

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinea
Centre ID:	OSV-0002468
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 January 2017 09:30 To: 24 January 2017 19:00

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

Background to the inspection:

This was the second inspection of this centre as a stand-alone designated centre which is operated by the Health Service Executive (HSE) in the Westmeath area. It had previously been a unit as part of a larger designated centre back in 2015. The centre had one previous inspection in August 2016 which identified seven actions in need of address by the Provider under the core outcomes. The purpose of this inspection was to follow up on the actions from the last inspection, identify the levels of compliance across all 18 outcomes and to inform a decision on registration. The provider was applying to register the centre for five residents.

How we gathered our evidence:

The inspector met and interacted with five residents, the inspector spoke with the person in charge and four of the staff on duty, observed practice and reviewed documents such as care plans, assessments, financial records, policies, procedures and the fire register. The inspector also reviewed the application to register submitted by the provider and accompanying documents. Questionnaires were filled in with, and on behalf of the five residents by staff members, these were also reviewed as part of the evidence gathering.

Description of the service:

From the provider's written statement of purpose this centre is described as providing 24 hour residential support from a team of nurses and health care assistants for five adults with intellectual disabilities, autism, medical needs and mental health difficulties, catering for both male and female residents. On the day of inspection, the inspector found there to be three women and two men living in the centre who were receiving support as set out in the written statement of purpose.

The centre is a bungalow providing each resident with their own private accommodation, adequate communal accommodation and suitably adapted bathroom facilities to meet the mobility needs of residents.

Our findings:

Overall, the inspector found that residents received care and support in a person-centred manner in a homely environment that was suitable to their individual and collective needs. Compliance or substantial compliance was evidenced in 15 of the 18 outcomes inspected. Areas of good practice included:

- Homely premises personalised to residents' tastes and interests and suitable equipment available.
- Improved and stable levels of staffing during the day and night to meet the assessed needs of residents, staff were familiar to residents. Some staff had supported them for a number of years from their transition from the larger campus based setting to this smaller community unit.
- A range of activity sampling and improved access to the community and daily occupation for residents.
- A clear governance structure and systems in place to review the quality and safety of care.

Some areas were in need of address by the provider and person in charge to ensure compliance with the Regulations and Standards which resulted three moderately non-compliant outcomes and in six actions arising from this inspection. These were:

- The assessment, planning and review of residents' needs including the input of the

multidisciplinary team (MDT)

- The assessment and management of risks in the centre
- The protection of residents' finances and entitlements
- Training in the use of restraint for residents with behaviours of concern
- The accuracy and retention of records in respect of residents' care and support needs

The findings of this inspection are outlined in the outcome headings in the report, with areas in need of address clearly outlined in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:

Overall the inspector found that residents were consulted regarding their care and support and daily routines. There were meetings held on a weekly basis with residents to determine their wishes in relation to the meals for the coming week, to inform them of the activities planned and give information on any other issue relating to the centre. Records indicated these meetings were held routinely, and the inspector found that choices made at these meetings were followed through. For example, the choosing of a meal or activity plan.

The inspector found that residents were encouraged to have choice and control over their daily lives. Communication aids were in place and alternative methods used in line with residents' needs to promote choice making. Residents and their representatives were involved in the direction of their care and attended meetings about their goals and care plans where suitable. For example, yearly gathering of information and goal setting meetings.

The inspector found that there was an effective complaints process in place guided by an overall policy. There was an appointed complaints officer to manage and respond to formal complaints and this person's photograph and information was on display in the centre. There was a process in the centre for verbal or informal complaints to be resolved at local level by staff on duty or the person in charge. If these could not be resolved and satisfaction gained, then the complaint was brought to the complaints officer and managed in a more formal way. All complaints, including verbal complaints, were recorded in the centre to ensure transparency and to verify that a satisfactory response had been obtained. Complaints were reviewed on a monthly basis as part of

the review conducted by the person in charge and the assistant director of nursing and any learning gained was noted.

The inspector found from observations, the manner in which staff spoke about residents and records reviewed it was evident that residents were treated respect and issues discussed in a dignified manner. Residents were informed of what was happening during the steps of their support. For example, during mealtimes when being supported with eating their meals.

The inspector found that improvements were required to ensure the promotion of residents' rights in respect of their financial entitlements. The oversight of the systems to manage residents' finances did not adequately capture gaps in residents' income due to the changeover from the disability allowance to the State pension once a resident turned 65 years old. This had resulted in a lack of income for some residents for a period of time while continuing to pay rent to the provider and a delay in seeking the back due amount from the state. Appropriate steps had been taken once this was noticed and the person in charge had followed up on the issue. However, the systems to protect residents' finances should have captured the discrepancies at first point of issue. This was discussed at the feedback meeting with the person in charge and further assurances sought on behalf of the provider post inspection.

Judgment:

Non Compliant - Moderate

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:

The inspector found that residents were supported and assisted to communicate and understand information in the designated centre. Residents living in the centre had additional needs in relation to communication. The inspector found the centre was promoting a total communication approach, with the use of photographs and signage through the centre. For example, a photo display of what meals were on the menu, who was on duty for that day and different activities.

Residents had communication profiles and information in their personal plans and care plans. Such as the individual methods that they used to communicate, how they demonstrated if they were having difficulty understanding you, things that they liked to talk about and outlined the people who knew their communication skills best. Personal

plans were user friendly with photographs used to portray the information. These were kept in residents' rooms along with information guides on good communication.

Some residents' had validated assessment tools completed to outline how they presented if they were in pain or distress.

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:

The inspector found that relationships with families were supported and promoted by the staff in the centre. The inspector saw evidence of family visits, both into the centre and records of residents going out or to a family members' home to spend time with them. The inspector found that residents' families were encouraged to be involved in the personal planning process if this is what the resident requested. Two of the residents living in the centre were siblings and had lived together for a long period of time.

The inspector found that residents were being encouraged to be out in the community and a variety of activity sampling was happening in the centre suitable to residents' interests and wishes.

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 inspector found that residents had written agreements in place which outlined the care and support to be offered and facilities available in the designated centre. The inspector reviewed a sample of contracts and found that they were signed by the resident or their representatives. They clearly outlined the weekly fees associated with living in the centre and financial records reviewed showed that this was the amount debited each week.

There were policies in place along with guidance in the statement of purpose on the admissions criteria for the designated centre. At the time of the report, there were five residents living in the centre and no vacancies. Residents were settled and had lived there for a number of years. There were no plans for transition or discharge of any residents at the time of the report. However, there were policies and procedures in place to guide this should it occur.

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):

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

Findings:

The inspector found that residents were being encouraged to be social and active in their communities in line with their age, interest and abilities. On review of documentation and in observing practice the inspector found that there was activation and occupation for residents in the centre, with weekly and daily plans in place filled with activities and outings of residents' choice and interests. Residents were availing of activities that they enjoyed, as well as sampling new experiences and opportunities. For example, going to the cinema. The inspector was informed that some residents now had an outreach service available to them also operated by the provider. This offered either one to one, or small group support for residents to attend facilities and take part in activities in the community. The inspector noted that while some residents were

enjoying this one to one time, it allowed more meaningful engagement for the staff working in the house to spend with the other residents.

The inspector noted the use of validated tools to determine residents' interests and participation in certain activities, and the information from this assessment used to guide activity sampling for individuals. Each resident had a formal meeting once a year to gather information on their life, their supports and relationships and to set goals for the future year. The plans and goals from this meeting were presented in a user friendly format and available in each resident's room.

While there was positive activation and occupation for residents, and they were encouraged to be social, the inspector found improvement was required in relation to the assessing, planning and reviewing of all personal, health and social care needs for residents. While some residents had particular needs in relation to their health, there was a lack of an effective review from a multidisciplinary team focus. For example, a resident with input from a number of allied healthcare professionals did not have a clear review of all issues in relation to his needs. Similarly, the inspector found that further improvements were required in relation to reviewing the effectiveness of plans overall. For example, to determine if they successfully achieved what they set out to do and interventions were appropriate.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the design and layout of the centre was suitable to the individual and collective needs of residents.

The centre was a single level bungalow with accessible access and egress by the way of ramps for wheelchair users. Each resident had their own private accommodation with space for personal belongings and property. While rooms were not overly large, they appeared to be suitable to the mobility needs of residents. For example, residents who required the use of a hoist had larger rooms to better facilitate this. Residents' rooms were supplied with appropriate equipment such as beds that could be lowered if

required.

There was a separate living room as well as a living cum dining room for residents' use. The inspector found that there was appropriate table ware and furniture to support residents dining together. With table height suitable to assist residents using wheelchairs to join other residents at the table. Some residents had their own comfortable chairs as recommended by members of the multidisciplinary team, and there was adequate space for this in the communal spaces in the centre.

There were two accessible bathrooms that had been adapted to ensure safe support of residents requiring the use of a hoist, shower chair or support with personal care.

Decorative works had been requested and carried out to ensure the internal building was fresh and homely. Overall, the inspector found the centre to be well maintained and clean with a homely feel for residents. The centre was decorated with photographs of residents and families and staff members over the years. There was a large accessible garden to the rear of the centre with protected seating areas and furniture. In the summer the inspector was informed that residents enjoyed using the garden space.

The inspector found that the requirements of schedule 6 were met.

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 in general the health and safety of residents, staff and visitors was promoted and protected with some improvement required regarding the management of risk.

The documentation in relation to the promotion of health and safety was found to be in place in the designated centre. For example, a written health and safety statement, risk management policy, environmental risk assessments, fire register and infection control guidelines.

Fire:

The inspector found that preventative measures were in place to reduce the likelihood of a fire in the centre. Staff had all been trained in fire safety and the use of fire fighting

equipment. No residents smoked and appropriate fire fighting equipment, fire detection and alarm systems, fire doors and emergency lighting were all in place and routinely checked by a fire professional. Documentation was reviewed which verified this.

On review of the fire drill records, the inspector noted regular drills did take place. The staff had practiced evacuating the centre when all residents were present and the lowest number of staff to ensure in the event of a fire at night when staffing levels were the lowest, a safe evacuation could be achieved. The inspector found that all residents had personal evacuation plans outlining their support needs in the event of an evacuation.

Risk management:

The inspector found that there was a risk management policy in place in the centre, and in general identified risks had been assessed formally and written control measures drawn up. However, the inspector found that there was a focus on reactive responses in place of a proactive approach to risk in the centre. For example, the risks associated with manual handling. While a resident had been assessed for the use of a hoist, this was not being used by staff at the time of the inspection, with some staff choosing to lift the resident instead. Risks associated with the use of the hoist for the resident with behaviours of concerns had not been appropriately explored. Manual handling risk assessments did not offer clear guidance to staff on how to safely support a resident with transfers. A more holistic and multidisciplinary review was required to ensure risks associated with manual handling and with the resident safely using equipment were identified and alleviated. Similarly, there was a risk of choking for a number of residents in the centre, some from swallow difficulties and others from behaviour of concern. This risk was being managed in the centre through appropriate referral and guidance from the SALT and the use of modified diets. However, not all staff had received training in life saving should an incident occur. The impact of this had not been risk assessed.

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:

The inspector found that there were measures in place to protect residents from harm or abuse in the designated centre.

Safe practice was guided by policies and procedures in the protection of vulnerable adults, the provision of behaviour support, the recruitment and vetting of staff, the provision of intimate care and the use of restrictive interventions.

The inspector determined that the person in charge was aware of the requirement to investigate any allegation, suspicion or concern or abuse in line with national policy. There had been three notifications submitted to HIQA in 2016 for unexplained bruises that met the criteria in the policy for being managed under this policy. The inspector found these had been reported and managed appropriately and additional measures put in place. No patterns or trends were evident from review of incidents. At the time of the inspection the inspector was informed that there were no safeguarding concerns in the centre regarding residents from staff or their peers.

Where required, residents had input from psychiatry and psychology services to assist in developing their supports for behaviours of concern. The inspector reviewed records and found that records were maintained of any incidents and attempts to identify the underlying cause of any behaviour. Behaviour support plans and reactive strategies were written up and implemented once an understanding of the target behaviour was gathered.

The inspector found that a restraint free environment was promoted, with minimal use of restrictive interventions. Any device for positioning that was restricting had been agreed upon by members of the multidisciplinary team. For example, the use of a harness to assist with positioning on a wheelchair, or the use of a bedrail.

Staff had received training in the protection of vulnerable adults and this was refreshed routinely. Not all staff had been afforded the opportunity to attend training in the de-escalation of behaviours or behaviour support. This was in need of address as per the regulations.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the documentation and found that a record was maintained of all incidents, accidents and adverse events in the designated centre. The inspector determined that any notifiable event had been submitted to HIQA in the prescribed timeframe.

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:

The inspector found that residents were offered opportunities for new experiences and to try new things. On review of residents' daily records and files the inspector found that residents were offered the chance to explore new activities and sample different outings and events to see if they enjoyed them. As mentioned previously there was the addition of an outreach service available in the centre to support residents to enjoy more outings in the community and offer more individual time to residents.

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 in general residents' healthcare needs were met in the designated centre, with some improvement required to documentation and the review from the wider multidisciplinary team. Actions have been raised under outcome 5 for these.

Residents had assessments completed yearly by the General Practitioner (GP) along with other assessments from relevant medical professionals if required. For example, a physiotherapy assessment and a swallow assessment by the Speech and Language Therapist (SALT). Assessments of daily living were completed by the nursing staff in the centre to gather further information on all areas of health and personal care.

Each resident had care plans completed for any identified need or risk relating to their health. The inspector found that improvements were required to ensure they were individual to the resident, and that these plans were followed and guiding daily practice. For example, a nutrition care plan outlined the need for weekly weights and the use of a validated tool to monitor malnutrition. However, weights were taken monthly, and the previous malnutrition tool was completed in 2015.

The inspector was present for some meals in the designated centre and found that residents were offered food that was presentable and appealing. The inspector noted that the meals prepared were based on the agreed menu plan from the residents meeting, and matched the photographs clearly on display. Menu plans reviewed showed a variety of meals on offer with a focus on vegetables and fruit and a balanced diet. Some residents required support at mealtimes and this was observed as respectful and dignified. The furniture allowed for residents and staff to sit together in a social manner at mealtimes. Diets were modified for residents based on their most recent assessments from the SALT and records in the kitchen were the most up to date guidance available.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were protected by safe medicine management in the centre.

There were policies and procedures in place as required by Schedule 5 of the Regulations to guide safe practice for the prescribing, ordering, administering and disposal of medicine. The inspector found there to be a uniform system in place for the documentation regarding residents' medicine, with clear information on each resident, their medicine, the route of administration and times. Records were seen to be signed off by the prescribing doctor.

Medicine was regularly reviewed by the General Practitioner or prescribing doctor. Any as required (p.r.n) medicine had clear indicators for when it should be used and how much could be given in a 24 hour period.

There was an auditing system in place in the centre, for the person in charge to review the practice and to address any issues that may arise. Errors were seen to be low in the centre. Staff members were observed bring emergency medicine with them for a resident who requires it on outings. This was something that had been captured through the incident reporting system by the person in charge and had been addressed.

Residents in this centre did not self medicate and medicine was administered by the nursing team.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was a written statement of purpose dated December 2016 which was an accurate description of the facilities and services being provided by the designated centre.

This centre catered for five adults both male and female under the headings of intellectual disabilities, autism, medical needs and mental health needs. Care and support was provided on a 24 hour basis from a team of nurses and health care assistants.

The inspector was satisfied that the statement of purpose was a true reflection of what was provided and met the requirements of Schedule 1.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that there were effective management systems in place in the designated centre as well as a clear governance structure and lines of accountability.

The centre was managed by a suitable person in charge who met the requirements of the regulations, was a clinical nurse manager and had worked in the centre and the area of disability for a number of years. This person in charge reported to the assistant director of nursing, who reported to the director of nursing, the general manager and on to the director of social care for the geographic area. The local structure consisted of a clinical nurse manager 1 who worked in the centre and assisted in the day to day operation of the centre. The structure was known to staff and included in the statement of purpose.

The inspector found that unannounced visits had been conducted on behalf of the provider and were guiding improvements in the centre. There had been an annual review completed for 2016 along with a schedule of audits to be carried out. For example, there were audits on medicine management, finances and care planning.

The inspector found there to be a system of supervision and performance appraisal in place by the person in charge.

Judgment:

Compliant

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:

The inspector found that there were suitable arrangements in place for the management of the centre in the absence of the person in charge. On a daily basis the nurse on duty was the appointed person in charge in the absence of the manager. The assistant director of nursing was also identified as the person responsible for any longer term absences of the person in charge.

The provider was aware of their responsibility to notify HIQA in the event of an absence of the person in charge for 28 days or more and to ensure effective arrangements were in place during this time.

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 found evidence that the centre was resourced adequately to ensure effective care and support to residents in line with the written statement of purpose and the Regulations.

The requirements of Schedule 6 were met and the provider was offering a warm, well-lit and well ventilated home for residents to live in. The building was well maintained internally with general maintenance works on-going as they arose, and evidence that the person in charge had requested the landlord to paint the external building on behalf of the residents.

There was an adequate supply of food available on the day of inspection, and records of

receipts indicated this was usually the case. Improvements had been made to stabilise the staffing since the previous inspection. There was transport available for the use of residents living in the centre.

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):

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

Findings:

The inspector noted improvements under this outcome since the previous inspection.

On review of the planned and actual roster the inspector found there to be a stable and consistent staff team in the centre. The person in charge had control over the staffing hours and could amend them to suit the plan for the week for residents. In general there were three to four staff on duty each day for five residents, with some days five staff present in the centre depending on the plan. The person in charge spoke of looking at this going forward to ensure a more stable spread of staffing hours as residents daily and weekly activity plans evolved.

The inspector spoke with a number of staff and found that some staff had worked in the centre for a number of years and were very familiar to residents. Interactions were respectful and positive and encouraged a relaxed and homely feel.

There was a number of mandatory training available for staff working in the centre, which was refreshed in line with policy. For example, staff were trained in fire safety, the protection of vulnerable adults, manual handling and infection control.

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 provider had ensured written policies and procedures were in place as required by Schedule 5 of the Regulations. For example, the provision of intimate care and medication management. These were available to the staff team.

In general, the requirements of schedule 4 were met regarding information on residents' needs. However, some improvements were noted regarding the upkeep of information and ensuring old information was removed to reduce the risk of incorrect guidance being followed. For example, modified diets and information on manual handling. The person in charge outlined that a review of the quantity of documentation was planned to reduce the amount of information held in the working files.

As part of the information submitted for registration, the inspector found that the centre was adequately insured.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louise Renwick

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-0002468
Date of Inspection:	24 January 2017
Date of response:	24 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Supports to manage residents' finances required improvements to ensure their rights were fully promoted regarding entitlements.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

A system has been put in place by the PIC to revise residents finances monthly. This includes cross checking of bank statements, and monthly audits of cash receipts on behalf of all residents living in the centre. This information is recorded monthly in a financial folder. Complete. 01/02/2017

Recommendations from the financial audits will be discussed with the staff team at the monthly team meetings. Complete. 28/02/2017

An application will be made to the financial department by the PIC on behalf of the resident who had continued to pay weekly contributions while waiting for their pension to come through. Complete. 01/02/2017

The financial department will reimburse the individual with the total amount of charges paid for the period whereby their Income was discontinued. Complete. 22/03/2017

Proposed Timescale: Complete 23/03/2017

Proposed Timescale: 23/03/2017

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:

Plans were not reviewed to determine their effectiveness.

2. 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 key workers will review the effectiveness of care plans every three months and when new support needs are identified. 30/04/2017

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Not all residents had a multidisciplinary review as part of their personal plan reviews to

ensure all aspects of care were discussed and a clear plan for needs identified.

3. 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 residents in the centre will have a full multidisciplinary review. 30/04/2017

A multidisciplinary review has been completed for three residents in the centre.
Complete. 28/02/2017

A resident who has mobility issues will have a full review by the occupational therapist.
Complete. 27/01/2017

Following a review by the occupational therapist a suitable hoist and sling will be provided by the OT for one resident in the centre. All staff will receive a demonstration from the occupational therapist on the use of the hoist. Complete. 28/02/2017

An overhead tracking hoist has been recommended and will be installed in order to address the mobility needs for two residents in the centre. 31/08/2017

Proposed Timescale: 31/08/2017

Proposed Timescale: 31/08/2017

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:

Systems in place for identifying, assessing and managing risk required improvement. Most notably for the risk associated with manual handling, risk of choking.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A full review of all risks will be carried out by the PIC. Complete. 28/02/2017

The manual handling risk assessment for one resident will be reviewed and updated.
Complete. 27/01/2017

A protocol will be devised by the PIC to respond to emergencies in the centre.
Complete. 28/02/2017

All staff will receive up to date training in CPR. Four staff have attended training in CPR on 10/02/2017. Three staff are scheduled to attend training in CPR on 23/03/17. Complete. 23/03/2017

Proposed Timescale: Complete 23/03/2017

Proposed Timescale: 23/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had received training in the de-escalation of behaviours of concern.

5. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff at the centre will receive Training in the management and de-escalations of behaviours of concern. Complete. 15/03/2017

Proposed Timescale: 15/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Records were not maintained in a manner to ensure most current information was easily accessible, and to reduce the risk of previous guidance being followed.

6. 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:

A full review of information for residents will be carried out by the PIC. Complete. 28/02/2017

All staff will be advised at staff house meeting of the requirement to archive old

information. Complete. 28/02/2017

A system will be put in place by the PIC to archive old information for residents in the centre. Complete. 28/02/2017

Proposed Timescale: Complete 28/02/2017

Proposed Timescale: 28/02/2017