

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Devon Lodge
Centre ID:	OSV-0001494
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 March 2017 09:15 To: 06 March 2017 16:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the Inspection:

The purpose of monitoring inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Eight of the eighteen outcomes were reviewed at this inspection and the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection the inspector observed practice, and reviewed documentation such as health and social care files, medication records and health and safety documentation. The inspector also met with all five residents living in the house, two staff and the person in charge. The residents told the inspector that they were happy living in the centre, and they liked their lives there. They also said that liked going out to the day services and that they felt well cared for by staff.

Description of the service:

The centre was a detached two-storey house, which was comfortable, appropriately furnished and well maintained. The house was located in a coastal area, but was close to a city. It was within walking distance of many amenities and had access to

public transport nearby. The centre was intended to provide a full-time residential service to five male or female adults, diagnosed with an intellectual disability, who have been identified as requiring minimum to high levels of support and may also include co-morbidity.

Overall judgment of findings:

During the inspection, the inspector found a good level of compliance with the regulations, with six of the eight outcomes reviewed being assessed as compliant and one as substantially compliant. One outcome was assessed as being moderately non-compliant and there were no major non-compliances.

Resident received a good level of health and social care. Residents told the inspector that they had social, sporting and educational opportunities, and were supported by staff to integrate in the local community and to keep in touch with family and friends. Residents' healthcare needs were well met and there were measures in place to safeguard residents from abuse. The centre was suitably staffed to meet residents' needs.

Improvement was required to the assessment of arrangements for an aspect of emergency evacuation. Minor improvement was also required to staff rosters.

Findings from the inspection and actions required are outlined in the body of this report and 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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' social wellbeing was promoted, and that residents had opportunities to participate in activities, appropriate to their individual interests and abilities.

There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests appropriate to their individual preferences both in the centre, at resource centres and in the community.

Residents, supported by staff, were involved in the development of their personal plans which set out their individualised personal goals, including social goals. There was an annual meeting for each resident, attended by the resident, his or her family and support workers, to discuss and plan around issues relevant to the resident, and to develop personal goals for the coming year. Each resident had a 'circle of support' consisting of their families, friends and key workers, which also met every six months to further discuss and plan around the resident's life and wellbeing.

Each resident had a personal plan outlining the things that they liked to do and included information about the resident's interests. The inspector reviewed a sample of personal plans, and found that residents' individual needs and life goals were set out, and the people responsible for pursuing the goals were identified. In the files viewed, residents' goals for the previous year had been achieved and current goals were being progressed.

There was a range of activities and educational opportunities taking place in local resource services which residents attended each weekday supported by staff. One of the

resource services was an active ageing group and provided activities suited to older persons, such as yoga, outings to the local town and coffee mornings. A resident who attended this group told the inspector that he enjoyed going there. Residents who attended the other resource service, participated in activities there, such as community outings, fitness classes, quizzes, bingo and a literary programme. These residents also told the inspector that they liked attending this service.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre suited the needs of residents and the centre was clean, comfortable, well maintained and suitably furnished.

During the previous inspection of the centre inspectors found the centre to be a comfortable, clean, and pleasant place for residents to live in. On this inspection, this standard continued to be evident.

All residents had their own bedrooms. The bedrooms were bright, well furnished and comfortable. Residents had adequate personal storage space and wardrobes. One bedroom had en-suite toilet and shower facilities and there were sufficient additional bathrooms and showers.

There was a variety of communal day space including a large open plan kitchen with a dining area, and two sitting rooms. The inspector found the kitchen to be well equipped and clean. There were laundry facilities in the house, where residents could do their own laundry if they chose to.

There were suitable arrangements for the disposal of general waste. Residents segregated waste before removal to bins which were stored externally and emptied by a private company. There was no clinical waste generated in the centre.

There was a well maintained garden to the rear of the centre.

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):

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

Findings:

There were good systems in place to protect the health and safety of residents, visitors and staff. However, risk assessment of arrangements for one aspect of emergency evacuation was required.

The provider had systems in place to ensure residents, staff and visitors to the centre were safeguarded in the event of a fire. Service records showed that all fire extinguishers, fire alarms and the central heating boiler had been suitably serviced. Staff also carried out safety checks such as monthly checks of fire extinguishers and the carbon monoxide alarm, and weekly checks of emergency lighting.

The inspector found that fire resistant doors were provided on residents' bedrooms, and that these doors closed automatically. At the time of inspection all exit doors were free from obstruction.

Training records indicated that all staff had received fire safety training. Fire drills were undertaken regularly. Three fire drills had taken place in 2016, all of which were during sleeping hours. Detailed records of fire drills were kept, which included the total times taken to evacuate the building. Records indicated that all evacuations had been achieved in a timely manner and that various staff had participated in the drills. While the total evacuation of the centre was recommended in the event of a fire, staff also received guidance on evacuation to an identified room in certain circumstances. There was, however, insufficient evidence available during the inspection to confirm whether or not this arrangement for horizontal evacuation was safe. The provider was requested to have a risk assessment undertaken by a competent person with expertise in fire safety to establish if this presented a risk to residents.

There was a risk management policy and a risk register available to guide staff. The risk management policy and risk register identified the procedures for the identification and management of risk in the centre, including the specific risks named in the regulations. Personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures.

All staff had received up-to-date training in moving and handling. Moving and handling

assessments had been undertaken for all residents although none of the residents needed additional support or assistive equipment.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Measures were in place to protect residents from being harmed or abused.

There was a policy on adult safeguarding, and a training schedule which ensured that all staff had attended safeguarding training.

The person in charge was knowledgeable regarding her responsibilities in relation to adult protection, and was clear on how she would respond to any allegation or suspicion of abuse.

Residents confirmed to the inspector that they were well supported by staff, felt safe living in the centre, and knew who to speak to if they had any concerns.

The inspector observed staff interacting with residents in a respectful and friendly manner. Intimate care plans had been developed for each resident to guide staff in the safe and appropriate delivery of intimate care.

There was also a policy on responding to behaviours that challenge to guide staff. Staff had received behaviour management training, and the service of a psychologist was available to support residents and to guide staff. The inspector viewed a sample of behaviour support plans which had been developed for residents and discussed these plans with staff. Staff were very clear about residents' support needs and explained proactive and reactive measures that would be used if required.

There were no residents using bed rails or any other form of physical restraint. Chemical restraint was not being used for behaviour management in 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:
The inspector found that residents' health care needs were met and they had access to appropriate medical and health care services.

All residents had access to general practitioners (GPs) and had attended annual medical checks. Residents also had access to health care professionals if required. These included a psychologist, speech and language therapist, an occupational therapist and a dietician. Residents had also had regular appointments with dentists, opticians and dental hygienists. Records of healthcare consultations were retained.

At the time of inspection all residents in this centre were well and had good physical health. There were no residents with diabetes, coeliac disease, weight management issues or who required modified diets. There were no residents with dementia or requiring end of life care. All the residents were independently mobile and there were no residents with a high risk of falls.

The inspector found that residents' nutritional needs were well-monitored, monthly weights were recorded and daily food diaries were kept for all residents.

All residents were supported and encouraged by staff to eat healthy balanced diets and participate in exercise, such as walking, swimming and exercise classes. Residents had unlimited access to the kitchen, and were involved in meal planning.

Judgment:
Compliant

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

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Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were safe medication management practices in place in the centre.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of p.r.n. (as required) medications was prescribed with clear guidance on administration. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify identity if required.

There were appropriate systems for the ordering, storage and return of medications. All medication was securely stored in a locked medication cabinet, in which unused and out-of-date medication was sufficiently segregated from other current medication prior to its return to the pharmacy.

There was a medication management policy to guide staff. Training records indicated that all staff who were involved in administration of medication had received medication management training.

At the time of inspection, none of the residents required medication to be administered crushed, medication that required refrigeration, or medication requiring strict controls. Self administration assessments had been undertaken for all residents, although this process was not found to be suitable for current residents.

Judgment:

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 that identified the lines of authority and accountability, and there were systems in place to review and improve the quality of service.

The person in charge was suitably skilled to manage the centre. She was knowledgeable about the requirements of the regulations, had a good overview of the support needs and personal plans of residents, and was clear about her role and responsibilities.

Both the person in charge, and staff who met with the inspector in the centre, knew the care needs of residents and demonstrated a commitment to improving the service offered to these residents.

There were systems in place for monitoring the quality and safety of care. Accidents and incidents were recorded and kept under review both by the person in charge and by the organisation's health and safety team for the purpose of identifying trends. Monthly medication audits were carried out by staff, as well as monthly health and safety checks.

Members of the management team carried out unannounced visits to the centre approximately every six months to review various aspects of the quality and safety of the service. Findings from these audits were communicated to the person in charge for her attention, and the issues identified in the most recent report had been addressed.

An annual review of the quality of the service had been undertaken. This report represented an overview of the service provided and reflected feedback from residents and families.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, at the time of inspection. However, some improvement was required to the planned staffing roster.

The person in charge maintained a planned and actual staffing roster, which reflected staffing at the time of inspection. However, the rosters did not indicate which staff were on duty at night-time, although this information was implied.

Staff accompanied residents when they wanted to do things in the local community such as going shopping, to concerts, or out for meals. Staff were always present when residents were in the centre, including at night time. Separate staff supported residents while attending the day services. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were clearly comfortable in the company of staff and they told the inspector that staff cared for and supported them very well.

A range of staff training had been organised. Training records confirmed that all staff had received mandatory training in fire safety, safeguarding, and manual handling, in addition to behaviour management and personal outcomes which were also mandatory in the organisation. Staff had also received training including safe medication administration, hand hygiene, communication, and eating, drinking and feeding.

Staff recruitment was not examined during this inspection.

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:

Jackie Warren
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 Ability West
Centre ID:	OSV-0001494
Date of Inspection:	06 March 2017
Date of response:	27 March 2017

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 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was insufficient evidence available to confirm whether or not evacuation to an identified room in the building, in certain circumstances, was safe.

1. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for

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

evacuating all persons in the designated centre and bringing them to safe locations.

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

The Manager of Ancillary Services, Health & Safety Manager and Architect met with a Fire Evacuation Specialist in relation to fire safety and evacuation in group homes. A risk assessment was carried out and the Fire Evacuation Specialist has stated that our procedures are in line with recommended evacuation procedures.

Proposed Timescale: 23/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The planned staffing roster did not state which staff were on duty at night-time.

2. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The planned and actual staffing rota now clearly shows which staff member is on duty at night time

Proposed Timescale: 16/03/2017