

**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-0002447
Centre county:	Cavan
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	PJ Wynne
Support inspector(s):	Geraldine Jolley
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 January 2015 09:30	07 January 2015 17:30
08 January 2015 09:15	08 January 2015 16:00

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

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

Summary of findings from this inspection

This report set out the findings of an announced registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register a designated centre. The inspection took place over two days and was the second inspection of the centre undertaken by the Authority. The findings of the previous monitoring inspection concluded that some improvements were necessary to meet all of the requirements of the Regulations.

The actions plans outlined in the inspection report dated 28 May 2014 were reviewed during this inspection. The inspector found that the majority of the actions had been

completed satisfactorily. However, the action plan in relation to Outcome 6, Safe and Suitable Premises was not completed. Scaled drawings of proposed structural works were shown to the inspector to revise the layout of four bedrooms to provide en suite facilities. Other actions not completed satisfactorily include minimising the risk of scalds from hot water, reviewing the fire drill practices and moving and handling risk assessments. These actions are repeated in the action plan of this report.

The building is well maintained. It was found to be clean, comfortable and welcoming. There was a good standard of décor throughout. Eight residents live at the centre on a long term basis and two residents are accommodated for respite care on a rotational basis. The three remaining beds are dedicated to the provision of residential palliative care services which is a consultant led service.

There was a good emphasis on personal care and ensuring personal wishes and needs were met. Residents were assisted and supported to communicate, appropriate to their identified needs, and had any aids needed to support them. Staff had completed the mandatory training required by the Regulations. In addition they had completed training in areas of medication management, disability awareness and hand hygiene to ensure their continuous professional development.

However, the following areas were identified for improvement and are outlined in the action plan at the end of this report. The inspector judged there were not a sufficient number of care assistants to support the nursing team and to meet the individual and collective needs of residents. The involvement of allied health professionals and the resident's next of kin was not reflected in the annual personal plan reviews.

The Action Plan at the end of the report identifies all areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities

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):

No actions were required from the previous inspection.

Findings:

Residents confirmed they were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy and information about their rights. Inspectors spoke with some residents who confirmed they were able to make their own decisions about what they chose to do with their time, day and night.

Staff members were seen to treat residents with dignity and respect. The residents were positive about the staff and felt they were there if they needed anything. Relatives also provided positive feedback including 'the staff are excellent', and 'the staff are ever attentive and very obliging and helpful' in questionnaires submitted to the Authority.

Each resident had personalised their bedroom with their own possessions. There was a policy in place that covered resident's personal possessions, and records were maintained of all their personal belongings. There was adequate storage in bedrooms for residents clothing and possessions. Scaled drawings of proposed structural works were shown to the inspector to revise the layout of four bedrooms to provide ensuite facilities. On completion of this work each resident would have their own ensuite bathroom, fully ensuring their privacy.

There was a policy on the management of complaints. An easy-to-read version for residents was prominently located in each resident's bedroom. A second person was available to ensure that complaints are appropriately responded to and records maintained. If the complaint was not resolved by the organisation, the complainant could bring their complaint to the HSE complaints officer. However, the names of

individuals, their contact details and position within the service were not outlined. The policy referred to the unit and service manager and general manager.

The inspector viewed the complaints log. This documented the nature of the complaint, the investigation and the outcome to resolve the issue raised to the complainants satisfaction.

Judgment:
Non Compliant - Minor

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were assisted and supported to communicate, appropriate to their identified needs, and had any aids needed to support them.

Staff were aware of the communication needs of each resident. Communication needs were clearly identified in residents care plans. There was good detail in the personal plans on how the resident likes to spend their day in relation to their leisure interests, their daily care routine, their level of dependency and the activities of daily living they required assistance with.

Picture-enhanced communication was available and displayed to support non-verbal communication and to relay information regarding daily activities, choices, staff on duty and the named advocate. Communication passports were available for each resident. These provided a valuable tool if service users had to attend or be admitted to the local acute hospital. Residents were provided with technology to assist their communication needs. One resident communicated via a litewriter and was provided with the option of laser, voice activated technology.

Judgment:
Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community, where needed. Some residents were very independent in the service, and did not need the support of staff to maintain contact with their friends and families. They reported that they were able to come and go and have visitors at times that suited them. Residents had access to an advocacy service. One resident spoken with told the inspector she acted as an advocate for residents and would raise any concerns on their behalf to the person in charge. All residents had regular contact with their families who visited routinely and also advocated on their behalf. Relatives who completed the questionnaires were positive about the level of contact they were able to have with their family member and the quality of life they had.

Each resident had documentation outlining their 'circle of support'. This detailed the important people in their life and how those relationships supported them.

There were opportunities for residents to participate in a range of activities based on the interests and choices of residents. The centre had access to transport to support residents attend activities. While Mass was available in the centre on a weekly basis, one resident attends the local Cathedral each Sunday.

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):

No actions were required from the previous inspection.

Findings:

The centre's admission and discharge policy set out in a clear manner the criteria for admission. Referrals for new admissions are through the Health Service Executive (HSE) services and are reviewed by the manager of the disability service and agreed by the

admissions committee. However, as confirmed in the Statement of Purpose there are no regular admissions to the centre for long term care. There has only been one admission in the past two years. The majority of the residents have resided at the centre on average for the past five to six years.

Two beds are available for respite, usually for a maximum period of two weeks at a time. The provision of respite for regular service users is planned on a three monthly basis. Where a greater need is identified a more frequent service is provided. All referrals for respite initially are referred through the community sensory and disability team. The person in charge then consults with the key community person to plan the initial admission to the service.

The three remaining beds are dedicated to the provision of residential palliative care services. This is a consultant led service. Only people already referred to the palliative home care team are eligible for admission to the centre for palliative care.

Work was in progress to ensure each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged. A copy of the contract of care was retained in each file examined and a copy was sent to the nominated next of kin.

The person in charge was awaiting the return of copies of signed contracts from each resident's nominated next of kin. There remained two contracts outstanding. While the amount payable by the residents was detailed the overall fee was not outlined in the contract of care. Each party's signature in the contract was not witnessed.

Judgment:
Non Compliant - Minor

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:
There was a good emphasis on personal care and ensuring personal wishes and needs

were met. Care and support provided to residents reflected their assessed needs and respected their wishes. The care plans and other documents reflected this clearly, and were completed fully where needs were identified. Residents' preferences and wishes regarding their daily routines were recorded in detail. Resident's files contained information that outlined their health, intimate and personal care needs along with their family contacts and relationships.

Each resident had a plan outlining their personal goals for the year. The personal plans are newly introduced and are in their second year of implementation. Care plans were guided by clinician's assessment of need, staff knowledge, behaviours and assessed risk factors. The plans contained realistic goals, identified the person responsible for assisting residents in achieving their goals, and there was evidence that a number of these goals had been achieved.

However, a review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents taking account of their preferences, to support and enhance their life experiences. One resident's goal was to visit home regularly. This was achieved on a number of occasions over an 18 month period. Due to deterioration in the resident's physical health this was no longer a realistic goal. However, the personal plan was not revised to account for the change in circumstances. Another resident had a personal plan to move to an independent living setting. A possible accommodation was identified. However, the personal plan was not updated to take account of the current situation and supports required to achieve this goal.

There was evidence of the involvement of multidisciplinary team members in planning to meet needs. The person in charge met every two week with a range of allied health professionals from the physical and sensory disability team. However, their involvement or the resident's next of kin was not reflected in the annual personal plan reviews.

There was no simplified or easy to read version of resident's personal plans available. Personal plans were not synopsised in pictorial format for the residents to assist their understanding of their personal goals.

Judgment:
Non Compliant - Minor

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):

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

Findings:

The building is a single storey building and is designed to accommodate wheelchair users or residents requiring the use of assistive equipment. All residents were accommodated in single bedrooms. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There was a good standard of décor throughout.

On the last inspection it was identified there are eight single ensuite bedrooms with a toilet, shower and wash hand basin. There is only one other toilet available for the four remaining residents not accommodated in ensuite bedrooms. The bathroom is not located close to the residents' bedroom accommodation and therefore does not meet the needs of residents adequately. The bathroom is also designated as a visitors toilet posing a risk cross infection.

A scaled drawing of proposed structural works was available. The centre's management team plan to revise the layout of four bedrooms to provide ensuite facilities. On completion of this work each resident would have their own ensuite bathroom fully ensuring their privacy. The works are due to commence shortly the inspector was informed.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

Systems and procedures were in place to promote the health and safety of residents, staff and visitors. This area was examined in detail on the last inspection and further reviewed on this visit. The action from the last inspection in relation to revising the risk management policy was completed.

The temperature of dispensing hot water was excessively hot in a number of bedrooms checked around the centre and may pose a risk of burns or scalding. This was identified as an area for improvement on the last visit. The person in charge informed the

inspector thermostats will be fitted as part of the upgrading work to provide en-suite bathrooms.

The Authority was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for adults with disabilities in advance of this inspection. Similarly, evidence of compliance with planning and development legislation was submitted to the Authority.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. The emergency lighting was upgraded since the last inspection. Evacuation sheets were fitted to each bed and all residents had a personal emergency evacuation plan in place. The fire escape route plans were displayed.

All staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed. However, the drills did not record the scenario/type of simulated practice, the time taken for staff to respond to the alarm and to evacuate. There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required. There were no residents who smoked residing in the centre at the time of this inspection.

The inspector viewed evidence confirming all staff had up to date training in the safe moving and handling of residents. Due to the dependency of residents a hoist was required by staff to assist with moving and handling of the majority of residents in a safe manner. A moving and handling assessment was available for each resident in a folder easily accessible to staff at the point of care delivery. However, details of the sling type and size were not outlined in each assessment. This was identified as an area for improvement on the last visit.

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

implemented.

Findings:

There was a policy on protecting vulnerable adults in place and all staff had received up-to-date training on responding to suspicions or allegations of abuse. Staff members spoken with by inspectors were knowledgeable of the various forms of abuse, were able to identify signs of abuse in residents with communication difficulties and what to do in the event of suspicions or allegations of abuse.

There was a notification in relation to adult protection notified to the Authority. Suitable safeguarding measures were put in place. An investigation was undertaken. However, the report and its conclusions were not fully completed at the time of this inspection. The inspector observed there was a protracted delay from the time of the incident to determining the final outcome of the matter. The provider is required to submit the outcome of the final decision on the incident to the Authority.

The systems in place to manage residents' finances were not examined on this visit. This area was reviewed in detail on the last inspection. Transparent arrangements were in place regarding the management of finances which were supported by an appropriate organisational policy.

The inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had been provided to all staff.

Physical restraint management, the use of bed rails was in place. The person in charge stated that bedrails were not used in a restrictive capacity, rather as an enabler to support the resident while in bed. A safety risk assessment was completed. The risk assessment tool was changed since the last inspection. However, not all parts of the form were completed. It was not clear from the documentation if a resident had one or two bed rails raised, the rationale for the bed rail and if it was at the resident's request. There was no care plan in place for residents who have bed rails raised. There was no rationale detailed to outline how the raised bed rail supported the resident and ensured an enabling function.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

A record was maintained of all incidents and accidents that had occurred in the centre. There had been no incidents which required reporting to the Chief Inspector. A quarterly report had been provided to the Authority as required by the Regulations.

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):

No actions were required from the previous inspection.

Findings:

Residents had opportunities for new experiences and social participation. Where appropriate to the residents' capacity and needs. There was evidence of participation in education. One resident had completed some modules of a further education and training awards council (FETAC) certificate.

Four of the eight residents residing in the centre on a long term basis attend day programs on a regular basis presently. One resident has a goal to attend a day service. The resident has a personal assistant assigned for one hour each day presently. Through a progression of work it is proposed to increase this service to a maximum of ten hours per week to assist the resident attend a day service.

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):

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

Findings:

There was evidence from documents, interviews and observation that a range of allied health services are available and accessed. This included occupational therapy, dietician services, psychiatry, social work and speech and language therapy.

A local general practitioner (GP) service was responsible for the health care of residents. However, records of GP visits and their recommended treatment plan were not always documented or available. A review of the systems in place is required to ensure that appropriate information is communicated and shared. There was no documented medical review for one resident during 2013 and only one entry during 2014 in the medical file. The resident is prescribed a large amount of medicines and has a chronic, progressive illness.

Residents required maximum support to meet their physical care needs. All eight residents required the use of hoist to support their moving and handling needs in their activities of daily living. Each resident required full assistance with all their meals and to take drinks. Only one resident was able to assist himself to drinks with supervision. At the time of this inspection the majority of residents in receipt of respite and palliative care were maximum dependency and required full support in their activities of daily living.

A range of risk assessments were completed to inform care planning and detailed interventions in relation to identified needs. These included, for example vulnerability to falls, dependency levels, nutritional care, and the risk of developing pressure sores. In most cases there was a care plan in place where an issue was identified. However, one resident with a diagnosis of epilepsy did not have a plan of care. The resident was prescribed emergency medication in the event of a continuous seizure. However, there was not a plan of care in place to ensure the safety of the resident and guide staff in their interventions. There was no care plan in place for residents who have bed rails raised.

There was a policy and guidelines for the monitoring and documentation of nutritional intake. This was revised since the last inspection. There was evidence of input from dietetic services. Nutritional risk assessments were completed. One resident has a percutaneous endoscopic gastronomy (PEG) feeding systems in place. All other residents are on modified diets and require their fluids to be thickened to minimise the risk of aspirating (food/fluid entering the lungs). Staff spoken with could describe the different food textures and each resident's specific requirements.

While residents' weights were checked there was inconsistency in monitoring the weights of residents. In one file reviewed a resident noted as losing weight was not being checked routinely. This was identified as an area for improvement on the last visit.

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):

No actions were required from the previous inspection.

Findings:

There was a policy in place for the ordering, prescribing, storing and administration of medication. There were appropriate procedures in place for the return of unused/out-of date medicines to the pharmacy. Training records viewed by the inspector indicated that staff had received training in medication management.

There was no residents self medicating at the time of this inspection. Facilities were available in each bedroom to ensure the secure storage of medication if a resident wished to self medicate. Revised prescription sheets were introduced since the last inspection.

Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and signed by two nurses. A medication incident report form is available to record any medication errors.

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):

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

Findings:

A written statement of purpose was available and it reflected the day-to-day operation of the centre, the services and facilities provided. The statement of purpose submitted

required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below:

- A description of the sizes of all the rooms in the designated centre was provided in the form of a floor plan. However, due to the scale of the drawing the sizes were not legible.
- Apart from the management team the staffing complement does not require each staff members name to be identified.
- The person nominated to deputise in the absence of the person in charge was not indicated.

Judgment:
Non Compliant - Minor

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):

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

Findings:

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The person in charge worked full-time and had the skills and experience necessary to manage the centre.

The person in charge had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

The system to review the quality and safety of care and quality of life requires further development by the provider to ensure a more robust approach in line with the requirements of Regulation 23. This was identified as an area for improvement on the last inspection. Work remains in progress to satisfactorily complete this action. The management team advised the inspector an audit tool is being developed to audit a broad range of areas.

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):

No actions were required from the previous inspection.

Findings:

A Clinical Nurse Manager 1 (CNM) was nominated to deputise in the absence of the person in charge. The arrangements and reporting systems were known to staff. The CNM 1 was generally rostered opposite the person in charge.

There were sufficient arrangements in place to manage the service out-of-hours and at weekends. Other service managers are rostered to do on-call on a rotating basis.

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):

No actions were required from the previous inspection.

Findings:

The inspector examined staff rosters, reviewed residents physical care and psychosocial needs in care files. The inspectors met with some residents and discussed with staff their roles, responsibilities and working arrangements.

The inspector was satisfied there was an adequate number of nursing staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection.

However, the inspector judged there were not a sufficient number of care assistants to

support the nursing team and to meet the individual and collective needs of residents. There are three care assistants rostered from 08:00 hrs until 14:00 hrs. At this time, one care assistant is allocated to cleaning duties until the shift finishes at 20:00 hrs. The two remaining care assistants are required to meet the needs of all residents. However, one care assistant is required on a minimum of two days each week to accompany the bus driver to assist residents return from their day service. This further depletes resources for the residents remaining on-site, which generally average ten in the afternoons. Care assistants undertake all the personal laundry for residents during their care duties. Additionally at the weekend they are required to provide the evening meal and supper. Kitchen staff complete their shifts at an earlier time of 14:00 hrs and 16:00 hrs respectively on the weekend days. While the cooks will leave food ready if any residents require an alternative option this is prepared by the care staff.

While all staff endeavoured to meet resident needs the staff resources are not sufficient from 14:00 to 22:00 hrs. There is one nurse and one care assistant rostered from 20:30 until 08:00 hrs the following morning. There is a high demand on nursing staff to meet the clinical care needs of residents accommodated for end of life. One resident accommodated for long term care requires a high level of support. While a personal assistant is available five days a week the resident's evening routine at the weekend could not be facilitated to a time of her choice due to limited staff resources.

The inspector found there was an insufficient number of care assistants to meet the needs of all residents in a person centred manner considering the complexity of care needs and the physical care demands. All eight residents long stay residents required the use of a hoist and each resident requires full assistance with all their meals and to take drinks. In addition considerable time is required to routinely admit and plan the safe discharge of respite residents.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

Findings:
The inspector reviewed a selection of staff files and noted that the files contained all

documents as required under schedule 2 of the regulations. Garda Siochana vetting was applied for all staff members.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Records evidenced a range of training was ongoing. In addition to the mandatory training required by the Regulations staff had undertaken in medication management, disability awareness and hand hygiene.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that the records required by regulation in relation to residents, including medical records, nursing and general records were up to date, easily retrieved and maintained in a manner so as to ensure completeness. All of the required policies were in place and had been recently reviewed. Documents, such as the residents guide and directory of residents were available.

However, all the details of residents admitted for respite or palliative care were not completed. The address and phone number details were omitted from the directory entries.

Judgment:

Non Compliant - Moderate

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:

PJ Wynne
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-0002447
Date of Inspection:	07 January 2015
Date of response:	16 February 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The names of individuals, their contact details and position within the service were not outlined. The policy referred to the unit and service manager and general manager.

Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted

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

to understand the complaints procedure.

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

Policy on complaints reviewed on 10th Feb and names, contact details and positions of individuals referred to in the policy outlined as per feedback

Proposed Timescale: 16/02/2015

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:

There remained two contracts outstanding. While the amount payable by the residents was detailed the overall fee was not outlined in the contract of care. Each party's signature in the contract was not witnessed.

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:

(i) One outstanding contract of care being reviewed by residents solicitor, the other contract of care was being reviewed by a resident who has mislaid the contract. New contract currently being developed.(ii) All contracts of care are being reviewed to reflect the overall fee applicable to the person, and also to reflect any additional fees which may accrue.(iii) All contracts of care will be reviewed to ensure that each residents signature,where applicable, is witnessed by an advocate or a family member.

Proposed Timescale: (i) and (iii) Completed by 31st March 2015 (ii) Completed by 28th February 2015.

Proposed Timescale: 31/03/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents taking account of their preferences. Some personal plan were not updated to take account of current situations and the supports required to achieve goals.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

All residents' personal plans are currently being reviewed and updated with a specific focus on clearly outlining the required supports which are necessary for the individual resident to achieve his or her goal. Clear direction and clarity has been provided to all health care assistants who have been the responsibility for these reviews with support from nursing staff.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Involvement of allied health professionals or the resident's next of kin was not reflected in the annual personal plan reviews.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

All nursing staff have been given clear direction and clarity on the process involved in organising the review of residents personal plans. They have been instructed to ensure that all allied health care professionals involved with the resident are issued with standing invitations to all personal plan reviews. They have also been instructed to ensure that all family members/next of kin have also been issued with invitations.

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

There was no simplified or easy to read version of resident's personal plans available.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Following completion of the review of all residents' personal plans, each residents personal plan will then be synopsised and reflected in a simplified visual format.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

One resident with a diagnosis of epilepsy did not have a plan of care to ensure the safety of the resident and guide staff in their interventions. There was no care plans in place for residents who have bedrails raised.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- (i) All resident files are currently being reviewed to identify any resident with a primary diagnosis of epilepsy, or who has developed epilepsy secondary to their primary diagnosis. Once identified, individual care plans will be developed to ensure their safety and to provide guidance for staff.
- (ii)) All residents who use bedrails will be reviewed and care plans will be developed for each resident which clearly outlines the following: rationale for use, are the bed rails being used as an enabler, has the resident requested the bed rails, process around the monitoring of the use of bed rails, inherent risks and review date.

Proposed Timescale: 31/03/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There is only one other toilet available for the four remaining residents not accommodated in ensuite bedrooms. The bathroom is not located close to the residents' bedroom accommodation and therefore does not meet the needs of residents adequately

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:

The plan for structural changes to address this issue has been finalised. A report from

estates department outlining commencement date for this work in April 2015.

Proposed Timescale: Completed by end of April, 2015 and work completed by March 2016.

Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The temperature of dispensing hot water was excessively hot in a number of bedrooms checked around the centre and may pose a risk of burns or scalding.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Maintenance department was contacted via e-mail on 4th February regarding the seriousness of this issue and the importance of an urgent response. Maintenance visited the site on the 6th February to assess the nature of the problem. E-mail to unit from maintenance on the 9th Feb outlining the nature of the problem which is currently being addressed.

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

A moving and handling assessment was available for each resident in a folder easily accessible to staff at the point of care delivery. However, details of the sling type and size were not outlined in each assessment.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

All moving and handling assessments have been reviewed to reflect details of the sling type and size, and colour code of each individual residents sling.

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

Fire drills did not record the scenario/type of simulated practice, the time taken for staff to respond to the alarm and to evacuate. There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

Action Required:

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

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

Complete fire drills including simulated evacuation, response times and evacuation times will be commenced in February and conducted on a monthly basis thereafter. A separate record of the above will be maintained by the PIC and fire drills will now be a standing agenda item on all unit meetings. This will be the forum for any shared learning accruing from the fire drills.

Proposed Timescale: 28/02/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all parts of the restraint risk assessment tool were completed. It was not clear from the documentation if a resident had one or two bedrails raised, the rationale for the bedrail and if it was at the residents request. There was no rationale detailed to outline how the raised bedrail supported the resident and ensured an enabling function.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

A new risk assessment tool for bed rails has been completed for each resident who uses bed rails. This assessment clearly identifies if the resident has requested bed rails and if one or two bed rails is being used. The assessment is supported by a care plan which outlines the rationale for use and if the bed rails are being used as an enabler, a clear

rationale for this is also provided.

Proposed Timescale: 16/02/2015

Theme: Safe Services

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

The inspector observed there was a protracted delay from the time of the incident, through the investigation process to determining the final outcome of the matter. The provider is required to submit the outcome of the final decision on the incident in relation to adult protection to the Authority.

Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

Investigation is still ongoing/it is expected that the final report should issue by end of March

Proposed Timescale: 31/03/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no documented medical review for one resident during 2013 and only one entry during 2014 in the medical file. The resident is prescribed a large amount of medical and has a chronic, progressive illness.

Action Required:

Under Regulation 06 (2) (a) you are required to: Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available.

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

Actions taken at a local level have been to ensure that our systems were reviewed and steps have been taken to ensure that this does not happen again through the use of a color coded filing system.

Proposed Timescale: 16/02/2015

Theme: Health and Development

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

While residents' weights were checked there was inconsistency in monitoring the weights of residents. In one file reviewed a resident noted as losing weight was not being checked routinely.

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:

As a standard, communication has been issued to all staff to ensure that residents weights are carried out on the first of every month. These are then to be recorded in the individuals MUST assessment. All MUST assessments will be reviewed to ensure that the actions ensuing are documented in a care plan format if necessary.

Proposed Timescale: 31/03/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below:

- A description of the sizes of all the rooms in the designated centre was provided in the form of a floor plan. However, due to the scale of the drawing the sizes were not legible.
- Apart from the management team the staffing complement does not require each staff members name to be identified.
- The person nominated to deputise in the absence of the person in charge was not indicated.

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 has been revised to reflect the following;

- The person nominated to deputise in the absence of the person in charge.
- Staffing compliment names removed from the statement.

Proposed Timescale: 16/02/2015

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 system to review the quality and safety of care and quality of life requires further development by the provider to ensure a more robust approach in line with the requirements of Regulation 23.

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:

At an area management level, Disability services have endorsed the use of Nursing metrics as a Key Performance Indicator. Ongoing discussion and in collaboration with the NMPD three pilot sites have been selected for the implementation of the Nursing metrics. Staff are currently being trained in the use of the technology to support these Nursing metrics and they will eventually be implemented across all residential units.

Proposed Timescale: Piloting phase completed by 28th February 2015 across three sites. Completion for all other residential units by end of 2015.

Proposed Timescale:

Outcome 16: Use of Resources

Theme: Use of Resources

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

Staff endeavoured to meet residents' needs however, staff resources are not sufficient from 14:00 to 22:00 hrs. There were not a sufficient number of care assistants to support the nursing team and to meet the individual and collective needs of residents.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Additional care assistant staffing resource secured from 14:00 to 22:00 hrs 7 days a week to meet the individual and collective needs of residents.

Proposed Timescale: 23/02/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

All the details of residents admitted for respite or palliative care were not completed. The address and phone number details were omitted from the directory entries.

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

Directory of residents was reviewed and all information listed as missing outlined above, has now been included.

Proposed Timescale: 16/02/2015

Theme: Use of Information

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

Records of GP visits and their recommended treatment plan were not always documented or available. A review of the systems in place is required to ensure that appropriate information is communicated and shared.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The systems in place have been reviewed and amended. A new colour coded system is now in place which ensures that all current information/treatment plans are filed in the patients clinical files coded green.

This has been communicated to all members of the nursing team.

Proposed Timescale: 31/03/2015

