

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Clochan House
Centre ID:	OSV-0001930
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Offaly Centre for Independent Living (Offaly CIL)
Provider Nominee:	Mary Grogan
Lead inspector:	Lorraine Egan
Support inspector(s):	Michelle McDonnell
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 July 2016 10:00	05 July 2016 20:30
06 July 2016 10:00	06 July 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

The centre had previously been inspected on two occasions. The first inspection of the centre was carried out in May 2014. Inspectors inspected 15 areas (hereafter referred to as outcomes) and all outcomes inspected were judged as major non-compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter referred to as the regulations). The second inspection was carried out in September 2014 and inspectors judged seven outcomes as moderate non-compliant and eight outcomes as major non-compliant with the regulations.

Inspectors met with the provider on September 25, 2014 to outline HIQA's significant concerns that the provider had failed to ensure the centre was operated in compliance with the regulations, had failed to address all identified non-compliances and had failed to provide an appropriate and safe service for respite users in line with their assessed needs. Following this meeting the provider notified HIQA of their intention to cease admitting respite users to the centre until such time as a person in charge was appointed to address the identified failings and implement appropriate systems. The centre ceased admitting respite users in October 2014.

In May 2015 HIQA was notified of the appointment of a new person in charge of the centre. Other changes which the provider stated were being addressed included the refurbishment of the physical premises, the recruitment, induction and training of a staff team and the formulation and implementation of policies and procedures.

In July 2015 HIQA was informed of the provider's intention to commence readmitting respite users to the centre. HIQA informed the provider of the intention to visit the centre and meet with management prior to the centre reopening. On November 23 2015 an inspector visited the centre and met with the newly appointed person in charge and the clinical nurse manager.

The inspector reviewed documentation, discussed policies and procedures with the person in charge and the clinical nurse manager, and viewed the centre. The inspector determined that if changes were made as outlined on that date the provider would meet the centre's purpose and function and the requirements of the regulations and standards. On May 30 2016 the centre commenced readmitting respite users to the centre.

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, inspectors met with the four respite users who were staying in the centre at the time of the inspection. Respite users told inspectors they felt safe in the centre, could make a complaint if they wished and that their needs and wishes were supported and respected when staying in the centre. In addition, respite users were complimentary of the staff and management, spoke positively of the independence staying in the centre afforded them and outlined the improvement in the centre since it reopened. Improvements outlined by respite users included those related to the physical premises, staffing and the support to make complaints.

Inspectors also spoke with staff members, the person in charge and a person participating in management. Inspectors observed practices and reviewed documentation such as respite users' support plans, healthcare documentation, staff files and policies and procedures.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, inspectors found that the service was being provided as described in that document.

The centre comprised of part of a building which was owned by the body which funded the service provided. It was located within walking distance of a town centre. Respite users had access to private transport which enabled them to access local amenities and amenities in other towns.

The centre had been refurbished since previous inspections. Inspectors found the changes made had resulted in the centre meeting respite users' assessed needs in regard to the physical premises.

Overall judgment of our findings:

Inspectors found the provider had put systems in place to ensure that the actions required from the previous inspections were addressed. This had resulted in an improvement in the service provided to respite users, the details of which are described in the report.

On the days of inspection inspectors identified two areas which required immediate action as these posed serious risk to respite users. The provider responded by taking appropriate immediate action in relation to these. These findings relate to the management of risk and the management of medicines and are outlined in the body of the report under Outcome 7 and Outcome 12.

Inspectors also found further improvements were required in the following areas:

- the procedure for appealing the outcome of a complaint was not clear (in outcome 1)
- the terms on which respite users shall reside in the designated centre had not been agreed in writing (in outcome 4)
- respite users' assessments of their healthcare needs were not adequately comprehensive (in outcome 5)
- some staff and respite users had not taken part in a fire drill in the centre (in outcome 7)
- an event which was required to be notified to HIQA had not been notified (in outcome 9)
- the statement of purpose did not contain all required information (in outcome 13)
- there was no directory of respite users as required by the regulations (in outcome 18)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were systems in place to ensure respite users were consulted about the running of the centre, had access to advocacy and received support which was delivered in a dignified and respectful way in line with their assessed needs and choices. Improvement was required to the procedure on complaints to ensure that all complainants were aware of how to appeal the outcome of a complaint.

Respite users' consultation meetings took place on the first evening of the respite users' stay and more often where required. The arrangements for respite users' stay, including support to access activities and meal choices, were discussed at these meetings.

Respite users were consulted about the running of the centre in regard to the daily routine, access to activities and community involvement. Inspectors saw that the centre was arranged around the needs of respite users throughout the two days of inspection. This included changes to scheduled plans to meet changes in respite users' needs and wishes.

A satisfaction feedback form was completed by each respite user at the end of each respite stay. These were reviewed by the person in charge and the person participating in management and concerns raised were addressed.

Support provided and language used by staff was respectful. It was evident staff and respite users knew each other well and that relationships had been nurtured. Respite users told an inspector that some staff had worked with them in their homes prior to the centre reopening. The respite users spoke of the benefit of this as the staff had the

opportunity to get to know the respite users' needs, likes and dislikes.

Respite users were encouraged to maintain their own dignity and privacy. There were procedures to ensure support required, for example in areas such as personal hygiene, was delivered in line with respite users' needs and wishes.

There was a policy on residents' personal property, personal finances and possessions. Respite users retained control over their own possessions while staying in the centre. Respite users were supported do their own laundry if they wished.

The centre did not support respite users to manage their finances, however there was a system should respite users wish for support while staying in the centre. All respite users managed their money independently or were supported by family members.

There was enough space for each respite users to store and maintain his/her clothes and other possessions. Each respite user had an individual bedroom when they stayed in the centre.

There was a person nominated by the organisation to respond to respite users' request for advocacy and external advocacy was sourced from the national advocacy service. It was evident staff and the person participating in management perceived their role as one of advocating for people when required.

There were policies and procedures for the management of complaints. The complaints process was user-friendly, accessible to all respite users and displayed in the centre.

There was a nominated person to deal with all complaints. Inspectors were told that there had been no complaints received since the centre re-opened. Respite users spoken with said they would raise a complaint with staff or the person participating in management of the centre. They said they felt supported to make a complaint should they so wish.

There was a procedure for receiving, recording and responding to complaints in the centre, however the procedure for dealing with appeals required further clarity as it was not evident to whom complainants could appeal the outcome of a complaint. The procedure referred to the Board of Management and did not provide any detail about who those persons were or how complainants could contact them.

Judgment:
Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

Staff were aware of the different communication needs of respite users and an inspector observed staff communicating with respite users in line with their needs and wishes.

Inspectors were told that respite users who required assistance brought their communication plans and aids with them when staying in the centre. Staff were aware of the communication needs of respite users and outlined the methods they used to communicate with respite users who did not communicate verbally.

Information in the centre was available in a format which was assessed as suitable for respite users' needs.

The centre provided access to radio, cassette players, television and internet. This included assistive devices to support respite users to access the internet.

There was information on local events and the person participating in management had identified activities which could be accessed by wheelchair users. These included a swimming pool, horse riding, bowling, cinemas and shopping centres.

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):

No actions were required from the previous inspection.

Findings:

There was evidence that respite users were supported to develop and maintain relationships with family and friends when staying in the centre.

Respite users told an inspector that they could have visitors when they wished and this included family, friends, colleagues and significant others.

Respite users were supported to spend time and participate in community events when staying in the centre.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre had a draft contract for the provision of services, however contracts had not been agreed with respite users. An inspector viewed a copy of the draft contract and found it did not meet the requirements of the regulations. The fees charged were not clear and the contract contained inaccurate information relating to the storage of respite users' personal information.

There were procedures for admitting respite users to the centre. Inspectors spoke with respite users who said they were happy with the process and the way they were supported to return to the centre for respite.

Judgment:

Non Compliant - Major

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors viewed a sample of assessments which had been carried out prior to respite users' admission to the centre. The assessments were not adequately comprehensive and did not contain an assessment of all healthcare needs, for example some respite users' primary healthcare needs had not been assessed and associated support plans implemented where required.

The assessment of social care had commenced and inspectors found these were adequately detailed considering the purpose of the centre and the recent readmission of respite users to the centre. The person participating in management said this area would continue to be developed with respite users.

Judgment:

Non Compliant - Moderate

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre was part of a large building which was owned by the funding body. A lease agreement outlining terms and conditions of occupancy by the service provider was in place. The lease agreement included the agreement regarding access to the centre by persons not employed by the registered provider. Inspectors found there were appropriate measures in place to ensure that staff employed by the funding body did not have access to the centre with the exception of an emergency, for example specific persons had access to the centre if the fire alarm was activated.

The centre had undergone extensive refurbishment since the previous inspection and closure of the centre. This included changes in the use of rooms to ensure there was adequate communal and private space for respite users, redecoration and new furniture. The centre was arranged around the assessed needs of respite users and was adequately spacious for wheelchair users.

The centre comprised of a kitchen/dining room, sitting room, games/computer room, relaxation room, respite users' bedrooms, bathrooms, laundry room, a clinical room/office, a staff sleepover room and the person in charge's office. In addition, the centre had access to, and responsibility for, a clinical waste room located external to the

centre in part of the building occupied by persons employed by the funder. This room was not used by any persons not employed by the registered provider. An inspector viewed the room and found it was maintained in a clean condition and there were appropriate procedures for the removal of clinical waste from the room.

Respite users had individual bedrooms when they stayed in the centre. Inspectors were told each person chose the bedroom they stayed in and decorated their room in accordance with their preferences and needs. Bedrooms had appropriate storage and there was lockable storage if respite users wanted to lock valuables in their rooms.

There was a garden which could be accessed freely by respite users. Improvement had been made to the garden area to ensure wheelchair users could access the garden.

There was a smoking area for respite users located in the garden. There was a procedure to ensure that this area was used by respite users only.

Appropriate assistive equipment was available, for example grab rails in the bathrooms, wheelchair accessible shower facilities and adjustable height beds.

There were two vehicles for respite users to use. The vehicles were wheelchair accessible and staff had received training in clamping wheelchairs in the vehicles. The vehicles were taxed, insured and serviced. Respite users told inspectors the vehicles enabled them to access activities in other towns. On the days of inspection a vehicle was used to support respite users to go shopping.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were systems in place to promote and protect the health and safety of respite users, visitors and staff. However, a significant risk to a respite user had not been identified or responded to. The person in charge and the person participating in management were required to take immediate action. In addition, improvement was required to the measures in place to ensure all risks were identified and appropriate control measures implemented and to the system to ensure all staff and respite users had taken part in a fire drill in the centre.

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy identified the procedures for the identification and management of risk in the centre. Staff had received training in carrying out risk assessments and escalating any identified risks to the appropriate manager.

A significant risk to a respite user had not been identified and responded to. The lead inspector required the person in charge to take immediate action on the day of inspection and found that measures implemented mitigated the immediate risk. The inspector was told measures would be implemented to ensure that all risks would be identified and responded to going forward.

There were thermostatic controls in place to regulate the temperature of the water to ensure respite users were protected from risk of scalding.

Respite users' moving and handling support needs were identified in an admission document. However, the detail was not adequately comprehensive to ensure support provided was consistent with respite users' assessed needs. The clinical nurse manager outlined the intention to address this by formulating and implementing comprehensive manual handling plans for respite users.

There were arrangements in place for investigating and learning from accidents and incidents. There had been no incidents in the centre since it reopened. However, the system to ensure all incidents were reported in detail, the corrective action would be documented and records would be maintained was outlined to an inspector.

There was an emergency plan to guide staff to evacuate the centre in the event of a fire or other emergency.

The clinical nurse manager outlined the measures to ensure that respite users who may be at risk of a healthcare associated infection were protected. An inspector found that these procedures were robust and determined that residents would be protected if these measures were implemented.

There were systems in place for the prevention and detection of fire. Although fire drills had been carried out not all staff or respite users had taken part in a fire drill and there had been no fire drills carried out at night.

Staff had received training in fire safety. Staff spoken with were knowledgeable of the support needs of respite users should an evacuation be necessary.

Respite users spoken with outlined how they would respond if the fire alarm was activated. They were clear that they must leave the centre if the alarm was activated and they identified the exits they would use.

The centre had a fire alarm and emergency lighting. The inspector reviewed the maintenance and servicing records and found that they had been serviced at the required routine intervals. There was a system in place to ensure ongoing servicing and

maintenance of all equipment.

Judgment:

Non Compliant - Major

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had implemented measures to protect respite users being harmed or suffering abuse.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

There was a policy and procedures in place for the provision of intimate care. Respite users' preferences for support with intimate care was documented.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques. There were no respite users who required support with behaviours that challenge. The person participating in management said that support would be provided if required.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint. There were no restrictive practices in use in the centre.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A record of all incidents occurring in the designated centre was maintained. However, an incident which required notifying to HIQA had not been notified. The person in charge attributed this to a misunderstanding. The lead inspector reviewed the information and found that the incident was being investigated appropriately. HIQA was notified of this incident following the inspection.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Respite users were supported to access education and training programmes in line with their needs and wishes. The person participating in management said this area would continue to be developed and supported for respite users when they were attending the 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):

No actions were required from the previous inspection.

Findings:

Respite users were supported to achieve and enjoy the best possible health. An inspector viewed a sample of respite users' personal plans which showed that respite users' health needs were being responded to. Some improvement was required to assessments and this is included in outcome 5.

Respite users lived with alone or with family members and attended the centre for respite breaks. Therefore their healthcare needs were managed independently or they were supported by their families. The centre had relevant information such as the results of appointments and any supports the respite users required.

Respite users were supported to access their general practitioner (GP) and allied health professionals as required. The clinical nurse manager provided support to respite users to ensure they had access to allied health professionals and an inspector noted this extended to support when respite users were not staying in the centre.

Food was available in adequate quantities and respite users were supported to make healthy food choices.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to respite users. Improvement was required to ensure that

all medicines were administered in line with the centre's policies.

Staff outlined the process in place for the handling of medicines, these were safe and in line with current guidelines and legislation.

Individual medicine plans were in place for respite users using the centre on the days of inspection. These included an outline of the respite users' preference and capacity to self-administer their medicines. Inspectors found that appropriate support was provided to respite users in line with their assessed needs and that respite users' independence was promoted in the centre.

There was a plan for regular audits to take place and an inspector was told corrective action would be implemented where required.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines. These procedures were not included in the centre's policies and an inspector was told the policy would be updated to include this.

An inspector viewed a sample of prescription sheets and found they contained all required information.

A medicine for which there was no written prescription had been administered to a respite user by staff working in the centre. The lead inspector required the person in charge and person participating in management to take immediate action in relation to this on the day of the inspection. The measures implemented, which included the procurement of the prescription for the medicine, were satisfactory to mitigate the risk. Inspectors were told measures would be implemented to ensure that medicines were not administered without a prescription going forward.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a written statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The statement of purpose required review to ensure it met the requirements of the regulations in regard to:

- the care and support needs the centre is intended to meet was not adequately specific
- the whole time equivalent (WTE) of the person in charge and of personal assistants was not accurately reflective of findings on the day of inspection
- the size of rooms in the centre was not included
- the fire precautions and associated emergency procedures in the centre were not included.

Inspectors found the services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of respite users.

The lead inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked full time Monday to Friday and held a senior management role with responsibility for other areas of service provision. He outlined the systems in place to ensure his participation in other management roles did not impact on this centre.

The person in charge was a suitably skilled, qualified and experienced manager. He demonstrated sufficient knowledge of the legislation and his statutory responsibilities.

He outlined the ways he was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

A person participating in management of the centre was present on the days of the inspection. This person held the role of clinical nurse manager of the centre. An inspector interviewed this person and found they were knowledgeable of their responsibilities and of the respite users and their needs.

Unannounced visits by the provider had not been carried out in this centre as it had reopened in the months prior to the inspection. An inspector was told that these visits would take place on a six monthly basis as required by the regulations. An annual review had not taken place, however an inspector was told there was a plan in place for this to take place.

Information received on the day of the inspection raised concern regarding the fitness of the provider entity. This did not impact on the day to day care and support of respite users in the centre. The concern was discussed with the persons who attended the meeting held at the end of the inspection. These persons were the person in charge, the person participating in the management of the centre and a member of the board of management. Inspectors were informed the issue was being reviewed and an outcome would be forwarded to HIQA. Following the inspection the lead inspector received information to show this was being addressed.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The person in charge had not been absent from the centre for a period which would require notification to HIQA.

A person participating in the management of the centre was the person identified as the person who would act as person in charge of the centre in the absence of the person in charge. This manager was knowledgeable of the person in charge role should she be fulfilling the role. She was working in the centre on a day to day basis and provided effective oversight of clinical care in the centre.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Findings on this inspection did not raise any concern regarding the resourcing of the centre. As outlined in outcome 6 the centre had been refurbished to an appropriate standard.

Inspectors noted appropriate staff numbers available and respite users were supported throughout the two day inspection. The management resources were adequate.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The staff rota was arranged around the assessed needs of respite users. Formal supervision and support meetings were planned and an inspector was told minutes of meetings and actions agreed would be maintained. The clinical nurse manager worked alongside staff providing informal support and supervision on an ongoing basis.

There was a core complement of staff working in the centre. Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, moving and handling and the safe administration of medication. Plans were in place to ensure all staff working in the centre to cover the permanent staff members' leave would receive all required training.

Inspectors found staff were committed to enhancing the lives of respite users and it was evident staff, the clinical nurse manager and the person in charge viewed their role as one of supporting the respite users to access all required supports while in the centre and while living in their homes. Respite users spoken with were complimentary of the support provided by staff and management.

Staff files were maintained and contained all items required by the regulations. Prior to the inspection one staff file had been identified as not containing a full employment history and an inspector found this was being followed up by the clinical nurse manager.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to respite users, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the regulations.

There was a guide to the centre available to respite users which met the requirements of the regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for respite users involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the

arrangements for visits.

The centre was adequately insured against accidents or injury to respite users, staff and visitors.

There was no directory of respite users, however the information on each person was maintained in their personal plans. The person participating in management outlined the intention to use the information to compile a directory of respite users as required by the regulations.

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:

Lorraine Egan
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:	Clochán House
Centre ID:	OSV-0001930
Date of Inspection:	5 July 2016
Date of response:	13 September 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The procedure for appealing the outcome of a complaint was not adequately clear.

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 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

- Complaints can be taken by any member of staff
- Complaints can be made by ANY person.
- Complaints officer will be allocated to the complaint.
- Investigating Officer will be allocated to investigate the complaint.
- Appeals process- stage one-will be carried out by Chief Operations Manager (COM)
- Appeals Process –stage two- will be carried out by the Registered Provider (Board of Directors) who are now in a position to be deemed an appropriate body to take part in the appeals process should this be required in the absence of COM
- The Complaints and Compliments SOP has been modified to reflect this improvement
- Notification posters have been updated to reflect this improvement

Proposed Timescale: 09/09/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The terms on which respite users shall reside in the designated centre had not been agreed in writing.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

- Roll out of a new Pre-arrival assessment programme commenced in 21 July 2016. This process involves potential service users meeting with the Clinical Nurse Manager (CNM) in the centre prior to an admission date being allocated to the individual.
- This program ensures that the contract is explained to the service user in person with a full tour of the unit given. The individual has the option to sign the contract then or bring it home to consider the content further prior to signing and returning it to the CNM.

Proposed Timescale: 21/07/2016

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:

A comprehensive assessment, by an appropriate health care professional, of the healthcare needs of each respite user was not carried out prior to admission to the designated centre.

3. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

- All service users who have an identified risk as part of the 'Pre-arrival assessment programme' will be referred to the appropriate health care professional for assessment prior to their admission.
- Service users will not be given a booking date prior to receipt of this medical report- Example: if a service user is at risk of choking, a Speech and language review will be requested.
- On receipt of the report and considering the content of the report, if the centre can meet the needs of the individual, a booking date will be issued otherwise the person will be referred to other services.

On going for all New service users prior to arrival

Proposed Timescale: 21/07/2016

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:

The systems in place in the designated centre for the assessment, management and ongoing review of risk did not identify a significant risk to a resident.

4. 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:

- A meeting with funding body's Risk Manager took place on 15.08.16 with the purpose to advise CNM how best to populate a risk register, to update and review potential generic risks for the centre. A new updated risk register will be formed by CNM and reviewed by Funding body's Risk Manager prior to going live by 14.10.16

- Individual risk assessments are carried out as part of the Pre-arrival assessment programme on each individual by CNM. Referrals are sent to the relevant professional bodies in the event of a risk being identified with the consent of the service user.
- Service users will not be given a booking date prior to receipt of this medical report- Example: if a service user is at risk of choking, a Speech and language review will be requested with their consent
- On receipt of the report and considering the content of the report, if the centre can meet the needs of the individual, a booking date will be issued otherwise the person will be referred to other services.

Proposed Timescale: 14/10/2016

Theme: Effective Services

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

Some respite users and staff had not taken part in fire drills and fire drills had not been carried out at night.

5. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- Training by an independent Fire Safety Consultant is due to take place on the evening of Thursday 06.10.16 which will include all staff taking part in a fire drill at night time.
- Each service user on arrival to the centre has a Personal Emergency Egress Plan (PEEP) developed with them by trained staff. This includes the staff member explaining the fire drill process to the service user, demonstrating the nearest fire exit to their bedroom and the living areas. It includes walking through the fire drill process with them on a one to one basis and includes going to the fire assembly point.
- The fire drill process is also described as part of the Tour of the Centre which takes place as part of the Pre-arrival assessment programme.
- Demonstration of the ski sheet is given on day of arrival to remind the service user that in the event of a fire at night time, this may be an option for safe egress- depending on the individual's needs.

Proposed Timescale: 06/10/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

An incident had not been notified to HIQA as required.

6. Action Required:

Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

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

- NF07 was furnished to HIQA 3 days following the inspection

Proposed Timescale: 08/07/2016

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:

It was not evident that practices relating to the administration of medicines ensured that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed.

7. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- Medication management SOP was amended to state that NO service user can be admitted to the unit unless they have a current prescription for their medication.
- Personal Assistant Staff have been notified by One touch memo regarding this amendment
- Training will be carried out for Personal Assistant and Nursing Staff on 05/10/2016 and 06/10/2016 with all staff. Training will include attention being paid to the recent changes to the SOP regarding service users being given an alternate date for respite should staff arrive to their home to collect them to find they have no current prescription, or should the service user arrive to the centre without a prescription. Every effort will be made by staff to enable the service user to go to their local chemist to obtain a copy of their prescription prior to changing the date of arrival to the centre.

Proposed Timescale: 06/10/2016

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 did not contain all the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

8. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

An amendment to the statement of Purpose has been made to confirm the details of

- cost of the stay at the unit
- the care and support needs the centre is intended to meet
- the whole time equivalent (WTE) of the person in charge and of personal assistants has been amended
- the size of rooms in the centre is now included
- the fire precautions and associated emergency procedures in the centre are now included

Proposed Timescale: 26/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

A directory of respite users in the designated centre had not been compiled.

9. Action Required:

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

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

A directory of the registered service users of the centre has been compiled electronically and contains all information as outlined under Regulation 19 (1)

Ongoing for new referrals

Proposed Timescale: 24/10/2016