

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---------------------------------------|
| Centre name: | Clochan Services |
| Centre ID: | OSV-0004068 |
| 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: | 6 |
| 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 2 day(s).

The inspection took place over the following dates and times

| | |
|------------------------|------------------------|
| From: | To: |
| 29 November 2016 17:30 | 29 November 2016 20:30 |
| 30 November 2016 09:30 | 30 November 2016 15:00 |

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

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|---|
| Outcome 04: Admissions and Contract for the Provision of Services |
| 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

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with five of the residents living in the centre and with three staff members and the person in charge. The person in charge's line manager was also present during the inspection. Residents told the inspector that they liked living in the centre and felt safe there. They also said that staff looked after them well, that they enjoyed their leisure time and had plenty of involvement in the local community, and that they chose and received foods that they liked.

Description of the service:

The centre comprised of a house in a rural town, and was within easy reach of shops, restaurants, banks and all other amenities. The centre provided a residential care service for up to four residents and has two beds for respite, the use of which

were planned and recurrent. The service was provided to male and female adults with an intellectual disability.

Overall judgment of findings:

Of the eight outcomes inspected on this inspection, six were in compliance with the regulations and two were moderately compliant. There were no major non-compliances.

Residents received a good level of health and social care. Residents had interesting things to do during the day, and were also supported by staff to integrate in the local community. They also had good opportunities to keep in touch with family and friends. Residents' healthcare needs were well met and there were measures in place to safeguard residents from any form of abuse. The centre was suitably staffed to meet the needs of residents.

While there were health and safety measures in place, improvement to fire safety and evacuation was required.

Since the last inspection there had been considerable improvement to the medication management system. However, improvement to the prescribing and administration of medication was required.

The centre was well maintained, comfortable and suitably furnished and met the needs of residents using the service.

The provider had a clear governance system for the management of the centre, and auditing was being undertaken to review and improve the quality and safety of the service.

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

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

Findings:

This outcome was not examined in full at this inspection, but an action from the previous inspection in June 2015 was reviewed.

During the last inspection, the inspector found that, while agreements for the provision of services were agreed with all residents, they did not reflect some additional costs likely to be incurred by residents. On this inspection this had been addressed. The inspector reviewed an appendix to the agreements which clearly outlined any additional costs likely to be charged to residents.

Judgment:

Compliant

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 each resident's social wellbeing was maintained by a high standard of care and support. Residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, in the day service and in the community.

Residents had personal plans which contained personal information about their backgrounds, including details of family members and other people who were important in their lives. Plans set out residents' social interests, required health care supports and identified life 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 an identified 'circle of support' consisting of their families, friends and key workers. The 'circle of support' met every six months to discuss and make plans around issues of importance to the resident's life and wellbeing. The inspector viewed some personal plans and found that the goals identified were person centred and focussed on improving the quality of residents' lives.

There were a range of other activities taking place in day services and residents' involvement was supported by staff.

Residents told the inspector that staff supported them to access facilities in the local community such as shopping, eating out, meeting their families, leisure outings and socialising in the local town. When the inspector called to the centre for this unannounced inspection, three of the six residents were out for the evening for various social activities. One was visiting family at their home and another was meeting a friend for a meal. Another resident was away for a hotel break which was one of this resident's goals. Some residents also had part-time work in the local area. Some residents worked in businesses in the nearby town, which they told the inspectors that they enjoyed. There was transport available to bring residents to activities they wished to participate in.

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:

The inspector found that there were systems in place to protect the health and safety of residents, visitors and staff. However, there was improvement required to fire safety and emergency evacuation procedures.

The provider had measures 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 and fire alarms had been suitably serviced. In addition, staff carried out safety checks, such as weekly checks of emergency lighting and fire exits, and monthly checks of extinguishers. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

The measures to control the spread of fire were not adequate throughout the centre. There were no automatic closing mechanisms on some internal doors to increase the containment of fire and smoke in the event of a fire in the centre.

Training records indicated that all staff had received fire safety training. Staff who spoke with the inspector confirmed this and knew the evacuation procedure. Personal emergency evacuation plans had been developed for each resident. The information in these plans provided guidance about the level of support required by each resident. However, there was some guidance on evacuation that was not in line with best fire safety practice and could present a risk to residents.

Quarterly fire drills were recommended within the organisation, including at least one annual fire drill during sleeping hours. Records of fire drills were kept and included information such as the total time taken to evacuate the centre. Records indicated that all daytime evacuations had been undertaken in a timely manner. A recent fire drill had taken place in the early morning although the time taken was slightly slower than the person in charge's target evacuation time. Staff had recorded the issues that had impacted on this evacuation and the person in charge had organised a staff meeting in the following week to discuss and learn from these. She planned to carry out another drill in the near future while residents were sleeping to implement this learning.

There was a risk management policy and a risk register available to guide staff. The policy and register included procedures for the identification and management of risk in the centre. Personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures. While the centre was generally safe, there was a risk related to a bedroom door being kept open at night, at a resident's request, noted during the inspection. The person in charge updated the risk register during the inspection to include this risk and its control measure.

There was an emergency plan in place which included guidance for staff in the event of any emergency or evacuation of the centre. Arrangements were in place to use alternative accommodation in the event of evacuation.

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

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

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

There was a new policy on the safeguarding of adults with a disability from abuse. Each staff member had attended training in client protection. Staff who spoke with the inspector confirmed that they had received training in client protection, and were very clear on what constituted abuse and on how they would respond to it. Further safeguarding training to reflect the new policy was scheduled for all staff in January 2017.

The person in charge understood her responsibilities in relation to safeguarding and was clear on how an allegation or suspicion of abuse would be managed. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents told the inspector that they felt safe living in the centre.

There was also a policy on responding to behaviours that challenge to guide staff. All staff had received behaviour management training and the support of a psychologist was available in the organisation. At the time of inspection few of the residents exhibited behaviours that challenged or required behaviour management plans. The inspector viewed a behaviour support strategy which had been developed for a resident and discussed this resident's support with staff. Staff were very clear about the resident's support needs and explained proactive and reactive measures that would be used.

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' healthcare needs were met and they had access to appropriate medical and healthcare services.

All residents had access to General Practitioner (GP) services and those who chose to had annual medical checks. Residents also had access to a range of healthcare professionals including chiropodists, speech and language therapists and dieticians, and staff made referrals as required.

Each resident had a personal plan which outlined the services and supports to be provided to achieve good quality healthcare. The plans viewed contained detailed information around residents' healthcare needs, assessments, medical history and support required from staff. For example, plans of care had been developed for a range of health and personal care needs such as swallowing, epilepsy management and personal care.

The inspector found that residents' nutritional needs were well monitored and staff stated that none of the residents were losing or gaining weight. All residents were weighed weekly. Referrals to a dietician were made as required. The inspector viewed a care plan for a resident, where advice on nutrition and exercise were combined in a comprehensive nutritional care plan.

Some residents required modified consistency diets and these were supplied. Any residents with swallowing difficulties had been reviewed by a speech and language therapist, whose recommendations were clearly recorded to guide staff.

All residents were supported and encouraged by staff to eat healthy balanced diets and partake in exercise. The inspector saw residents eating healthy, home cooked meals which they said they enjoyed. Residents had unlimited access to the kitchen, and were involved in food preparation, meal planning and grocery shopping. Healthy snacks were available at all times.

There were no residents in the centre with wounds or pressure ulcers, diabetes or assessed as being at risk of malnutrition.

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):

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

Findings:

The inspector found that there were generally safe medication management practices in place, but guidance on administration of residents' medication required improvement.

During the previous inspection in June 2015, the inspector found that appropriate and suitable practices were not in place for prescribing, disposal and administration of medicines. On this inspection, these issues had been partially addressed in respect of prescribing and administration. Improvement had also been required to the disposal of unused and out of date medication, and this had been satisfactorily addressed.

There was a medication management policy to guide staff. Training records indicated that all staff had received medication management training, which was mandatory in the organisation.

The inspector reviewed a sample of prescription and administration charts and noted that most of the information required to guide staff on safe medication administration was present. Names of medications, times of administration, required dosages and signatures of the staff members administering the medication were clearly recorded. However, the person in charge had not ensured that the all the required information was consistently recorded. On some prescription sheets, the routes of administration were not stated to guide staff. In addition, some of the prescription sheets from which staff administered medication were not clearly legible

Overall, there were appropriate systems in place for the ordering, storage and return of medications. Since the last inspection the centre had changed its supply system and now received residents' medication in individual, sealed packs, which were pre-prepared by the pharmacist. These were securely stored in a locked medication cabinet. There were colour photographs of each resident available to verify identity if required. There was a secure system for the storage and return to pharmacist of unused and out-of-date medication.

At the time of inspection, none of the residents required medication to be administered crushed or medication requiring strict controls.

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):

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

Findings:

The provider had established a clear management structure, suitable supports were available to staff, and there were systems in place to review and improve the quality of service.

The person in charge had responsibility for the overall management of the service, for overseeing the quality of care delivered to residents and for supervision of the staff team. She worked closely with an area manager who was her line manager.

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

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. There were arrangements in place to cover the absence of the person in charge and there were on-call, out of hours arrangements in place to support staff.

There were systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and the person in charge did a three-monthly review of these to identify trends. Staff in the centre also carried out monthly medication audits.

Members of the management team carried out unannounced visits to the centre every six months to review the quality and safety of the service. Findings from these audits were communicated to the person in charge for attention and were also reported to the provider. An annual review of the quality of the service had also been undertaken.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff.

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. The person in charge maintained a planned and actual staff roster which the inspector viewed and found to be accurate for the day of inspection.

Staff were present to support residents in the centre and when they wanted to do things in the neighbourhood such as going shopping or for coffee, visiting the hairdresser, going for walks, shopping or attending social or sporting events. Separate staff supported the residents while at day services.

A range of staff training had been organised. Training records confirmed, and staff who spoke with the inspector stated, that they had received all mandatory training, including training in management of behaviour that is challenging, which is mandatory in the organisation. Staff had also received training in first aid and eating, drinking and swallowing, and epilepsy care.

Staff recruitment was not examined during this inspection.

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:

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

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Ability West |
| Centre ID: | OSV-0004068 |
| Date of Inspection: | 29 and 30 November 2016 |
| Date of response: | 14 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 were no automatic closing mechanisms on internal doors to increase the containment of fire and smoke in the event of a fire in the centre.

1. Action Required:

Under Regulation 28 (3) (a) 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.

detecting, containing and extinguishing fires.

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

Magnetic door release mechanism to be installed on the downstairs bedroom door. Centre Emergency Evacuation Plan has been amended to factor in that this door is opened at night.

Action Plan Update:

Door Closing Devices to be fitted to all bedroom doors and all fire doors leading onto the downstairs hallway. This will be completed by 21/03/2017

Proposed Timescale: 21/03/2017

Theme: Effective Services

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

There was some guidance on evacuation that was not in line with best fire safety practice and could present a risk to residents.

2. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Discussed the outcomes of the fire drill with the service users at house meeting held on 11/12/16. Mock fire drills carried out with all service users and evacuation times reduced. Advice has been sought from a Fire Evacuation Strategist on 02/02/2017 and we await the report. We will follow any recommendations from this report.

Action Plan Update:

The Fire Evacuation Strategist employed has confirmed that the practice outlined during the inspection is in line with best evacuation practice in the event of a fire.

Proposed Timescale: 17/02/2017

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:

The person in charge had not ensured that the all the required information for medication administration was consistently recorded. On some prescription sheets, the routes of administration were not stated to guide staff. In addition, some of the prescription sheets from which staff administered medication were not clearly legible.

3. 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:

Prescriptions reissued and are all legible and contain the route of administration.

Proposed Timescale: 02/12/16 Completed

Proposed Timescale: 02/12/2016