

**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-0004703
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
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 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:
10 February 2016 09:30	10 February 2016 19:00
11 February 2016 10:00	11 February 2016 16:30

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

This was an announced inspection and forms part of the assessment of the application for registration by the provider. The centre was operated by the Health Services Executive in Westmeath. This centre was inspected as part of a much larger designated centre in 2015. However the parent organisation undertook a reconfiguration of services since then and this centre is now a new designated centre comprising of two stand alone units with a new person in charge. This is the first registration inspection of this centre.

The inspection took place over two days 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. The views of residents and staff were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). While the documents submitted by the provider for the purposes of application to register were found to be satisfactory, not all the required registration documentation was received by the Authority prior to the Inspection. The inspector was informed by management that this would be rectified immediately and that all the required documentation would be submitted to the Authority within one week of the inspection.

Over the course of the two days, the inspector found the person in charge and staff to be courteous, supportive and helpful with the inspection process.

The inspector 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 the inspector about their home.

Evidence of good practice was found across most outcomes. However, the inspector found that the premises did not provide adequate space for residents in one house that comprised the centre. It was also found that in the other house the kitchen was of an inadequate size to adequately sit five residents and two staff at meal times.

Of the 18 outcomes assessed twelve were found to be compliant, including residents rights, health, safety and risk management, safeguarding and healthcare needs. Moderate non compliances were found in social care needs and the statement of purpose while admissions for contract of services, safe and suitable premises, workforce and records and documentation were found to have major non-compliances.

The Action Plan at the end of this report identifies those areas where improvements were required in order to be fully compliant with the Regulations and the Authority's Standards.

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):

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

Findings:

Overall the inspector found that residents' rights and dignity were promoted, while processes for consultation had been recently introduced.

Generally the inspector found that residents were consulted with and participated in, decisions about their care and about the running of the centre. Residents individual care plans detailed how resident's privacy and dignity were to be maintained, specific to individual needs and wishes.

Since the new person in charge commenced working in the centre in January 2016, she had encouraged and supported residents to have weekly meetings. At these meetings residents were facilitated to make their own choices about what to include on weekly menus and what social activities to participate in. The inspector observed minutes of these meetings and found them to be informative of the residents' wishes and requests.

Personal care practices respected the residents' dignity and respect. From a sample of personal care plans viewed, each resident had their own individual plan that was informative of the supports required to maintain and enhance their independence, dignity and respect.

Residents' bedrooms were decorated to their individual preferences and with their personal possessions. However, it was observed that one resident's bedroom required complete refurbishment. This was actioned under outcome 6: Safe and Suitable Premises. The inspector noted that there were up-to-date records of each resident's personal belongings and there were policies and procedures in place for the

management of residents' personal property, personal finances and possessions.

A complaints policy was available in the centre which the inspector found to be effective. Records informed that complaints were being logged and dealt with adequately. For example, a complaint was logged with regard to an issue of inadequate fencing in the back garden. It was observed that an appropriate fence was secured and erected soon after the complaint was made.

Some issues were identified in relation to the layout out and size of some rooms which was impacting upon the privacy of some residents in the centre. An issue was also identified regarding the maintenance of one resident's bedroom. However, and as stated above, these were further discussed and actioned under Outcome 6: Safe and Suitable Premises.

During the course of the inspection staff members were observed to treat residents with dignity, warmth and respect and residents were observed to interact with staff in a relaxed and comfortable manner.

Judgment:
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):

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

Findings:

While the inspector found that the person in charge and staff had responded effectively to the communication support needs of each resident, it was also observed that some personal plans required more detailed to take into account the individual communication requirements of some residents.

The centre had a communications policy in place and during the course of the inspection staff demonstrated an in-depth awareness of the different communication needs of each resident. From a sample of personal plans viewed, most residents had their individual communication requirements highlighted, which was reflected in practice.

However, and as stated above, not all personal plans were adequately detailed with all the communication needs of every resident in the centre. For example, the communication section in one personal plan provided no detail as to how the resident would communicate if they are unhappy about something. This was further discussed

and actioned under outcome 18: documentation.

There were ample televisions (TV's) and radios in the centre and over the course of the inspection, residents were observed relaxing and chatting with staff watching TV.

Residents were also supported to use the local facilities in their community, such as the church, shops, library and hairdressers.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

Overall the inspector found that residents were being supported to maintain contact with family and friends and were also supported to use their local community. There was a visitor's policy in place and on reviewing a sample of records, the inspector was able to ascertain that contact between residents and their families was being promoted.

Residents were supported to maintain personal relationships and links with their family members. There were arrangements in place for residents to receive visitors and family members. Residents were also supported to visit family members' homes when they wished to do so. For example, one resident who had not seen their family in a number of years had been supported to re-establish contact with two brothers and some extended family members. The staff nurse informed the inspector that the resident was now supported to visit the brothers regularly and that some of the extended family now kept in regular contact.

The inspector observed that there were issues with regard to receiving visitors in private in both parts of the centre. However, this was further discussed under Outcome 6: Safe and Suitable Premises.

Families were kept informed of resident's general health and wellbeing. For example, feedback via a questionnaire from one family member stated that they felt their relative received a good quality of care and that they were involved in the person centred planning process.

Residents were supported to maintain links with their local community. For example, residents were supported to use local amenities such as shops, restaurants, pubs and church.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

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

Findings:

While there was a policy in place for contracts relating to admissions and discharge to the centre, not all contracts were informative of charges to be applied for services provided.

The inspector observed that there was a policy in place with regard to the procedures for admission, transfers, discharge and temporary absence of residents in the centre. However, from a sample of files viewed, one resident's contract was not on file or available for inspection. The person in charge was made aware of this and she assured the inspector that this would be addressed as a matter of urgency.

The inspector also observed that some contracts for the provision of services did not detail what fees were to be charged for services provided.

Judgment:
Non Compliant - Moderate

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:

While social care needs were being supported for each resident in the centre, the inspector was not satisfied that the level of multi disciplinary input into some residents' personal plans was adequate in supporting their changing social care needs.

The inspector found that the wellbeing and welfare provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place. Plans were informative of each resident's likes, dislikes and interests.

The plans identified social goals that were important to each resident and from the sample viewed the inspector observed that each goal was documented and a plan of action in place to support in its achievement. For example, one resident liked music therapy, but did not wish to attend the activation unit where this took place. The person in charge organised for the music therapist to come to the house on a weekly basis in order to support the achievement of this goal.

Other residents were supported to attend a range of day service options where they participated in activities of their choosing. For example, from a sample of files viewed residents took part in aromatherapy classes, exercise classes, football, cinema, social outings, gardening and swimming. One resident was a keen gardener and the centre had supported him to buy a range of gardening tools so as he could spend time working in the garden.

Staff also supported residents to use local amenities such as pubs, shops and restaurants. Recently some residents had joined the local gymnasium where they loved to go swimming and use the facilities.

While social care plans were personalised and reflected residents' individual requirements in relation to their social care needs, the inspector observed that for some residents social care plans had not been updated with multi disciplinary input to take into account their changing needs. For example, an elderly resident spent a lot of time in their room. The resident in question liked one to one attention and quiet time. No options such as active retirement had been explored for the resident and their personal plan was not updated adequately, with multi disciplinary input to take into account their changing needs.

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):

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

Findings:

While it was observed that the premises were warm and clean, the centre had significant challenges with the design and layout which impacted negatively on the privacy needs for the residents. The centre did not provide enough communal space for residents and parts of the premises were not in a good state of repair.

On arrival to the centre the inspector noticed that it was clean, warm and had a homely atmosphere. The centre was well ventilated and had adequate lighting throughout. Both units that comprised the centre had a separate kitchen, which had adequate cooking facilities and appliances throughout. There were also well maintained gardens in the centre. There was adequate storage space and while there were a limited number of bathrooms, the inspector was informed by the person in charge that this did not impact negatively on the residents. The inspector also noted that residents themselves had not raised any concerns regarding the number of bathrooms in the centre. Bathrooms were observed to be clean, adequately equipped and well ventilated.

However, the inspector noted that the design and layout of the centre was not suitable for its stated purpose. For example, in one house that comprised the centre there was inadequate accommodation for residents to receive visitors and family in private. The inspector also observed that the other house did not have adequate communal space for residents to dine together, as the kitchen was not sufficiently large enough to accommodate five residents and two staff members. When the inspector asked staff about this issue they stated that space was an issue and it could be difficult to host gatherings for special occasions such as birthdays due to the physical size and layout of the premises. It was also observed that the only available room where a resident could be alone was in their bedroom.

The inspector also noted that some of the furnishings were in a poor state of repair and required updating and/or refurbishing. For example, one of the couches was badly marked and worn. One resident's bedroom also required complete refurbishment. The bedroom in question needed to be painted and redecorated throughout. The inspector observed that the room contained few personal items belonging to the resident and there were no pictures on the bedroom walls.

Judgment:

Non Compliant - Major

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:

Overall the inspector found that the health and safety of both residents and staff was being promoted throughout the centre.

There was a risk register in place which had last been reviewed in May 2015. There centre also had a health and safety statement on file and the inspector observed that risk was being identified throughout the centre, with actions in place to mitigate such risks.

For example, one resident had a minor fall in their bedroom recently. Although the resident in question was not prone to falling the centre had made a referral to the occupational therapist. Following on from that referral it was recommended that a crash mat be placed alongside the resident's bed to reduce the risk of an injury should the resident fall again. The mat was in use on the day of inspection. The resident in question was also being assessed for a pager and falls alarm system.

Another resident with an issue swallowing was referred to a speech and language therapist due to a risk of obstruction of the airways. Following on from that referral the resident was prescribed a specialised diet. On the day of inspection the inspector observed staff adhering to the protocols with regard to this resident's diet.

Fire drills were carried out routinely and each resident had a personal emergency evacuation in place. The last fire drill informed that there were no issues with evacuating the residents. Fire fighting equipment was serviced annually and the fire alarm was last serviced in January 2016. There were up to date records of checks carried out on the emergency lighting system in the centre, and the inspector observed that there were daily checks to ensure that corridors and emergency exits were kept clear and that emergency lighting was working adequately. From a sample of staff files viewed, staff also had up to date fire safety training.

The inspector observed that there was adequate warm water, hand sanitizing gels and disposable hand towels available throughout the centre.

Judgment:

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:

Overall the inspector found that there were adequate systems in place to protect residents from all forms of abuse across the centre. Feedback from both residents and family members also informed the inspector that residents felt safe in the centre.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff. Staff had up-to-date training in client protection and the inspector found staff to be knowledgeable in relation to what constitutes abuse and on related reporting procedures. The person in charge also informed the inspector there was a designated person to deal with any allegations of abuse. Staff spoken with were able to identify the designated person.

Personal and intimate care plans were also in place and provided comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to residents.

There was also a policy in place for the use of restrictive practices and the inspector observed that the centre, where possible promoted a restraint free environment. The person in charge informed the inspector that some restrictive practices in use however, they were under constant review and only used as a last resort to ensure and promote residents safety. For example, one resident with mobility difficulties required the use of bedrails as a safety measure. The resident's care plans and relevant documentation informed the inspector that this intervention was used as a last resort, was discussed and reviewed every three months. Other residents required the support of a lap strap. Again their care plans informed the inspector that lap straps were only in use when travelling with residents in the bus to ensure their safety and security.

There was a policy for the provision of behavioural support and where required residents had a positive behavioural support plan in place. From a sample of files viewed, positive behavioural support plans were found to be informative on how best to

support a resident with problematic behaviour. For example, one resident could present with self injurious behaviour if requested to go to day services against their wishes. The positive behavioural support plan indicated that the resident was to be offered the choice of going to day services however, if they declined then that decision was to be respected. Staff were able to verbalise the supports in the positive behavioural support plans to the inspector during the course of the inspection.

From a sample of files viewed positive behavioural support plans were last reviewed by a behavioural support specialist in August 2015 and again in February 2016. The inspector also observed that all staff had undergone positive behavioural training in 2015.

Residents' monies were found to be kept safe through robust record keeping procedures. Records and receipts were kept of all financial transactions and from a sample viewed, the inspector observed that financial balances were correct and all purchases could be accounted for. Balances were also checked off each day by two staff members.

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):

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

Findings:

The inspector found that a record of all incidents occurring in the designated centre were maintained and, where required notified to the Chief Inspector.

Judgment:
Compliant

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):

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

Findings:

The inspector found that most residents living in the centre had opportunities for new experiences and social participation which formed a key part of their care plan. However, and as identified and actioned under Outcome 5: Social Care Needs, some residents' person centred plans were not reviewed adequately to take into account their changing circumstances.

Residents engaged in a variety of social activities facilitated by both day and residential services. During the course of the inspection, the inspector observed residents being supported to use local amenities in their community. For example, one resident was supported to go on a social outing to a nearby town and have to have lunch out in a local restaurant.

Of a sample of personal plans viewed, it was also identified that new opportunities for residents were explored such as outings to the local Gaelic Athletic Association (GAA) football matches, joining the local gymnasium and re-connecting residents with family members after having no contact for many years.

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:

Overall the inspector found that the health care needs of the residents were being adequately provided for.

From a sample of health care plans viewed, the inspector found that residents were supported to achieve and enjoy best possible health. Health care plans were also found to be updated annually or as required.

Health care needs were met in line with personal plans and through timely access to appropriate health care services and treatments with allied health care professionals. Records showed that routine visits were organised as and when required to the General Practitioner (GP), and allied health care professionals such as dentist, physiotherapist, dietician and optician.

Specific issues were comprehensively provided for, such as diabetes and osteoarthritis. For example, one resident prone to joint stiffness was regularly reviewed and assessed by the physiotherapist. Another resident with diabetes had been reviewed by the dietician and was also regularly reviewed by the chiropodist to ensure their feet were not affected by the condition. Care plans for both residents were found to be informative of how best to provide on-going support to each individual.

From a sample of files viewed the inspector also observed that the residents had end of life care plans in place, which were informative of their end of life wishes.

Through the introduction of weekly meetings, residents had input into the weekly menu and individual preferences were provided for. Food was varied, fresh and nutritious. Meal times were observed to be person-centred and a positive social experience for residents.

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:

Overall the inspector found that residents were protected by safe medication management policies and practices and were supported in the administration of their medication by appropriately qualified and trained staff members.

There was medication administration and management policy in place in the centre. This included processes to ensure the handling, administration, recording and storing of all

medicines was safe and in line with legislation. There were also appropriate procedures in place for the return and disposal of unused and/or out of date medicines.

From a sample of files viewed, administration and prescription sheets contained all the required information to ensure that medication was administered correctly and safely to each resident.

All medication was locked securely in a press in each house that comprised the centre and of a sample of medications viewed, the inspector found they were correctly labelled and in date. The local pharmacist conducted regular audits on all medications kept in the centre and made recommendations where appropriate. For example, he recommended that information be kept on the premises that would be informative to staff of the side effects of all drugs kept on site. It was observed that the centre had followed through on this recommendation.

There was a system in place for reviewing and monitoring safe medication practices. For example, drug errors were recorded and reported appropriately. However, there were no recent drug errors recorded in this centre.

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:

The inspector found that the statement of purpose did not accurately describe the services that was to be provided in the centre.

The statement of purpose did consist of a statement of aims, objectives and ethos of the designated centre and the facilities and services to be provided.

However, it was also observed that the statement of purpose required review as it did not accurately contain the information as set out in Schedule 1 of the Health Act (2007). For example, the size and measurements of the bedrooms were found to be inaccurate. It was also observed that the age range and gender of the residents for whom the centre was provided required review.

Judgment:

Non Compliant - Moderate

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:

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

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. From speaking with the person in charge it was evident that she had an in-depth knowledge of the individual needs of each resident in the centre. She was also aware of her statutory obligations and responsibilities with regard to management of the centre.

She was supported by senior management and by a team of suitably skilled and qualified staff. The Inspector found that the person in charge provided good support, leadership and direction to her staff team. Staff members also spoke positively of her. Since she took over the role of person in charge in January 2016 she had also brought about changes which resulted in positive outcomes for residents. For example, residents meetings were now supported, resulting in more choice for each resident. She also informed the inspector that she will soon commence the process of staff supervision in the centre.

The inspector reviewed the annual review of the quality and safety of care and support of the centre, which was carried out by the Regional Director of Nursing on behalf of the Provider Nominee and in accordance with the standards. While this review clearly highlighted areas that needed attention, such as the complaints procedures, it was difficult to retrieve the relevant information from the document and it was unclear what, if any change resulted from this audit. The audit also identified some of the issues with regard to the premises. For example, it highlighted the need for interior improvements such as painting and redecorating of some parts of the centre. However, there was no specific dates or actions identified as to when this work would be completed.

The centre itself had undertaken an internal audit which was facilitated by an external consultancy company. This audit was thorough and clearly identified both areas of compliance and non-compliance in the centre. For example, an issue with the facilities for disposal of clinical waste was identified. This was addressed and a new system was put in place after the audit. The person in charge said that she is working on addressing the rest of the non compliances as identified in the internal audit.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The person in charge had only commenced her position as person in charge in January 2016. However, the provider was aware of the requirement to notify the Authority in the event of her absence of more than 28 days.

Appropriate management systems were in place for the absence of the person in charge. There were qualified nursing staff working in the both parts of the centre and there was an on call system in place, where staff could contact an area manager 24/7 in the event of any unforeseen circumstance.

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):

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

Findings:

Overall the inspector found that the centre was resourced to deliver adequate care and support to the residents however, an issue was identified with staffing levels in one house that comprised the centre.

The inspector found that there were adequate resources in place to support residents in the implementation of their personal plans. Resources were deployed appropriately in the centre and the facilities and services provided were reflective of the statement of purpose.

As stated above, an issue was identified with the level of staff working in one part of the centre. The inspector observed that at times the level of staff was inadequate to fully meet the needs of each resident. This was further discussed and actioned under Outcome 17: Workforce.

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:

Overall the inspector found there were competent staff on duty over the course of the inspection however, an issue with adequate staffing levels was identified in one house that comprised the centre.

The inspector found that there were caring, skilled and competent staff on duty during the course of the inspection. The inspector observed that residents received assistance and care in a respectful, timely and safe manner. However, in one house of the centre three staff were required to be on duty from the hours of 8 am to 11 pm. This was because one resident required one to one assistance at all times during these hours. It was also observed that these one to one hours were covered by agency staff. From viewing the rosters the inspector noted that at times it was not always possible to get

agency staff to cover this shift.

When this was the case it meant that two staff had to provide the one to one support to this resident, while at the same time look after the needs of the other four residents. Some of the other four residents had individual and complex needs and required a lot of support. Staff said that trying to provide one to one assistance and look after the needs of the other four residents was very difficult and sometimes it resulted in activities being restricted during the day, due to staff shortages.

A selection of staff files were reviewed and most contained the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, there were gaps in documentation. For example, the person in charge's file was not complete, although she informed the inspector that she had all the required documentation required and mandatory training completed. The Director of Nursing informed the inspector that the gaps in staff files were due to a new system being implemented and that once completed, all files would be up to date.

While it had been acknowledged that the new person in charge had brought improvements with regard to overall service provision in the centre, it was also observed that the process of staff supervision had yet to commence. The person in charge assured the inspector that this would be addressed as a priority going forward.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The person in charge was found to be supportive in providing the relevant documentation to the inspector throughout the inspection process and all the relevant policies were found to be in place.

As identified earlier in this report, the person in charge was relatively new to her role and had commenced in the position of person in charge in January 2016. Throughout the inspection process she was found to be supportive in providing relevant policies and documentation to the inspector as and when requested. Most of the information required under the various schedules of Regulation were found to be in place. Some gaps were identified with regard to documentation however, these were discussed and actioned under the relevant outcomes throughout this report.

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-0004703
Date of Inspection:	10 February 2016
Date of response:	05 April 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 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:

Some Contracts for the Provision of Services did not detail the fees to be charged for services provided.

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

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Accessible version of the financial agreement within the revised contract of care (inclusive of fees charged for services) will be completed and signed by each resident and/or their family member, as appropriate, in the designated centre.

Proposed Timescale: 14/04/2016

Theme: Effective Services

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

There was no evidence made available to the inspector on the day of inspection that one resident had any contract for the provision of services in place.

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:

Contract is now in place and on file for every resident in the designated centre.
Complete 19th Feb 2016

Proposed Timescale: 19/02/2016

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:

Some assessments were not adequately reviewed by the multi disciplinary team in addressing the changing needs of some residents.

3. Action Required:

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A review of each resident's social care needs will be undertaken with multi disciplinary input, prioritising those residents with changing needs. 30th April 2016

All resident's social care needs will be identified using the PAL assessment tool by the PIC with the house manager and key worker(s). May 31st 2016

Proposed Timescale: 31/05/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises were not currently meeting their stated aim and objectives. In one house that comprises the centre there was inadequate space to receive visitors and family in private. In the other house there was inadequate communal space for residents and staff to dine together.

4. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

A review of the utilisation of the existing space and functions of rooms in order to make maximum of the space available to residents in the designated centre has been carried out by the PIC following consultation with residents. The aim of this review was to provide additional dining space for residents and facilitating meeting families and visitors in private in the designated centre. The following actions have been completed.

- The small sitting room is now used as a dining area/visitors room/separate television room.
- The television has been mounted on the wall.
- The free standing units for television and storage have been removed to allow further space.
- A kitchen table has been placed within the small sitting room/ dining area to facilitate space in the kitchen area.
- A smaller table which accommodates two persons has been purchased for the kitchen area to provide choice of dining options and to provide an alternative area for completing written documentation.
- A new couch was purchased for the small sitting room.
- The menu board has been moved into the dining area as a visual beside the dining table.
- The filing cabinet has been removed from under the Medication press and has been replaced by a table.

20th April 2016 Complete

A meeting took place with the Estates department on 6th May 2016 to carry out a review of the suitability of the Designated Centre to meet the resident's needs, assessing each house with a view to identifying priority areas to be addressed as part of an overall plan for the designated centre.

10th May 2016 Complete

Currently there is no capital funding identified for the upgrading of existing premises. However in the interim a costed development control plan with projected capital cost and timelines for completion has been developed in conjunction with the Estates department to address the requirements for provision of additional dining space and space to receive visitors in the designated centre.

This includes the following:

- The development of an Area 35m² Extension to one house in the designated centre to accommodate a living room/sitting room to the rear of the house adjacent to the existing dining room to provide for a dining area.
- The development of an Area 45m² Extension to the second house in the designated centre to accommodate a large living/sun room adjacent to the kitchen/Dining room to the rear of the house to provide for a visitors/family meeting area.

This plan will be progressed on the allocation of capital funding.

30th September 2018 Complete

In the Interim in order to provide space for individuals to receive visitors in private in one house in the designated centre the following actions are proposed:

- A review of the living space has been undertaken to maximise the space available in the kitchen/dining area.

Complete 25th July 2016

- A 2 seater couch will be purchased as a seating area for residents to receive visitors.
- A new Kitchen Table and Chairs will be purchased and repositioned within the kitchen.
- A small coffee Table will be purchased.
- Office Equipment will be relocated to an alternative storage area.

Complete 12th August 2016

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Parts of the premises were not kept in a good state of repair. For example, some furnishings required refurbishment and one bedroom needed to be completely redecorated.

5. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Furnishings including couches and bedroom furniture where required have been identified to be replaced. 5th April 2016

Quotations are being sought currently for required items in consultation with residents.

These will be purchased by May 2016. 2nd May 2016

Painting and redecorating of one residence completion. 31st July 2016

Personalisation of rooms. 31st July 2016

Proposed Timescale: 31/07/2016

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:

Some of the information in the statement of purpose did not accurately reflect the requirements of Schedule 1 of the Regulations.

6. 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:

The Statement of Purpose and Function for the designated centre has undergone review and has been updated.

Proposed Timescale: 31/03/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider led audits were not adequate in ensuring the service provided was being effectively monitored.

7. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The provider led audit tool is undergoing review to include specific dates and actions identified. 30th April 2016

An action plan is now in place arising from the identified issues in the review of the designated centre review with SMART goals identified. 19th April 2016

The local action plan has been updated to include these actions arising. 19th April 2016

Proposed Timescale: 30/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The numbers of staff in one part of the centre was not adequate in supporting the identified needs of the residents at all times.

8. Action Required:

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

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

Training for the PIC and CNM within the designated centre is scheduled on supervision of staff. 5th April 2016

A schedule for supervision will be developed. 19th April 2016

Commencement of supervision with staff in line with the training and policy document will take place. 22nd April 2016

A full review of the assessed needs of a resident who requires one to one assistance has taken place and a roster is being out in place to ensure that the number, qualifications and skill mix of staff identified to meet this resident's needs is put in place. 30th April 2016

Proposed Timescale: 30/04/2016

Theme: Responsive Workforce

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

Not all staff files were available as required by Schedule 2 of the Regulations on the day of inspection.

9. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Identification of gaps in documentation has been completed. Currently, retrieval of all outstanding documents required for staff working in the designated centre is underway. This will be completed by 17th May 2016

Proposed Timescale: 17/05/2016

Theme: Responsive Workforce

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

The process of staff supervision had not been commenced in the centre at the time of inspection.

10. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Training for the PIC and CNM within the designated centre is scheduled on supervision of staff. 5th April 2016

A schedule for supervision will be developed. 19th April 2016

Commencement of supervision with staff in line with the training and policy document will take place. 22nd April 2016

Proposed Timescale: 22/04/2016