

**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-0004656
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:	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 1 day(s).

The inspection took place over the following dates and times

From: 22 October 2015 17:30 To: 22 October 2015 21:30

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

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
Outcome 18: Records and documentation

Summary of findings from this inspection

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. This is a recently registered centre and was the first inspection as an occupied centre.

The centre comprises of a five bed roomed bungalow with residential accommodation and support services being provided to four residents. The inspection took place in the evening and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs and policies and procedures. The inspector met with residents, the staff member on duty and the person in charge. The residents gave their consent to the inspector to enter their home and review their documentation.

The designated centre was clean, well maintained, nicely furnished and provided a homely environment to the residents. Residents expressed great delight at moving to their new house and enthusiastically showed the inspector their bedrooms and around the house. They told the inspector that "we love it here, It is a lovely house, it is much better than our other house". They told the inspector that they were "fully

involved in choosing the furniture” and “in deciding the general décor of the house”. They described a good quality of life.

Areas of non-compliance included ensuring where goals were identified by residents that a commencement date was documented and a plan was put in place to ensure regular reviews were carried out. Also an annual review of the safety and quality of care and support provided to residents which provides for consultation with residents and their representatives is completed.

The action plan at the end of the report identifies areas where improvements are required 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 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):

No actions were required from the previous inspection.

Findings:

Each resident had a written personal plan, which detailed their individual needs and choices. These assessments reflected the residents interests and preferences and outlined how staff could assist the resident to maximise their individual opportunities to participate in meaningful activities.

The inspector noted that each resident was involved in an assessment to identify their individual needs and choices. These plans included information relating to residents' health care needs, communication needs and goals identified. While goals were set 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.

Residents told the inspector that their goals were realized and were complimentary of the staff's assistance to achieve these goals. Residents described to the inspector how many of their goals were on-going for example social activities, spending time with their families and increasing their independence. Some goals had not been reviewed even though they had been completed for example – to move into new house. Person centred plans were reviewed annually and there was evidence of multi-disciplinary and family input.

Weekly meeting were held where residents chose what activities they wished to partake in over the weekend and the menu for the coming week. Daily records were maintained outlining how residents spent their day, all residents attended a day service programme.

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and meet residents' individual and collective needs in a comfortable and homely way. The house was clean, well decorated and well maintained. All residents had their own bedroom which was personalised and well furnished and a bedroom was available for staff to sleep over. There were adequate shower/bathroom and toilet facilities in the house. A sitting room, kitchen cum dining room and a resource room was available which could also be used as a private area for residents to spend private time with visitors.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted. Fire exits were highlighted with emergency lighting exit signs and directional signage. Records were available to confirm that fire equipment including fire extinguishers, the fire blanket and the fire alarm had all been tested within the required time frame.

All staff had completed fire training and the staff member on duty described the

procedure she would follow in the event of a fire. Monthly fire drills were completed. While all residents could mobilise independently, one resident required assistance from staff to safely evacuate.

Each resident had an individual personal emergency evacuation plan in place however, these required review to ensure they reflected clear guidelines as to how the evacuate the resident swiftly and what equipment if any was required.

There was a positive attitude to risk management in the centre. A risk management policy was in place. Some risk assessments were in place but an overall environmental risk assessment was not in place. Additionally the risk register was not up to date as it mentioned "assessment re the use of stairs and this was a bungalow". There were no accidents and incidents to date in the centre. A health and safety statement and an emergency plan were available. Alternative safe accommodation for residents was available should evacuation be required.

Infection control policies were available and staff were aware of the contact details of the Public Health Department.

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):

No actions were required from the previous inspection.

Findings:

The national HSE policy on safeguarding was available. All staff had been trained in safeguarding vulnerable adults. Residents told the inspector they were safe and secure in their home. They had access to an enclosed rear garden. Staff spoken with displayed a good knowledge of abuse and knew the procedure to follow if they witnessed any alleged abuse. Staff voiced a clear view that the welfare of the resident was paramount. Communication between residents and staff was respectful. Staff confirmed that there was always a manager on call who they could access.

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):

No actions were required from the previous inspection.

Findings:

Staff supported residents to access community health services as/when required. A staff member was available to accompany residents to medical appointments. Some residents were accompanied by a family member according to the individual/family's wishes. There was evidence available of medical review in files reviewed. An out of hour's service was also available. Health promotion initiatives were also in place, for example breast check, bowel surveillance.

Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required. Staff reported that all residents were healthy at the time of inspection. The inspector spoke with all residents with regard to their diet. Residents received their main meal in the evenings on return to the centre. This meal was mainly cooked by staff. Residents assisted staff with the preparation of their meals at the weekend.

Residents confirmed they enjoyed the food and were happy with the quality of the food. Residents supported by staff completed the weekly grocery shop and told the inspector that they were given the opportunity to make their views known and have them taken into account about what food they liked and wanted.

Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted. Residents told the inspector that they often enjoyed Sunday lunch in local restaurants as part of a social outing. Snacks and drinks were freely available. There were no restrictions on access to the kitchen

Judgment:

Compliant

Outcome 12. Medication Management*Each resident is protected by the designated centres policies and procedures for medication management.*

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: 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, this is actioned under outcome 18.</p> <p>All medications were administered by a care worker but no care staff had completed safe medication management training or completed any practical competency assessments with regard to medication administration. However, a two day safe administration of medication training was scheduled and all care staff was going to attend.</p> <p>Each resident's medication was supplied in a blister pack and stored securely. No resident was self-administering their medication at the time of this inspection.</p> <p>The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice with a signature of the prescribing doctor for all medication administered and the maximum dose prescribed for as required (PRN) medications was stated on the medication charts.</p>
<p>Judgment: Substantially Compliant</p>

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.

<p>Theme: Leadership, Governance and Management</p>
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<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>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</p>
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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:

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):

No actions were required from the previous inspection.

Findings:

An experienced care assistant was on duty at the time of inspection. She had worked in the centre for many years and displayed a positive attitude towards respecting the residents and ensuring that they were consulted about the service and the service was tailored to meet their needs.

Residents' informed the inspector that their needs were met and staff treated them well. They stated "she's an angel, she helps me lots, she is great". The inspector reviewed the staffing roster and found that a staff member was on duty each evening from 16:00rs until midnight, with a sleep over until 08:00 and waking duty until 09:30hrs. The inspector observed that staff members knew residents well and there was a relaxed and comfortable environment in the house.

The Person in Charge dropped into the centre on an ad hoc basis to see staff and residents. Two experienced nurses worked across the services to provide advice and support to staff. Staff had up-to-date mandatory training and access to education and training to meet the needs of residents.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place.

Records were paper based and were securely maintained and easily accessible. Written operational policies were in place however, these required review as they were not localised and failed to guide and inform staff in the delivery of safe care. A record of residents' assessment of needs and a copy of their personal plan was available.

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

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-0004656
Date of Inspection:	22 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

While goals were set 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 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Goals are now updated on colour coded sheets (yellow long term, blue medium term and white short term). All goals have commencement dates and will clearly show when the goal has been completed.

Proposed Timescale: In place as of November 2015

Proposed Timescale: 01/11/2015

Theme: Effective Services

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

Some goals had not been reviewed even though they had been completed, for example, to move into new house.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

Annual reviews have taken place and previously identified goals have been closed off. New goals are now in place and their progress easily tracked with relevant goal sheets.

Proposed Timescale: In place as of November 2015

Proposed Timescale: 01/11/2015

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:

The risk register was not up to date as it mentioned "assessment re the use of stairs" and this centre was a bungalow.

3. 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:

The risk register has been updated for the new premises. All risks have been identified

and management of same outlined.

Proposed Timescale: 01/11/2015

Theme: Effective Services

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

Each resident had an individual personal emergency evacuation plan in place however, these required review to ensure they reflected clear guidelines as to how the evacuate the resident swiftly and what equipment if any was required.

4. 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:

New peeps forms are now in use which are easier to input. They clearly outline evacuation times aids and any impediments that need to be addressed. These forms have only recently been accessed and are now in the process of implementation.

Proposed Timescale: 28/02/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Written operational policies were in place however, these required review as they were not localised and failed to guide and inform staff in the delivery of safe care.

5. 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:

All policies are under review and will be adopted/localised to guide staff in the delivery of safe care

Proposed Timescale: 30/04/2016

