

**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-0002604
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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:
28 October 2015 17:30	28 October 2015 20:30
29 October 2015 09:30	29 October 2015 13:00

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

Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The centre comprises of a large split level bungalow style house which provides residential accommodation and support services to five residents on the day of inspection. The residents gave their consent to the inspector to enter their home and review their documentation. The designated centre was clean but required some redecoration and upgrading. The inspector met with residents, three staff members and the person in charge. Documentation such as personal plans, medical records, policies and procedures were reviewed as part of the inspection.

The inspector found that residents were supported to achieve independence and community participation according to their wishes. There was adequate staffing levels to meet the needs of all residents living in the centre and to ensure person

centred care was carried out. Areas of non-compliance with the Regulations which included, ensuring the premises were appropriately maintained and provided a safe comfortable home to residents, a system is in place for the ongoing and annual review of the safety and quality of care provided to residents, ensuring where goals are identified by residents that a commencement date is documented and a plan is put in place to ensure regular reviews are completed and the risk register is comprehensive and up to date.

The evidence found on inspection that supported the inspector's judgments was discussed with the person in charge at the end of the inspection. The action plan at the end of the report identifies areas where improvements were 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 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:

All residents could articulate their views. Some residents had their own mobile phone and one resident had an iPad to assist and support communication with family and friends. Residents had access to radio, TV and the internet.

A hospital passport was available for residents who required same. These provided a valuable tool if residents had to attend or be admitted to the local acute hospital

Judgment:

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 links with the wider community. A copy of the minutes of the annual review meetings reviewed supported that family members were invited and some attended.

Residents participated in their community by attending local events and places of personal interest to them. All residents attended a day service programme Monday to Friday. Residents spoken with stated they were happy with the activities they attended.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

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

Findings:

Each resident's personal centred plan (PCP) contained a comprehensive assessment of their health, personal and social care needs. Information included 'things you need to know about me, how I communicate'. A person-centered approach was promoted that met the health and social care needs of residents.

Goals were set however, there was no commencement date so it was not possible to see when the goal was identified and whether any steps had been taken to progress the goal. Daily notes were maintained which detailed how residents spent their day.

There was a system of individualised assessment and care planning to meet residents' individual needs. All residents' had a key worker, who promoted and facilitated their independence, assisting and encouraging them to achieve their personal goals and increase their quality of life. Weekly meetings were held where residents chose the menu for the week and discussed attending social events and involvement in the local community activities.

Judgment:
Substantially 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:

While the centre was homely, clean, comfortable and clutter free it required upgrading, in particular to provide a safe and suitable premises for residents whose mobility is deteriorating. Areas that require attention include the provision of disabled access to the back and from exits to ensure that residents can maintain their independence and can safely access and exit the premises. There were no hand rails to aid and assist residents at exits.

The house also requires redecoration to include dampness in kitchen, carpet worn in hall, lampshade damaged in hall and the windows require review due to high levels of condensation evident in the kitchen. Also some bedroom areas require redecoration.

There were adequate shower/bathroom and toilet facilities available and all residents had their own bedroom. While there is no private area for residents to spend private time with visitors this is being addressed as a bedroom is being re-designated to a quiet room.

Residents told the inspector that they use the dining area in the kitchen cum dining room. Residents told the inspector they were happy with this arrangement however, it does not ensure privacy and if used by residents it is not available to the other residents accommodated. The person in charge informed the inspector that plans are in place to upgrade the premises.

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:

A risk management policy and risk register were in place. However, the risk register was poorly maintained. Some risks that were identified had not dates for review or if a date was set for review this had lapsed and no evidence was available that a review had occurred. For example, some risks were for review in October/November 2014 but these had not been reviewed at the time of inspection.

A health and safety statement was in place and a policy was available on the prevention and control of infection. An emergency plan was in place that specified responses for staff to adapt for certain emergencies. There was evidence available that the emergency lighting was checked regularly.

A system was in place to manage adverse events. An accident/incident report was completed for all incidents and these were reported to the Person in Charge.

An overall environmental audit of risks had not been completed to take into consideration any risks posed to residents using the centre, for example, overall fire safety, the steps on exit, stairs from the lower floor, exit doors from the bedsits down stairs, residents using the kettle, toaster or microwave.

Systems were in place on the prevention and management of fire. Fire fighting equipment was provided. Records were available to confirm that fire equipment including fire extinguishers, the fire alarm and emergency lighting was serviced regularly. Fire exits were noted to be unobstructed. Personal evacuation plans (PEEP's) were available for each resident. These detailed actions to be taken should evacuation be necessary. All staff had completed fire safety and evacuation training and staff spoken with were able to tell the inspector what they would do if a fire occurred and how they would evacuate residents. Staff were confident they would be able to evacuate residents safely if the need arose.

The inspector also spoke with residents and found they were clear that they would immediately evacuate night or day if they heard to fire alarm sound. There were two sleep over staff, one slept on each floor.

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 inspector found there were systems in place to protect residents from the risk of abuse. Staff spoken with were knowledgeable with regard to what constituted abuse and stated they would report any suspicion or allegation of abuse immediately to senior staff on duty. All staff had received training in safeguarding vulnerable adults. Residents were supported with managing their finances. All residents had a personal bank account. Personal ledgers were maintained and receipts were available for all monies spent.

Residents' with behaviours that challenge were accommodated in the centre. Staff described good access to specialist staff and confirmed they had been trained in dealing with challenging behaviour. A behaviour support plan was in place however, no ABC (assessment) chart was being maintained even though this was a recommendation from the behaviour therapist. Consequently there was no information available to be analysed by the multi disciplinary team to inform review of the behaviour support plan.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The Inspector was satisfied that residents' health care needs were met. Residents had access to all allied health professional support on review by their general practitioner. Support for residents to access community health services and hospital appointments as/when required were provided by staff.

The Inspector was satisfied that residents' nutritional needs were met. Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted. Staff assisted by residents cooked residents' their meals. Snacks and drinks were freely available.

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:

All medications were administered by a care worker. Each resident's medication was supplied in a blister pack. These were stored securely. No resident was self-administering their medication at the time of this inspection.

A medication management policy was in place but this was not centre specific and did not detail local procedures in place for the administration of medication or arrangements for storing or obtaining medication for residents.

The inspector reviewed the prescriptions and medication administration records and found that they were clearly written with a signature of the prescribing doctor for all medication administered and a date and signature for any medication discontinued. The maximum dose prescribed for as required (PRN) medications was stated on the medication charts.

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 provider was aware of her responsibility to ensure a bi-annual unannounced visit together with a written report on the safety and quality of care and support provided in the centre was completed. This had not occurred to date.

There was poor evidence available that a comprehensive system was in place to review the quality and safety of care provided to residents.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced clinical nurse manager with authority, accountability and responsibility for the provision of the service. She was involved in the governance, operational management and administration of the centre.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there was an appropriate number of staff in the designated centre. There was two staff on duty at all times. Additional hours were also allocated for person centred care for residents. A rota was available detailing staff on duty. The inspector noted that there were regularly two agency staff on duty working together and two permanent staff on duty working together. In order to ensure consistency in care for residents, where possible, a permanent staff member should be allocated to each shift. Where staff were on annual leave or absent regular locum staff replaced them.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
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-0002604
Date of Inspection:	28 and 29 October 2015
Date of response:	27 January 2016

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 05: Social Care Needs

Theme: Effective Services

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

Goals were set however, there was no commencement date so it was not possible to see when the goal was identified and whether any steps had been taken to progress the goal.

1. Action Required:

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

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

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

New goal tracking sheets have been added to the care plan file which indicate commencement dates and allow for easy tracking of progress on identified goals

Proposed Timescale: 27/01/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

While the centre was homely, clean, comfortable and clutter free it required upgrading, in particular to provide a safe and suitable premises for residents whose mobility is deteriorating.

2. 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:

The overall layout of the house will be reviewed to take into account those Service Users whose mobility is in decline to best suit their future needs. This will be in consultation with occupational therapist, Service Users and the wider multidisciplinary team.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The house requires redecoration/repair to include dampness evident in kitchen, carpet worn in hall, lampshade damaged in hall and the windows require review due to high levels of condensation evident in the kitchen. Also some bedroom areas require redecoration.

3. 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:

New flooring is now in place .A request has been made to maintenance to arrange a schedule to paint and decorate the premises and replace those windows which are ineffective. Lampshade has been replaced.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The provision of disabled access to the back and from exits is required to ensure that residents can maintain their independence and can safely access and exit the premises.

There were no hand rails to aid and assist residents at exits.

4. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Technical supports have been asked to assess the building to determine the best approach to alter the exits to make them safer for the use of the Service Users. Occupational therapy will be asked to identify where to place the handrails

Proposed Timescale: 31/05/2016

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:

An overall environmental audit of risks had not been completed to take into consideration any risks posed to residents using the centre, for example, overall fire safety, the steps on exit, stairs from the lower floor, exit doors from the bedsits down stairs, residents using the kettle, toaster or microwave.

5. Action Required:

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

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

An environmental audit will be carried out and will take into account the safe accessibility of the community group home for all the Service Users who live there. This

will include overall fire safety, the steps on exit, stairs from the lower floor, and exit doors from the bedsits down stairs, residents using the kettle, toaster or microwave.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

The risk register was poorly maintained. Some risks that were identified had not dates for review or if a date was set for review this had lapsed and no evidence was available that a review had occurred. Some risks were for review in October/November 2014 but these had not been reviewed at the time of inspection.

6. 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:

The risk register will be reviewed and all risks identified and documented.

Proposed Timescale: 28/02/2016

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:

No ABC (assessment) chart was being maintained, even though this was a recommendation from the behaviour therapist.

7. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

In consultation with the behavioural therapist and with a review of the behavioural support plan the ABC chart will be used if there is a change in the behaviour of the Service User involved.

Proposed Timescale: 21/10/2016

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:

A medication management policy was in place but this was not centre specific and did not detail local procedures in place for storing or obtaining medication for residents.

8. Action Required:

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

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

A medication management policy is currently under review with the PPPG group and will take into account, ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Proposed Timescale: 30/03/2016

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 poor evidence available that a comprehensive system was in place to review the quality and safety of care provided to residents.

9. 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:

A time table is being devised by PICs from different areas of the HSE to allow for a comprehensive audit of all Community Group homes this time table will be accompanied by the relevant audit tools.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

A bi-annual unannounced visit together with a written report on the safety and quality of care and support provided in the centre was had not occurred to date.

10. 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:

An unannounced visit will by the PIC will commence using the Quality and safety Walk-round audit tool.

Proposed Timescale: 28/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

In order to ensure consistency in care for residents, where possible, a permanent staff member should be allocated to each shift.

11. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

All staff including agency are very familiar with the Service Users. Agency staff used are regular and only used to cover sick/annual leave

Proposed Timescale:
Immediate

Proposed Timescale:

