

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)
Centre ID:	OSV-0002123
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)
Provider Nominee:	Trevor Jacob
Lead inspector:	Caroline Connelly
Support inspector(s):	Paul Dunbar
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 July 2015 11:00	14 July 2015 18:30
15 July 2015 09:00	15 July 2015 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was a monitoring inspection of one of the centres that come under the auspice of the County Wexford Community Workshop Enniscorthy limited (CWCW) (E) residential Services. The CWCW provides a range of day, residential, and respite services in Enniscorthy for people with disabilities. It is a not for profit organisation and is run by a board of directors and delivers services as part of a service agreement with the Health Service Executive (HSE). This centre provides residential services and care for four residents who live in a residential house in the community. The centre supports people with a variety of disabilities with different levels of abilities and needs.

As part of the inspection the inspectors met with residents, the person in charge, the CWCW manager, the human resources manager, care and other staff members. Throughout the inspection inspectors observed practices and reviewed documentation which included residents' records, policies and procedures in relation

to the centre, medication management, accidents and incidents management, complaints, health and safety documentation and staff files. The person in charge is new to her role and works full time and was responsible for the centre. The person in charge was seen by the inspectors to be very involved in the day-to-day running of the centre and she told inspectors she was included in the nursing compliment in the house but did have some protected administration time. Staff and residents informed inspectors that the person in charge was easily accessible to residents, relatives and staff.

Throughout the inspection there was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was very evident and encouraged with many residents regularly going out and a number went home for weekends or holidays. The inspectors met two relatives who were visiting during the inspection. The inspectors observed staff communicating effectively with residents and they were observed to treat the residents with respect and protected their privacy and dignity.

There were a range of social activities available internal and external to the centre and residents were seen to positively engage in the social and community life which was reflected in their personal plans. The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of health care with appropriate access to their own general practitioner (GP). Personal plans were viewed by the inspectors and were found to be comprehensive, appropriate to the needs of the residents and up-to-date.

A number of improvements required were identified by the inspectors in relation to the premises and health and safety. Documentation, review of the quality and safety of the centre and policy and procedure updating were also identified as requiring improvements. The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

Inspectors observed staff interaction with residents and noted staff promoted residents dignity while also being respectful when providing assistance. There was some evidence that residents were consulted about how the centre was planned and run. The person in charge informed the inspectors that the residents would not sit down together for a meeting therefore they discussed issues on a one-to-one basis. This allowed residents to express their preferences around issues such as food choices and activities. Staff outlined that these one-to-one meetings took place regularly.

In CWCW day centre, where the residents attended, there is an advocacy group and a number of the staff are trained as advocates. This is a forum for residents to air their views about how services are delivered to them and to advocate both for individuals and groups of individuals about the services they receive. An independent advocate was also available if required by residents. Relatives also stated that they advocated on behalf of their and other residents as required.

The inspectors saw personalised living arrangements in residents' rooms with photographs, personal effects and furniture. One resident loved music and had a key board in her room. There was adequate space for clothes and personal possessions in all bedrooms with adequate wardrobes and lockers.

The inspectors viewed the complaints process, policies and procedures were available in relation to complaints and these were up to date. Details of the complaints process and how to make a complaint was displayed in a prominent position in the house with a photograph of the person in charge. The inspectors saw and were informed that the

policy of the service was to log all complaints in the accident and incident log. These are then followed up by the CWCW manager who reported her findings to the provider. The inspectors viewed the complaints and documentation following each complaint made and although the inspectors were satisfied that complaints were investigated and action taken as a result of complaints, the process was found to be disjointed and not sufficiently robust. There was also some confusion over who was the designated complaints officer and who was the nominated person with oversight of the complaints process to ensure that all complaints were appropriately responded to as required by regulation 34. The inspectors found there was not an individual complaints log for the centre which contained complaints for the centre, any investigation into the complaint, outcome of the complaint, any action taken on foot of a complaint and whether or not the complainant was satisfied.

Judgment:

Substantially 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:

There was an admission policy which set out the procedure for seeking admission to the service. Residents in this centre had been living there for a number of years and there had been no new admissions to the service in the recent past. The centre does not accept emergency admissions. Admissions are done in consultation with the HSE on a priority basis. Inspectors were satisfied that due consideration was given to the needs and safety of residents being admitted along with the safety of other residents. While the practice of admissions sought to take account of the need to protect residents from abuse by their peers, this was not set out in the admissions policy.

Contracts of care were in place but required improvement to be in compliance with the Regulations. Contracts were signed between the residents/family or next of kin and the service provider. The contract set out the terms and conditions of residency and also outlined the arrangements for complaints and receiving visitors. However, more clarity was needed in terms of the fees to be charged to residents. While the fee for the service was clearly set out in each residents' personal file, it was not included in the contract. In addition, there was no description of what the fee would include and what charges were additional to the fee.

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:

The centre consists of one house in the community where the four residents live. Residents are provided with access to day services at the main CWCW workshop. Most of the residents attended day services however there was one resident who currently was not attending day services and staff were available and provided him with ongoing activities in his house.

Inspectors were informed by staff that there were a number of options available for all residents in relation to social activities. A number of the residents enjoyed sport, art, music, running, bowling and other physical activities. Residents are supported to access and take part in social events and activities of their choices, apart from the activities provided in the centre the rest are community based and reflect the goals chosen as part of their personal plan. There is a transport vehicle available and the residents regularly enjoy getting out and about on evenings and weekends.

The inspectors reviewed a selection of personal plans which were personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. These key workers were responsible for pursuing objectives in conjunction with individual residents in each residents' personal plan. There was evidence of interdisciplinary team involvement in residents' care including, medical and GP, speech and language, dentist and chiropody services. These will be discussed further in Outcome 11 healthcare needs. The inspectors noted that in each resident's personal plan it identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. There was evidence in residents' personal plans that the resident and their family members where

appropriate, were involved in the assessment and review process and attended review meetings.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre is a five -bedroom, community-based house situated on the outskirts of Enniscorthy. The communal accommodation includes a sitting room separated by an arch from the kitchen/dining area. Each resident is provided with a single bedroom in order to provide adequate privacy. The bedrooms were seen by the inspector to be very personalised and decorated to suit the preferences of the resident residing there. None of the bedrooms had individual en-suite bathrooms and the residents shared two bathrooms one which had a specialist bath in it. There were spacious gardens to the rear and front of the property and parking space at the front. There was an outdoor patio area to accommodate suitable garden seating and tables provided for residents use. As will be discussed further in outcome seven the garden area was not well maintained with an uneven path surface and broken glass seen in the garage windows.

The centre was found to be clean. Laundry facilities were provided within the premises and the dryer was stored in the outside garage. Staff said currently laundry is generally completed by staff but residents are encouraged to be involved wherever possibly. There were a number of items of specialist equipment in the centre such as a specialist mattress and bed however there were no service records available to show that equipment was serviced in accordance with manufacturer's requirements.

There were a number of issues identified with the premises to ensure compliance with schedule 6 of the regulations:

1. There was a lack of communal space
2. There was a lack of private space
3. The corridors were noted to be narrow, dark and lacked natural light
4. There was paint noted to be off the walls and the house required redecorating

Transport is provided to assist residents in accessing work and recreational opportunities and the centre had its own bus.

Judgment:

Non Compliant - Moderate

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:

Inspectors saw that the centre had a safety statement and emergency plan, both of which were regularly reviewed. The safety statement outlined the measures for hazard identification, the assessment of risks and incident/accident reporting. It also outlined the responsibilities of each member of management and staff in terms of safety within the centre. The emergency plan described what actions should be taken in the event of an evacuation being required. It included a list of key personnel to be contacted and specified a location to which residents would be moved should the need for a full evacuation be required.

Management in the centre had carried out risk assessments which covered risks such as windows opening fully, residents leaving the premises unaccompanied and behaviours that challenge. In addition, there were individual risk assessments for each resident. For example, falls, aspirating, interactions between residents. The risk management policy was reviewed in 2015 and included the measures and actions in place to control the following specified risks: aggression and violence, self harm, unexpected absence, and accidental injury to residents, staff or visitors.

The centre had a fire alarm, fire equipment and emergency lighting. All of these had been recently serviced within the time frame required by the Regulations. Inspectors were informed that the centre had fire doors which were rated at 30 minutes. Staff carried out regular fire safety checks and these were documented. Each resident had a personal emergency evacuation plan (PEEP) in their personal file and evacuation notices were displayed in prominent places throughout the centre. Staff were knowledgeable on what procedures were to be followed in the event of discovering a fire or the need for an evacuation and there was evidence that these were discussed at staff meetings. Fire drills were carried out on a monthly basis and recorded in the centre's fire register. Staff had received fire training through the service with the exception of the person in charge who had received fire training in her previous employment which now required updating. In addition, a further staff member had not received training in manual handling. This is dealt with under Outcome 17: Workforce.

The environment of the houses was homely and visually clean. The person in charge and staff informed inspectors that the cleaning of the houses was undertaken by the care staff. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available and staff were knowledgeable in the infection control measures in place in the centre. There were currently no residents presenting with infections. Mops were colour-coded to identify their particular usage as were chopping boards for food preparation.

There were a number of areas which presented as health and safety risks in the centre. The inspectors noted that the chest freezer in use in the centre was rusted and not fit for food storage. There was a large garden area to the rear of the property. Some of the concrete paving in the garden was uneven and presented a trip/fall hazard to residents. In addition, there was a small garage to the rear which had broken panes of glass which could cause injury to residents and which were in need of immediate repair. The person in charge had identified these issues to maintenance and was waiting action on same.

There was a minibus connected to the centre. Inspectors viewed maintenance and servicing records of the vehicle and found these to be in order.

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:

Inspectors viewed that policies and procedures were in place for the prevention, detection and response to abuse which were dated March 2014. The human resources manager said that the policies are to be updated in the near future to take account of the new national policy on safeguarding. Staff with whom inspectors spoke knew what constituted abuse and they demonstrated an awareness of what to do if an allegation of abuse was made to them. They told the inspectors that all allegations of abuse are

recorded. The person in charge informed the inspectors they have in place a designated person to deal with any allegations of abuse. The designated person is the provider. Training records confirmed that staff had received safeguarding and abuse prevention training on various dates in 2014 and 2015.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. Inspectors' reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. On a previous inspection inspectors met with the finance manager who confirmed that the centre acted as social welfare agents for most of the residents and the inspector saw that they had all the correct documentation in place. The centre receives payment on a fortnightly basis and processes the money through a payroll system where they deduct the cost of residential charges and any other items they charge for such as meals in the canteen, gym membership and pocket money given to the resident. The resident receives a payslip every fortnight with charges and deductions clearly identified. The remainder of the residents' money is paid into their bank or credit union account. Inspectors saw that residents had easy access to personal money and generally could spend it in accordance with their wishes. Inspectors viewed the systems in place in the houses to safeguard residents' money. Staff provided full support to residents in terms of management of their finances. All financial transactions were recorded and receipted where applicable. Transactions were double-signed and checked or audited by senior management on a regular basis. Residents' money was kept in a safe and inspectors found that the amounts present on the day of inspection tallied with the balance on their transactions record. Residents were supported to make purchases which they had chosen and family involvement was encouraged in same. The service had recently carried out an audit of all residents' accounts. Management advised inspectors that an action plan would be drawn up to address any issues identified.

There was a policy on behaviours that challenge and the inspectors saw that staff had received training on dealing with behaviours that challenge. From a selection of personal plans viewed by the inspectors it was noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviours that challenge. Residents were reviewed regularly and behavioural plans updated following review by psychology, psychiatry and other professionals. There was evidence in residents personal plans that detailed behavioural support plans were in operation for residents who presented with behaviours that challenged.

The inspectors saw that a restraint free environment was promoted as much as possible, however the policy on restrictive practices/restraint was in draft format and not available for staff. Following the inspection the restraint policy was forwarded to the authority.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

health.

Theme:

Health and Development

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

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

Findings:

Inspectors saw that residents were assisted to access community based medical services such as their own GP. They were supported to do so by staff that would accompany them to appointments and assisted in collecting the prescription as required. Out-of-hours services were provided by the local on call doctor service who attended the resident at home if necessary. The inspectors saw that residents receive an annual medical health check which is signed by the GP and medications are reviewed on a regular basis. Psychiatry, social work, speech and language therapy, occupational therapy, and psychology services were available through the HSE and external agencies. The person in charge said that at times services such as physiotherapy are sourced and paid for privately with agreement of the resident and their family. The inspectors saw evidence of referrals, attendance at out patient appointments and reviews in residents' files. The inspectors were informed that if a resident required hospital treatment a member of staff would stay with them in the hospital, this was seen to have happened recently when one of the residents was admitted to hospital.

The inspectors saw evidence of residents' needs being assessed using evidence-based tools which were reviewed on a regular basis, including tools for assessing falls risk, risk of pressure sore development and malnutrition assessment screening tool.

Residents were seen to have their weights recorded on a regular basis and other observations such as vital signs and blood pressures were recorded to ensure any changes to health are identified as soon as possible.

Wound care charts and body charts were seen to be in place for residents with wounds from various causes and wound care advice was sought from expert nurses if required.

The inspectors saw that residents were involved in the menu planning and food was also provided on an individual basis. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. Meal times were seen to be very person-centred and residents were facilitated to have their meals in the dining room or in their bedroom if they required. Most of the residents had their main meal in the day services and varied options were available for them at tea time. The food was seen to be nutritious with adequate portions. The inspectors observed that residents had access to fresh drinking water at all times. There was evidence of speech and language therapist involvement in residents' swallow and meal plans in addition to communication plans.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were centre-specific medication management policies and procedures in place which were dated 2015, these were viewed by the inspectors and found to be comprehensive. Inspectors were informed and saw that the GP prescribed residents' medication and that medications were obtained from the residents' local pharmacist for each resident. The houses had medication supplied in a version of monitored dosage system. The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

The centre was a nurse led services but non nursing staff at time did administer medications in the absence of nursing staff. the centres policy was that non-nursing staff were to have undergone two day training on safe medication administration and be assessed as competent by a nursing staff prior to any administration of medications to residents. Inspectors saw evidence of this medication training in staff files. The staff told the inspectors that the pharmacist gives advice to the staff in relation to the medications and had undertaken audits in the centre, the inspectors saw evidence of these audits and of the improvements made from one audit .The person in charge and the CWCW also undertook ongoing medication audits which were seen by the inspectors.

Staff who spoke to the inspectors were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medications were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no residents that required scheduled controlled drugs at the time of the inspection.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose had been in place since March 2015 but did not contain all of the information as required by Schedule 1 of the Regulations. There was no detail on the criteria for admission to the designated centre. The statement of purpose did not describe the arrangements in place to ensure residents' privacy and dignity or the arrangements for residents to engage in social activities, hobbies and leisure interests. While the statement of purpose gave details on the complaints policy, the information was not consistent with the centre's complaints policy and procedure.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre is one of a number of designated centres that come under the auspice of County Wexford Community Workshop Enniscorthy limited (CWCW) (E) residential Services. The CWCW provides a range of day, residential, and respite services in Enniscorthy for people with disabilities. It is a not for profit organisation and is run by a board of directors and delivers services as part of a service agreement with the HSE. The board of directors meet on a monthly basis and the inspectors viewed comprehensive minutes of these meetings. The senior management team which deals with the daily operations comprises of the Chief Executive Officer (CEO), manager of

day and residential services, human resources manager, management accountant, and a group commercial manager. There are a number of team leaders who are responsible for various areas of the service. The team leaders in the residential services are the person in charge for the specific centres. The senior management team meets every month.

The person in charge for the centre commenced her post six months ago and works full-time. The person in charge is a qualified nurse intellectual disability; she has also completed a higher diploma in gerontology. Inspectors formed the opinion that she had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. Following an interview with the person in charge and based on interactions with her during the inspection, the inspectors were satisfied that she demonstrated a good knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors saw that there was a copy of the National Standards and the Regulations were available to staff in each house along with other relevant documentation.

The person in charge is based in the centre and the inspectors noted that residents were very familiar with the person in charge and approached her with issues and to chat during the inspection. Staff who spoke to the inspectors were clear about whom to report to within the organisational line and of the management structures in the centre. They also confirmed that they had regular team meetings and received good support from the person in charge and were undertaking performance appraisals in relation to the performance of their duties and personal development.

Inspectors noted that throughout the inspection the management team demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. The senior management team were involved in an audit of the services reviewing the services against the national standards. There was also evidence of audits of medication management, residents records and accidents and incidents but it was agreed that this should be further developed. The CWCW manager had commenced regular unannounced visits to the centre to ensure effective systems are in place that support and promote the delivery of safe quality services however this was not formulated into a report with evidence of improvements to services as a result of same. There was not an annual review completed at the time of the inspection of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards. The management team said this was a work in progress and they were currently developing a template and formulating information in relation to same.

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):

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

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days and the provider was aware of the obligation to inform the chief inspector if there was to be any proposed absence. The person in charge was new to her role and the provider had notified the Authority of change to the person in charge as required by legislation.

Support and acting up arrangements were comprehensive; the CWCW manager was assigned to cover for the person in charge when she was away and was supported by the senior staff nurse in the centre.

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 centre generally has three members of staff on duty during daytime hours. During night hours, there is a waking nurse staff and a sleepover care assistant staff. There was a planned and actual staff rota. Inspectors formed the view that there was a sufficient number and skill mix to meet the assessed needs of the residents. Staff were observed to interact with residents in a respectful and dignified manner. Staff who spoke to inspectors were knowledgeable about each resident and management had made efforts to ensure there was a continuity of care for residents.

Inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres

for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available. All professional staff had up-to-date registration with the relevant professional body. Inspectors spoke with the human resources manager and were satisfied that recruitment and vetting of staff was sufficiently robust to ensure the safety of residents. There were currently no volunteers associated with the centre.

There were regular staff meetings, both for staff within the centre and for the person in charge who attended team leader meetings with other persons in charge in the employment of the provider. The minutes of the meetings were comprehensive and discussed activities, infection control, fire safety, rosters and food safety. Each member of staff had received mandatory training apart from one who did not have up-to-date manual handling training. Amongst the additional training available for staff were first aid, lifesaving techniques, safe administration of medication, infection control.

The person in charge informed inspectors that she was carrying out staff appraisals on an ongoing basis. The appraisals were used to assess performance of staff and to identify training needs. Inspectors were satisfied that staff were adequately supervised by the person in charge and by senior management who carried out regular unannounced visits to the centre.

Judgment:

Substantially 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):

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

Findings:

Inspectors were generally satisfied that records and documentation were appropriately managed and easily retrievable within the centre. However, there was some improvement required in terms of policies and the directory of residents.

The centre had a folder which contained all of the policies required by Schedule 5 of the

Regulations. Some of these policies were in draft format and some had not been reviewed within the required three year time frame. There was no policy on provision of information to residents, communication with residents or access to education, training and development.

There was a residents' guide available in the centre. Staff who spoke to inspectors demonstrated a knowledge of the policies and procedures that were in place. The centre had no formal directory of residents and staff confirmed that this had not been drawn up as yet.

Judgment:

Non Compliant - Moderate

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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)
Centre ID:	OSV-0002123
Date of Inspection:	14 July 2015
Date of response:	04 September 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:

Documentation of complaints was noted to be disjointed and not sufficiently robust.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

1. Separate Complaints folder held in Designated Centre by Team Leader (PIC) and Service Provider
2. Separate Complaints book will be introduced
3. Trevor Jacob is Complaints Officer
4. Review of Complaints Policy

Proposed Timescale: 01/12/2015

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 admissions policy made no reference of the need to protect prospective resident from abuse by their peers.

Action Required:

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

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

Review of Admissions Policy to include abuse by Peers reflecting the 'Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures'

Proposed Timescale: 02/09/2015

Theme: Effective Services

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

Contracts of care did not set out the fee to be charged for accommodation or additional charges.

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:

Review of Contract of Care to include Terms of Fees by residents

Proposed Timescale: 02/09/2015

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 no evidence of ongoing maintenance of specialist equipment

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Service/Maintenance of specialist equipment i.e. Bed Complete & will be on-going

Proposed Timescale: 02/09/2015

Theme: Effective Services

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

There were a number of issues identified with the premises that were not in compliance with Schedule 6.

1. There was a lack of communal space
2. There was a lack of private space
3. The corridors were noted to be very narrow, dark and lacked natural light.
4. There was paint noted to be off the walls and the house required redecorating

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:

- 1.Environmental Audit has been conducted
 - 2.Grant application has been submitted to National Lottery re: capital development (awaiting outcome)
 - 3.Painting contractor has been approved re: re-decorating
 - 4.Additional lighting to be installed in corridor
- Any extension or alteration to exterior of residence is dependent on Planning Permission and Funding. We cannot commit at this stage to a deadline.

Proposed Timescale: 01/12/2015

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 were a number of risks identified in the centre which included. The paving to the rear of the garden was uneven and presented a trip hazard. There was exposed broken glass in the garage to the rear of the property. The freezer unit was in a poor state of repair and unfit for the purpose of storing food.

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:

- 1.Contract for regular garden maintenance to be set up
- 2.Quotes to be sourced re: re-surfacing
- 3.Broken glass to be removed
- 4.Removal of the freezer Unit

Proposed Timescale: 01/12/2015

Theme: Effective Services

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

The person in charge did not have up to date fire training.

Action Required:

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

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

Training has been completed by staff

Proposed Timescale: 02/09/2015

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:

Not all of the information required by Schedule 1 of the Regulations was contained in the statement of purpose.

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:

1. Admission criteria
2. Privacy and dignity
3. Engagement in social activities
4. Complaints procedure

Proposed Timescale: 01/10/2015

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:

There was no annual review of the centre

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual Review will be conducted by the Service Provider

Proposed Timescale: 01/03/2016

Theme: Leadership, Governance and Management

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

Although unannounced visits were taking place, however there was no written report on the safety and quality of care and support provided in the centre and not a plan in place to address any concerns regarding the standard of care and support.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Six monthly review has been conducted and documented by the Manager

Proposed Timescale: 02/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

One member of staff did not have training in manual/patient handling.

Action Required:

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

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

Staff member has completed all manual handling training

Proposed Timescale: 02/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all of the policies required by Schedule 5 of the Regulations were available in the centre. One policy had not been reviewed in the past three years.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

1.5 x Policies waiting approval by the Board of Directors

2.1 x Policy has commenced

3.2 x Policies to commence
4. On-going Review of Company Policies

Proposed Timescale: 31/12/2015

Theme: Use of Information

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

There was no directory of residents in the centre.

Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

Register of Residents Book to be introduced immediately
A directory of Residents will be introduced

Proposed Timescale: 01/03/2016