

**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-0003365
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:	3
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 1 day(s).

The inspection took place over the following dates and times

From: 02 July 2015 14:00 To: 02 July 2015 20:00

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

Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection relates to one of the centres ran as part of Sligo Group Homes. The provider is the Health Service Executive (HSE) hereafter referred to the as the provider.

The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (referred to as the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (referred to as the Standards).

This was the first inspection of the centre. Eleven outcomes were inspected against and the centre was found to be in compliance with five of the outcomes, substantially compliant with three outcomes and moderately non compliant with three outcomes.

The centre is home to three semi independent residents. The Person in Charge and the persons participating in the management of the centre and staff from a centre next door provide an on call support service to the three residents however the

residents expressed the view that they were not clear what supports were available to them and when these supports were available.

The inspector met with two of the residents. The inspector discussed the service provided with residents and the person in charge and reviewed documentation such as personal plans, fire records, policies and medication records. Residents told the inspector that they enjoyed living on their own and felt safe in their home but wanted more assistance from staff with regard to preparing and assessing independent living. They stated that the main issues of concern to them was that they were not in employment and therefore not receiving a salary and had difficulties living the life they wished to live on their current finances. Two residents wished to remain living together and the other resident wished to live on their own.

The inspector found that improvements were required to ensure that residents were aware of the supports available to them, where behaviour support plans were developed that these were implemented, that supports were in place to assist residents realize their goals and that goals were regularly reviewed and on-going implementation was recorded.

The evidence found on inspection that supported the inspector's judgments was discussed with the person in charge. 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:

There was a policy on communication in place. All residents could independently communicate freely. All residents could independently use their own mobile phone and had built up links in the local community.

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:

An admissions policy was available. The person in charge informed the inspector that as these residents are preparing to move into independent living there will be no further admissions to this centre.

Each resident had a contract of care in place outlining the service to be provided and the finances in regard to same. All service users were charged the same weekly living allowance. Residents displayed good knowledge of their responsibility under the contract and were clear with regard to their financial responsibility.

Residents stated that budgeting was an area that they found difficult but confirmed that this was an area that they had received training in.

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:

The inspector reviewed the personal plans of the residents who were available in the centre. These plans included information relating to residents' health care needs, independent living skills and goals identified. Improvements were required to ensure that each personal plan outlined the supports required to maximise the resident's personal development in accordance with their wishes.

While goals were set it was difficult to elicit the commencement date and what progress had been made with relation to the goal. Residents confirmed their involvement in the development of their support plans but were unsure as to what was the next steps with regard to realising their goals.

Residents had a key worker however, it was not clear from the records available how often meetings occurred between the key worker and the resident. There was no structured plan in place as to what support the key worker provided. As detailed under Outcome 8, this has been reviewed and a documented staff support plan is now in place. Both residents maintained independent lifestyles and had access to an independent advocate and a named social worker. Residents told the inspector they were reassured knowing they could contact staff in the adjoining house out of hours.

The person in charge stated that all residents had been assessed as suitable for independent living. They were independent with regard to cooking and shopping. Residents were in the process of cooking their dinner when the inspector arrived.

Residents while having had supported employment in the past were not working at the time of inspection. They had completed various training courses in order to develop their skills to assist with employment and to develop skills for independent living.

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 was in place which complied with current legislation. Risk assessments were completed but had not been reviewed in line with the date identified for review. There was a health and safety statement for the centre but this had not been reviewed in the last year.

Residents knew the procedure to follow in the event of a fire, they had practiced fire drills and records reviewed showed they had attended fire safety training. There was an emergency plan in place; residents spoken with were clear on the course of action to take if there was an emergency situation in the house.

Judgment:

Substantially Compliant

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:

Procedures were in place to safeguard residents and protect them from abuse. A policy on safeguarding vulnerable persons was available to guide staff. Staff who gave support to residents had been trained in safeguarding.

There have been two notifications of alleged abuse from this centre to date. One related to a historical allegation. This had been reported and investigated by the management team in conjunction with the adult protection case worker. The second notification was under investigation at the time of this inspection. The multi disciplinary team has met and investigated this allegation. New processes to protect residents including the following have been enacted.

An independent advocate was available to each resident and all residents had regular meetings with their advocate. All residents had been allocated a social worker who had meet with each individual resident. A formal staff support structure had been put in place for each resident. This included a weekly meeting with their key worker.

The person in charge informed the inspector that each resident had been informed of the support structures available to them to ensure they had a safe place to discuss any issues of concern. The contact details for the social workers, the independent advocate and centre staff was available on the notice board in the house and had been entered in the residents mobile phones contact list. Residents met with by the inspector confirmed that they were happy living together and felt safe in the centre.

Residents' accessed the house independently and each resident had their own front door key. Residents' described how they secured the doors and would not give access to any person unless they had "invited them to their home or knew them well". Residents' were independent with their hygiene needs; therefore intimate care plans were not required.

A behaviour support plan was in place however, the reactive strategy documented by the behaviour therapist stated 'if verbally aggressive was displayed on returning back to the house after socialising, staff should adopt a low arousal approach and not engage in any interaction. However, this house did not have staff on duty therefore the reactive strategy documented was not realistic. The Person in Charge assured the inspector that she would have this behaviour support plan reviewed by the behaviour therapist.

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:

Appropriate notifications have been received from this centre.

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:

All meals were prepared, cooked and served by the residents' themselves and they described how they took turns with cooking.

Residents showed the inspector the stock of food they had in the fridge, which they purchased independently. Residents availed of all HSE services according to their need. Each resident was registered with a local General Practitioner (GP) and all were in good health at the time of inspection.

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:

Residents were independent with regard to their medication. One resident was administering their own medication at the time of this inspection. Appropriate risk assessments and a checking procedure was in place.

The other residents were not prescribed any medication. An organisational medication policy was available however, this was not centre specific. An action with regard to policy review is detailed under outcome18.

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. While the person in charge informed the inspector that an unannounced visit by persons nominated by the provider had occurred in the centre, no report was available of these visits.

There was a clearly defined management structure. The key workers who worked with the residents reported to the person in charge, who in turn reported to the provider nominee.

The person in charge was employed full-time as the Services Manager to manage nine houses, the day service and the resource centre. She qualified as a registered nurse – Intellectual Disability (RNID) in 1985 and had always worked in disability services post qualification. She worked as a staff nurse for 14 years prior to taking up the post of Clinical Nurse Manager .

The person in charge was supported by two experienced nurses who worked across the residential services. Weekly meetings were held between the Person in Charge and these two nurses to discuss day to day management 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 staffing arrangements with regard to supporting residents to achieve their goals has been reviewed and is documented under Outcome 8. This centre accommodates three residents in semi-independent living. No staff roster is required; however there is a plan in place for key workers to meet with residents weekly. Key workers involved with residents all are qualified nurses and have the required mandatory training in safeguarding and fire safety.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector found that there were systems in place to maintain records as outlined in Schedule 3 and 4 of the Regulations. Records were paper based and were securely maintained and easily accessible.

Written operational policies were in place to inform practice and provide guidance to staff, but some of these required review as they had not been reviewed in over three years. An organisational medication policy was available however, this was not centre specific.

A directory of residents entitled 'Service Users Directory' was maintained in the centre.

A record of service users' assessment of needs and a copy of their personal plan was available but this required review as detailed under Outcome 5.

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-0003365
Date of Inspection:	02 July 2015
Date of response:	05 October 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 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 failed to outline the supports required to maximise the resident's personal development in accordance with their wishes.

While goals were set it was difficult to elicit the commencement date and what progress had been made with relation to the goal.

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

It was not clear from the records available how often meetings occurred between the key worker and residents'.

1. Action Required:

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

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

- Personal goals are currently being reviewed and will be clearly written with initial and review date.
- Personal goals will be developmental and will include the aspirations of each individual.
- Each resident has a named key worker responsible for ensuring that the goals are specific/ measurable/ achievable/ relevant and time framed.
- The key worker will meet with the residents on a weekly basis.

Person responsible : PIC

Proposed Timescale: 30/10/2015

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:

Risk assessments were completed but had not been reviewed in line with the date identified for review.

The health and safety statement for the centre not been reviewed in the last year.

2. 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 health and safety statement will be reviewed by the 30th of September 2015
- risk assessments will be reviewed in line with review dates. Meetings will take place during the month of October

Person Responsible: PIC

Proposed Timescale: 30/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The reactive strategy documented by the behaviour therapist required review to ensure it could be implemented.

3. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

- Behavioural support plan has been reviewed by the behavioural therapist.

Person responsible: PIC

Proposed Timescale: 05/10/2015

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:

No report was available of unannounced visits by persons nominated by the provider that had occurred in the centre.

4. 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:

- Unannounced visits are planned to be carried out on a bi-annual basis by a provider representative and a written report on the safety and quality of care will be provided

Person Responsible: PIC

Proposed Timescale: 31/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies required review as some had not been reviewed in over three years.

5. 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:

- All policies will be reviewed and updated

Person responsible: PIC

Proposed Timescale: 31/12/2015