be detailed in the Statement of Purpose as required.

Proposed Timescale: 31/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff files were incomplete and did not contain all of the information required in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Staff files will be completed and contain all of the information required in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Garda Vetting will be submitted on a voluntary basis by all staff to HR.

Referees will be collated from all staff.

Registration for Nurses has been requested, (Nationally a disagreement between INMO and Bord Altranais impacted on Submission) This will be completed by June 30th

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

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

Several staff had not completed mandatory training in manual handling and some were overdue fire safety training on the day of inspection.

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:

Supervision assessment will take place with all staff as per governance document. Opportunities for Staff Training and refresher courses will be afforded to staff and encouraged. Professional development will be recorded through the Supervision Document rolled out by the organisation, and training in areas specific to the needs of staff will be encouraged and facilitated.

A Plan for training needs of staff will be devised taking into consideration Mandatory training, and training to equip the staff the skills needed to deliver professional and safe service to service users in the centre.

Proposed Timescale: 30/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some written operational policies required review to ensure they informed practice and provided centre specific guidance to staff.

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:

Written operational policies will be reviewed to ensure they inform practice and provided centre specific guidance to staff.

Complaints Policy, Risk Policy and Restraint Policy will be reviewed in the next 3 months. Continuation of reviewing policies will continue, Policies and procedures will be reviewed and updated in accordance with best practice, and or as the chief inspector requires.

Policies and Procedures will be discussed monthly at Team Meetings to make staff aware of their contents and guidance for good practices.

Proposed Timescale: 01/09/2015

