

**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 Delta Centre Ltd
Centre ID:	OSV-0004712
Centre county:	Carlow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Delta Centre Ltd
Provider Nominee:	Eileen Brophy
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 March 2016 10:00 To: 22 March 2016 19:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection of a community based designated centre operated by Delta Centre Limited was conducted in order to monitor compliance with the Regulations under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013.

The designated centre comprised three community houses, and two of these houses were visited during the course of the inspection. Both houses were large detached homes located in quiet areas but within easy reach of the local town.

During the inspection the inspector met with management, residents and staff members, observed practice and reviewed documentation such as personal plans, medical records, risk documentation, meeting minutes and staff records.

The inspector was satisfied that, for the most part, a high standard of care and support was offered to residents by appropriately skilled and qualified staff, and that there was evidence of residents enjoying their quality of life.

Some improvements were required in order to achieve compliance with the Regulations in the areas of the assessment of challenging behaviour and the appropriate management of healthcare. These issues are discussed in the body of the report and 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 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:

There was evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place.

Each personal plan began with a brief assessment, including various aspects of health and social care needs. There were sections in the personal plans relating to various aspects of daily life, for example, personal care, epilepsy and mobility. Each of these sections contained detailed information and guidance. The personal plans had been reviewed regularly and these reviews were documented.

Personal plans included some goals towards maximising potential for residents, steps towards these goals were identified and progress towards them was documented. For example, a resident who had expressed an interest in caring for others was being supported to become a volunteer. Another resident had chosen to learn how to use the internet, and progress towards this had been recorded until it was achieved.

Accessible versions of some aspects of the personal plans had been developed, by the use of pictures and residents' own artwork.

Residents attended their own personal planning review meetings, and there was evidence of family involvement in this process. The attendance of family members at personal planning meetings was recorded.

The inspector was satisfied that residents were facilitated to engage in a variety of activities, both in the community, in the home and in their day services. Day services were available in accordance with the individual needs of residents, some were involved

in daily living skills, some in computers and literacy and others in multi-sensory activities.

Leisure activities in the evenings and at weekends included cinema trips, meals out and a local community craft group.

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):

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

Findings:

The inspector found that there were systems and processes in place for the management of risk and in the prevention and detection of fire.

All staff had received regular fire safety training and fire drills had been conducted every six months. There was a detailed fire policy in place dated February 2016. Records of fire drills included a description of the drill and outlined any areas requiring improvement. There was a personal evacuation plan in place for each resident, and all fire safety equipment, including emergency lighting had been tested quarterly. Staff were aware of the fire evacuation plans and were able to describe the procedures involved.

Each resident's personal plan included an emergency plan which provided guidance in the event of their going missing, and detailed information in the event of an emergency hospital admission.

There were structures and processes in place in relation to the management of risk. An appropriate, centre specific risk policy was available which included all the information required in the regulations. A risk management team was in place to which risk would be escalated if necessary and at which all risks were reviewed. Minutes of the meetings of this team were available.

Risk assessments and management plans were in place for a variety of individual risks including falls, self injurious behaviour and epilepsy. A thorough risk assessment and management plan regarding lone workers was in place.

Accidents and incidents were recorded on a detailed form which included a description of any incidents and any actions required both to manage the event and to prevent

recurrence. Any incidents were reported to the provider for oversight.

The centre was visibly clean and a hygiene checklist was maintained. All cleaning equipment appropriately maintained and stored, and staff had all received training in infection control. One of the houses was sometimes closed for three weeks at a time when residents were on holidays, and during this time showers were flushed on a weekly basis.

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:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. However, some improvements were required in the assessments of behaviour.

The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. There was a current policy in place which contained sufficient detail as to guide staff and all staff members had received training in the protection of vulnerable adults.

There were robust systems in place in relation residents' personal money. Each resident was supported to have their own bank account, and had access to a money management advocate if further support was required. Personal spending was supported appropriately, transactions were signed for and receipts were kept. A monthly local audit had been introduced, and an external financial audit took place annually.

While there were very few residents who had been identified as requiring behaviour support, most of those who required it had a current behaviour support plan in place. For example, there was a detailed support plan in place for a resident who occasionally engaged in self injurious behaviour, including detail of potential triggers for this behaviour.

However discussion at the last multi-disciplinary team meeting for one resident suggested that incontinence may have been a behavioural issue. This had not been referred for behaviour support, no behavioural interventions had been put in place and the intimate care plan for the resident did not reference the behaviour.

Where restrictive practices were in place to support residents, such as an audio monitor, there was a risk assessment in place and evidence that alternatives to the restriction had been considered. The intervention was recorded on a daily basis. In addition the person in charge had introduced a 'nil restrictions' recording chart to ensure consistency of recording.

Judgment:
Substantially 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:

For the most part there was evidence of a balanced and nutritional diet for residents, and of healthcare needs being addressed. However improvements were required in relation to assessing the needs of residents on restricted diets and in the monitoring of the healthcare status of residents.

In general there was evidence of a balanced and nutritious diet. Snacks and drinks were readily available and choice was facilitated in accordance with each resident's needs, including the use of pictures to support choice making. These choices were documented at weekly residents' meetings. Residents were supported to be involved in food preparation in accordance with their needs and preferences.

However, one resident was on a particularly restrictive diet, and was reported by staff to relate to a particular health issue. However there was no record of a diagnosis of this health issue, and no evidence of the involvement of or consultation with an appropriate allied health professional such as a dietician.

Each resident had their own general practitioner (GP), and there was an 'out of hours' GP service available. Annual health reviews were conducted by the GP, and healthcare plans were in place for various health issues, for example there was a detailed plan in place in relation to the management of epilepsy. A resident who had been identified as

being at risk of early onset dementia had recently had a dementia baseline assessment completed.

However a changing healthcare issue for one resident was not being managed appropriately. Medication was administered to the resident on a regular basis which would exacerbate the new condition. This had not been referred to the prescribing GP.

Judgment:

Non Compliant - Moderate

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:

There was evidence of some structures and processes in place in relation to the safe management of medications. However improvements were required in the management of stock and in the guidance for staff in making decisions about the administration of 'as required' (PRN) medications .

Documentation relating to the management of regular medications for residents was in place. Prescriptions for these medications contained all the information required by the regulations. Protocols were in place for some PRN medications, which outlined the conditions under which they should be administered, and were in sufficient detail as to guide practice. However this information was not in place for some prescriptions. The inspector was concerned that this would lead to subjective and inconsistent decision making in relation to the administration of these PRN medications to residents.

Medications for some residents were managed primarily by family members, as residents spent a lot of their time in their family homes. Stock of medication was sent in to the centre from the family home, and staff checked on receipt that there was sufficient for the coming week. However, there was no record of the amount in stock, and no checks on the stock levels.

Medications managed by the centre were supplied to the centre in blister packs, all of these were checked on receipt and a stock record sheet was maintained. Storage of medications was managed safely. All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Medication errors were reported and recorded, and reviewed by nursing staff attached to the centre.

However, whilst no discrepancies were found by the inspector, there was no regular audit undertaken in relation to medication management, as discussed under outcome 14

Judgment:
Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

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

Findings:

There was a clear management structure in place, and all staff were aware of this structure. However, improvements were required in auditing.

Regular staff meetings were held, and minutes were kept of these meetings. Actions were agreed and the person responsible named, and these actions were reviewed at the subsequent meeting. Actions reviewed by the inspector had been implemented. Formal meetings between the person in charge and the provider had been introduced, clear minutes were recorded and any required actions were identified.

There were some audits in place, for example, a health and safety audit was regularly conducted. There had been unannounced visits by the provider, as required by the regulations and these visits resulted in an action plan. There was evidence that the required actions identified had been implemented.

However there were no audits of medication management or of personal planning, and so the areas for improvement discussed under outcomes 11 and 12 had not been identified as requiring attention.

There was not yet an annual review of the quality and safety of care and support as required by the regulations.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and of her responsibilities. She had a thorough knowledge of the health and support needs of the residents. She

was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation and provided evidence of continuing professional development.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The current staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs. Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their preferences and their communication needs. Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring.

Staff training was up to date, and an annual staff appraisal system was in place, as was a six to eight weekly supervision, and records were kept of these.

A sample of staff files were reviewed by the inspector and found to contain the information required by the regulations for the most part, however, one of the files did not contain the two references required by the regulations. One reference was subsequently submitted to the Authority.

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:

Julie Pryce
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 Delta Centre Ltd
Centre ID:	OSV-0004712
Date of Inspection:	22 March 2016
Date of response:	16 May 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 08: Safeguarding and Safety

Theme: Safe Services

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

Not all efforts had been made to alleviate the causes of a resident's behaviour that challenge.

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 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Protocols for intervention for behaviours that challenge will be discussed at MDT, Documented and implemented.
Intimate Care plan will reflect incontinence.

Proposed Timescale: 30/06/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all changing healthcare needs had been followed up appropriately.

2. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A diagnosis for healthcare issues is available in Medical history.
Consultation with an appropriate allied health professional will take place.

Proposed Timescale: 30/06/2016

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:

Stock of medications were not appropriately monitored.

3. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

A medication stock checklist will be introduced for meds not administered from a blister pack.

Proposed Timescale: 30/06/2016

Theme: Health and Development

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

There was no guidance for staff as to when to administer some PRN medications.

4. 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:

Protocols for all PRN Medications will be put in place.

Proposed Timescale: 30/07/2016

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:

There was no annual review of the quality and safety of care and support.

5. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual reviews will be completed by 30-09-2016

Proposed Timescale: 30/09/2016

Theme: Leadership, Governance and Management

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

Management systems were not all in place to ensure the effective monitoring of the service.

6. 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:

Medication management audit now being performed on a quarterly basis by the centre nurse, first audit completed on the 5/4/2016.

Proposed Timescale: 05/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all information required was available in staff files.

7. 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:

All Staff HR files are in the process of being reviewed to ensure that they have all the information required under Schedule 2.

Proposed Timescale: 30/06/2016