

**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-0003373
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Fiona Monahan
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 February 2016 10:30 To: 03 February 2016 16:00

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

Outcome 05: Social Care Needs
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 17: Workforce

Summary of findings from this inspection

This was an announced inspection and was to monitor the level of compliance with regulations. The centre was part of the Health Services Executive (HSE), was currently supporting five residents and comprised of a six bedroom community based house in County Meath.

Evidence of good practice was found across all outcomes. Some improvements were required with regard to social care needs and the statement of purpose for the centre.

The inspection took place over one day and as part of the inspection process, practices were observed and relevant documentation reviewed such as care plans, health care records and policies and procedures. Inspectors also met with and spoke to residents and staff.

The person in charge, staff nurse and staff members demonstrated their knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout

the inspection process.

Over the course of the day inspectors found the person in charge and staff to be courteous, supportive and helpful with the inspection process. Inspectors found that residents received a good quality of service. Staff were also supportive in assisting residents in making decisions and choices about their lives. The centre had a warm and welcoming atmosphere and residents were comfortable in speaking to inspectors about their home.

Of the eight outcomes assessed six were found to be compliant, including health, safety and risk management, safeguarding, healthcare needs, governance and management, workforce and medication management. The statement of purpose was substantially compliant while social care needs were found to have had moderate non compliances.

These matters are discussed in more detail and in the action plan at the end of the report.

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

Outcome 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:

Overall evidence of good practice was found with regard to meeting the residents social care needs. However, it was observed that some goals as identified by residents in person centred plans were not being addressed, actioned or reviewed in a timely manner.

Each resident was assigned a key worker and scheduled monthly meetings were facilitated. Daily records were maintained of the how residents spent their day. From a sample of records viewed, it was observed that residents engaged in activities such as computer lessons, social storytelling and attended a range of day services where other social and learning activities were facilitated. Residents were also supported to use amenities in their community such as local shops, restaurants, hotels, pubs, parks and hairdressers.

The inspectors saw that the personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives. It was also observed that there was input into personal and social plans by family members and a multi-disciplinary team where required.

However, some person centred plans were not being reviewed adequately in order to assess their effectiveness. For example, some goals as identified by some residents in their plans were not being adequately addressed, reviewed or actioned. One resident, as part of their person centred plan had identified that they would like a specific television package installed in their bedroom and to go on a foreign holiday. From speaking with staff members inspectors were made aware that the resident in question would need a lot of support with going on a holiday abroad.

While these goals were identified and recorded in September 2015 they had not been reviewed to date. There were actions or timeframes recorded to support the implementation and achievement of these goals. Inspectors also observed that there was no input from any allied health care professionals with regard to addressing the challenges and supports needed for the resident to go abroad.

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 were satisfied that the health and safety of residents, visitors and staff was being promoted and that suitable arrangements were in place to for the management of risk in the centre.

There was a Health and Safety Statement in place which had been updated in July 2015. The risk management policy viewed by inspectors provided guidance to staff on the identification and management of risk. The risk register demonstrated that where a risk was being identified in the centre, actions were taken to mitigate that risk. For example, a risk assessment had been carried out with regard to temperature of the water throughout the centre in 2015. Inspectors observed that any issues identified from that assessment had been addressed.

Inspectors also observed that records of accidents and incidents was kept in the centre. The system in place allowed for the identification and monitoring of trends. All

accidents/incidents were recorded in detail and corrective action was taken where and when required.

All staff had attended fire safety training in November 2015. It was also observed that further site specific training was scheduled to take place in February 2016. The fire alarm had been serviced in October 2015 and fire fighting equipment was checked in September 2015. Records also informed inspectors that quarterly checks were carried out on the emergency lighting system in the centre.

Fire drills were carried out monthly, and it was observed that one had been carried out in January 2016. However, it was noted that there were difficulties with the evacuation of one resident. The resident in question did not want to leave the house. On observing the resident's personal evacuation emergency plan inspectors noted that it had not been updated to take into account this issue. The staff nurse ensured inspectors that she was in the process of reviewing and updating the documentation.

Inspectors observed that the vehicle used by the centre was roadworthy, suitably equipped and checked regularly.

It was also observed that the centre had adequate warm water and hand sanitizing gels throughout the centre.

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:

The inspector was satisfied that measures were in place to protect residents being harmed or experiencing abuse in the centre,

There was a policy in place on the prevention, detection and response to abuse and all staff were to receive training in safe guarding of vulnerable adults in February 2016. From a sample of files viewed, it was also observed that intimate personal care plans informed staff on how best to support residents while at the same time maintaining their dignity and respect.

Staff spoken with by inspectors knew what constituted abuse and what actions to take in the event of an allegation or disclosure of abuse, including who to report it to. Residents spoken with also said they felt safe in the centre and that they could talk to any staff member or the person in charge at any time if they had any concerns.

A restraint-free environment was promoted. There was a policy in place for the provision of behavioural support and for the use of restrictive procedures and all staff received training in the management of challenging behaviour in 2015. However, the person in charge informed inspectors that there were no restrictive practices in use in the centre and there were no issues with regard to challenging behaviour.

There centre had a policy on residents' personal property, personal finances and possessions. From a sample of files viewed inspectors observed that personal property including residents' monies were kept safe through robust practices including regular audit by the person in charge and record keeping. For example, records showed that two staff would sign off on all financial transactions involving residents' monies and bank statements and balances were checked routinely by the person in charge and documented.

Evidence of good practice with regard to supporting residents with financial matters was also observed on the day of inspection. For example, the person in charge had made contact with an external advocacy service to work with and support residents with any issues concerning their financial matters. On the day of inspection the inspectors observed an independent advocate visiting the centre and working to support a resident with a financial decision making matter.

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:

The inspectors was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspectors was satisfied that residents had access to a general practitioner (GP) and to a range of allied health care professionals such as dentist, physiotherapists, speech and language therapists and occupational therapists. A full health assessment was also completed for each resident annually or sooner if required. From a sample of records viewed inspectors noted that one resident had a range of complex medical issues which required regular input from a range of specialists. However, it was observed that staff were diligent in ensuring that the resident had regular check-ups, all hospital appointments were facilitated and any recommendations prescribed for the resident were implemented.

Residents' nutritional needs were being met to an acceptable standard and weights were being recorded on a monthly basis. Residents chose their own weekly menu and these were displayed, with photographs on the fridge in the kitchen. Staff spoken with by inspectors also discussed how healthy eating options were encouraged and residents were actively involved in planning their menus. Residents were also involved in shopping and cooking in the centre.

Inspectors observed that mealtimes were a relaxed time for residents and staff were observed sitting with residents having tea and chatting over the course of the 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:

The inspectors found that the medication management policies and procedures were satisfactory and safe.

The inspectors reviewed the medication policy and standard operating procedures which were comprehensive and gave clear guidance to staff on areas such as medication administration, disposal of medications and medication errors. It was observed that the medication administration and prescription sheets contained all the information as required by regulations. Systems for reviewing all stock of medications were regularly checked, documented and audited by the person in charge. Medications were appropriately stored and temperature of the medication fridge was regularly monitored. No residents were prescribed any controlled medications which required additional controls at the time of inspection. However, the staff nurse described safe practices and systems for handling these medications in the event that they were required.

Routine audits were also undertaken by the person in charge to ensure compliance with the centre's policy and all required documentation from these audits was adequately completed. Corrective action was taken where appropriate. For example, a recent audit indicated that not all residents' medication documents included information on known allergies or reactions. The inspector saw that this information had been updated after the audit.

The centre had a robust system in place to manage medication errors. For example, a drug error was recorded in October 2015. The error was an omission to administer one resident's medication. This was clearly documented with specific actions on how to ensure such an error would not reoccur. The actions involved additional staff training and the administration of medications were now to be checked off by two staff members as opposed to one. The training records showed that all staff had up-to-date training in safe medication administration at the time of 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:

Inspectors reviewed the Statement of Purpose in the designated centre and found that it required review and updating to include some of the new developments and arrangements in place in the centre.

For example, the staffing arrangements had changed since the Statement of Purpose had been submitted to the Authority, as had the number of vacancies that the centre was originally applying for. It was also observed that some sections lacked sufficient detail with regard to the description of the overall service offered to residents.

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 inspectors were satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

An effective auditing system had been introduced within the new centre. Arrangements were in place to review the safety and quality of care and support provided in the centre. From a sample of files viewed it was evident that the actions arising out of these audits were being implemented. For example, the audit identified the need for more regular fire drills to be carried out in the centre and the need for external advocacy support. The inspectors observed that both of these issues had been addressed and put into practice.

Plans were also in place to ensure that the annual review of the quality and safety of care was carried out as required by the Regulations. It was also observed that these reviews have impacted at ground level. For example, the review identified the need for

staff to record minutes and actions arising from weekly meetings held with residents. Inspectors observed that since the review staff had commenced with the recording of the minutes.

In addition residents' feedback on satisfaction with the centre was completed regularly and any required actions were completed. For example, some residents had complained about the size and layout of the sitting room and kitchen. This was addressed and the house was refurbished in September 2015 to address this.

The inspectors was satisfied that 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 person in charge with authority, accountability and responsibility for the provision of the service. He was knowledgeable about the requirements of the Regulations and Standards.

Since commencing in his role in September 2015 he had gotten to know the residents well and had implemented a number of improvements in the centre. For example, he had put in place better medication management systems and he had introduced a system of formal staff supervision. He was supported in his role by a staff nurse and an assistant director of nursing. There were adequate on call systems in place to support staff working 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:

From the information available at inspection, the inspectors were satisfied that there was appropriate staff in place to meet the needs of the residents.

The inspectors reviewed a sample of staff files and saw that they met the requirements of the Regulations. Inspectors reviewed a sample of actual and planned rosters and were satisfied the level and skill mix was sufficient in meeting the assessed needs of the

residents. Staff were supervised on an appropriate basis and recruited, selected and vetted in accordance with best recruitment practice.

A training plan was in place for the centre and records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as safe administration of medication, first aid, nutrition and the management of behaviour that challenges. As identified earlier in this report, training was also scheduled for safeguarding of vulnerable adults in February 2016

There were no plans in place at present for volunteers in the centre. Should that change, the person in charge was aware of the requirements of the Regulations in this regard.

Staff meetings were held regularly in the centre to review and discuss any issues arising and/or progress being made. For example, at the last staff meeting the person in charge reviewed and discussed the importance of role of the key worker in the centre. Other items on the agenda included the importance of hand hygiene and a review of current staff training needs.

Judgment:
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:

Raymond Lynch
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-0003373
Date of Inspection:	03 February 2016
Date of response:	11 March 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:

Challenges were identified with supporting a resident in achieving a specific goal as part of their person centred plan. There was no evidence of multi disciplinary input in supporting staff to address these challenges

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) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

A schedule of PCP meetings has been agreed with all residents and invitations circulated with annual schedule throughout the service to support and enable mdt attendance at PCP meetings as per residents preferences

Proposed Timescale: September 2016

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Some goals as identified in person centred plans were not being reviewed in a timely manner in order to assess their effectiveness.

2. Action Required:

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

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

All Residents are supported to review their respective goals to ensure they are meaningful, realistic, measurable and achievable and within an agreed timeframe. The person in charge accepts the findings of the inspector and has and will ensure the progress of achieving goals will be monitored on a regular basis in liaison with mdt staff as appropriate.

Proposed Timescale: Completed

Proposed Timescale: 11/03/2016

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:

There were issues identified with the evacuation of one resident during a fire drill. The resident's personal emergency evacuation plan was not reviewed or updated to take this into account.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All Personal Evacuation Plans have been reviewed and updated to reflect any matters arising during fire drill.

Since the monitoring inspection records show that the resident cooperated successfully in a drill held on the 21st February 2016

A recording template has been implemented by the PIC to record specific information during drills, including date, time of drill, No. of Residents and Staff involved in drill, the length of time to evacuate, any difficulties or concerns noted during drill and an action plan section to address any challenges or concerns raised.

(The Health & Safety Department have plans to include a recording section for drills in the standardised fire safety register.)

Proposed Timescale: Completed

Proposed Timescale: 11/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose had not been reviewed or updated to take into account new developments and arrangements in the centre.

4. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Statement of Purpose has been reviewed and is currently under further review. The HSE Meath Disability Services accepts the findings of the inspector and is reviewing all SOPs accordingly

Proposed Timescale: 30/05/2016

