Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Aidan's Day Care Centre Limited
Centre ID:	OSV-0001853
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Aidan's Day Care Centre Limited
Provider Nominee:	Maura Kelly
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 March 2016 10:00	01 March 2016 20:00

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 was the first inspection of this centre which forms part of an organisation which has a number of designated centres in the region. This centre is designed to provide care for adult residents of mild intellectual and physical disability. The service is defined as a low support service for residents with low to moderate intellectual disability and can accommodate 4 residents in total.

All documentation required for the purpose of registration was forwarded and in order.

The inspection was announced and took place over one day. All 18 of the outcomes required demonstrating compliance with the legislation and regulations were inspected against. As part of the inspection inspectors met with residents and staff members and reviewed a number of questionnaires received from residents and relatives. The Authority received a number of completed questionnaires from relatives and some residents and the commentary in these were very positive in regard to the support available to them, the value they placed on their independence and how safe but independent their relatives were in the centre.

During the inspection the residents told the inspectors of their work experience, their various courses, busy social activities, independence and how much they enjoyed living in the centre where the staff supported them when they needed this. They told inspector of how they attended their annual reviews and what plans are made with them.

The inspector observed practices and reviewed documentation including personal plans, medical records, accident and incident reports, audits, general records, policies and staff files. This inspection found that the provider was in substantial compliance with the regulations with some improvements required.
There were effective and suitable governance arrangements in place.

There was evidence of good practice found in recruitment procedures. Good practice and positive outcomes for the residents were found in health care and in social care overall.

The inspector found that residents had significant choice and were fully informed and involved in decision making and planning about their daily lives and long term aspirations. Independence was supported with life skill training and supportive strategies in place to ensure their safety. There was a range of both social activities, and educational and training opportunities available to residents. Privacy, dignity and choice was of paramount importance to the provider and staff.

Risk management strategies were balanced and proactive.

Some improvements were required in the following areas in order to achieve compliance:
• documentation of the resolution of complaints
• content of the risk management and complaint policy
• consistent and timely access to some allied services
• multidisciplinary involvement in reviews of personal plans
• complaint and risk management policies
• further development of auditing systems and the content of the annual report to improve these systems.

The inspector found that in one instance a resident could not remain at home at weekends due to a historical arrangement regarding the accommodation. The provider is applying for registration to provide long term care. Therefore this arrangement is not suitable for the resident and is not in accordance with the statement of purpose or the application for registration.

The Action Plan at the end of the report identifies 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) 2013.

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

Findings:
The inspector found that there was a commitment to promoting residents' rights to self-determination. Their independence was actively promoted within the designated centre but some improvements were needed with regard to the complaints policy and procedures in operation.

It was clear that residents were supported to be as independent as possible in their daily lives. Residents told inspectors of various activities they in engaged such as horse riding, soccer and crafts. All residents managed their own finances with appropriate assessments and record keeping in place to support this. These records were audited bi-annually by the accountant and checked weekly by the team leader.

Throughout inspection members of staff were seen interacting with residents in a caring, positive and respectful manner. The residents all had keys to the front door and some locked their own bedrooms. Resident meetings were facilitated by staff and took place at regular intervals where topics such as activities and household issues were discussed. Residents, if they wished to do so, were facilitated to vote in recent elections.

They had access to advocacy services and one resident had done training in advocacy. Inspectors saw and residents confirmed that staff endeavoured to support and facilitate them in their decisions by keeping them fully informed and ensuring they could maintain their chosen personal relationships outside of the centre.

The inspector reviewed the complaints log and found that a record of all complaints was maintained. However, from reviewing the records for some individual complaints it was noted that the satisfaction levels of complainants were not always recorded as required. In addition, for one complaint the record of the complaint did not include reference to some additional action which was taken to resolve the complaint made. The actions had in fact included very facilitated/negotiated meetings between residents in regard to housekeeping or house rules.

The provider nominee was the complaints officer. However, the person whose duty, under the Regulations it is to oversee the role of the complaints officer to ensure that all complaints are responded to and recorded appropriately was not in place. The provider nominee informed inspectors that this role was being fulfilled by the Board of Directors of the provider entity rather than a specific individual.

The complaints policy was read by inspectors. It was noted that the policy required greater clarity and further information to effectively guide practice. For example the complaints officer was not identified. In addition, an appeals process was referred to in the policy but it was not clear who was responsible for this appeals process. The issues relating to the complaints policy will be actioned under Outcome 18.

There was evidence that residents directed their own routines in relation to work, day services, and activities in accordance with the supported care model.

The inspector found from speaking with residents that they were well informed as to their health and medication and could decline medical or other interventions if they wished. Staff ensured that they were well informed in order to make such decisions.

A number of residents were self medicating and an objective assessment had been undertaken in regard to this. The inspector was informed that no residents were subject to legal, financial or personal protection orders at this time.

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

Findings:
The inspectors observed details in personal plans outlining resident's communication needs and the residents could clearly articulate their views to staff in most instances.

Some residents used technology such as IPADs to aid communication and another had communication cards to ensure she could make her wishes known, for example for items in shops. Residents had mobile phones and access to the internet.

The personal plans were not synopsised in any pictorial format which would have been beneficial for these residents although they were aware of what they contained. Other documents were synopsised in a suitable pictorial format for the residents, for example the complaint policy and guide were in this format. Illustrated booklets were available providing information to do with personal rights, safety and dignity. A clear flow-chart illustrating the complaints procedure was on display and also referenced the advocacy services and contacts that were available.

Inspectors found that a referral for a resident to speech and language therapy to assist in communication had been made in July 2015.This had not yet been completed. This is actioned under outcome 5 Social Care.

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

Findings:
Inspectors saw evidence from records reviewed, speaking with residents and information received from family members that familial and other significant relationships were supported and the residents' wishes in relation to these were respected. There was evidence of regular communication with families by the staff and they attended all meetings regarding the residents.

There was ample room in the house for visits to take in private. Residents could if they wished have friends to visit in the centre. They were an integral part of the community and used local shops, banks, restaurants, public transport, day services and other facilities. Residents spoke of regular and frequent excursions into the local community for the purpose of both recreation and in order to achieve outcomes related to independent living such as banking or shopping for provisions and personal items and

attending local events.

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

Findings:
There was a policy on admissions which outlined the assessment and decision making process and took account of how the admission procedure would ensure that residents were protected from abuse and their needs could be met within the service.

While no new admissions had taken place a review of the procedure had been undertaken. This included sourcing of the necessary information and satisfactory assessments to inform the decisions and transition arrangements.
There was detailed information on health, medication and communication needs available in the event of transfer to acute care.

Although all residents had these contracts in place they did not detail the services and facilities to be provided to residents and all the fees to be paid were not clearly stated in the contracts. For example the rent that residents had to pay was not mentioned in the contracts. They were signed by the residents.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was evidence on record and personal plans of continuous assessment and reviews of outcomes for the residents. The personal plans reviewed demonstrated that there was a significant level of consultation and participation by residents in their aspirations and life planning. The inspector noted that in a number of cases residents had direct and on-going access to the plans and were familiar with the layout and content of the documentation. The plans were working documents which were updated continuously during the year and all assessments undertaken internally were previewed at six monthly intervals.

Residents told inspectors of the events they liked to participate in and how their plans were achieved. Milestones and time frames were outlined and those individuals identified with responsibility for ensuring progress were identified. Evidence of achievements were also shown to inspectors by the residents themselves such as items crafted during workshops, certificates for completed training courses and trophies. There was access to multidisciplinary services including occupational therapy, psychiatric, dentistry and audiology services. The outcome of these were reflected in the plans.

The plans were very person-centred and demonstrated a good understanding and support for the residents across a range of communication issues, personal care, health, activities and education and learning and personal relationships. They included supported access to families where this was necessary and were detailed in outlining the steps necessary to achieve the goals.

The residents told the inspectors how their annual reviews were undertaken and they decided who should be invited.

There was an annual health care review undertaken for each resident and psychiatric assessment was undertaken 6 monthly with reviews held which included the resident' representatives.

However, the process required review as the records of the annual reviews did not consistently show that the interventions or changing needs were considered to ensure a comprehensive review was undertaken. For example, resident's specific health care needs such as neurology or diabetes were not considered at reviews.

It was also noted that some decisions were taken by the staff at these reviews without adequate multidisciplinary or inter agency involvement. This would ensure better and safer outcomes especially where the matters were sensitive in nature.

In addition, while referrals were made in a number of cases in 2015 for speech and language and psychology assessments the later had only just been made available prior to the inspection and the speech and language assessment had not taken place.
The centre is designed to provide long term care placements if this is the assessed need of the resident. Inspectors found that one resident assessed as needing long term care and accommodation was only provided with a five day placement.

The resident was obliged to leave her home and her own bedroom each weekend. This was to facilitate a resident from a sister designated centre who was also obliged to leave her long term accommodation for the weekend.

This matter had previously been actioned on behalf of the other resident during an inspection of the second centre in November 2015. While the inspector saw documentary evidence of a business/funding plan provided to the Health Service Executive (HSE) there had been no resolution of this unsatisfactory arrangement which had been in place for some years.

Both residents were vulnerable and in need of stable long term accommodation.

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

Findings:
The centre is a two story five bedroom house located in a quiet cul-de-sac within easy reach of all local services. It is not in any way distinguishable from its neighbours. The ground floor consisted of a staff room, sitting room, kitchen come dining room, utility room and two bathrooms.

The residents bedrooms were located on the first floor, one of which was en suite, along with another bathroom. Parking space was available at the front of the premises while a patio area and small garden was at the rear.

Inspectors found that the house was appropriately maintained, kept clean and presented in a homely manner with residents and staff contributing to this. Residents showed inspectors their bedrooms and were clearly very proud of them. The bedrooms were warmly painted, with colours chosen by the residents, and were personalised with photographs and awards. Each resident was provided with sufficient space to store their clothes and other personal belongings.

The sitting room was also reflective of a homely environment with photographs of residents and their achievements on display in prominent positions. There was a sufficient number of toilets to meet the needs of residents while laundry facilities were also available. There was a safe garden to the rear of the preemies. Overall inspectors found that the premises were suitable to meet the needs of residents.

No assistive equipment was required and heating and transport used were serviced regularly.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Systems for identifying and responding to risk were found to be proportionate and balanced between the rights of the residents to make choices and the need to protect them. A number of safety audits of the environment and work practices had been undertaken and were updated regularly. However improvements were required in relation to the risk management policy in place and the identification of some risks,

A safety statement was in place along with an emergency plan which outlined the steps to be taken in the event of a number of emergencies arising such as fire and loss of heating. Transport and alternative accommodation were listed as part of this emergency plan.

The inspector reviewed the risk management policy in place and found that it did not contain all of the information as required by the Regulations. For example the measures to identify and control risks were not clearly stipulated in the policy. In addition the policy did not adequately address the arrangements for learning from adverse events. The risk management policy was dated December 2014 and similar issues had been identified with this policy during an inspection of another of the provider's designated

centres in November 2015. Specifically the policy did not outline the process for the identification and categorisation of risk. However, there were polices in place for all the risks outlined by the regulations.

There were risk registers maintained. One contained organisational risks while the second covered centre specific risks. The registers described various risks, their risk rating, current and additional control measures required along with the responsible person. While reviewing these it was noted that while some risks were identified in the registers the control measures were not always sufficient. For example delayed access to psychology and behavioural support, and aspects of the lone working policy procedures and there were no last minute safety checks undertaken at night as staff retired before the residents actually went to bed.

The level of independence of the residents was acknowledged with additional supports made available. These included a house intruder alarm and a monitored emergency response alarm system which the residents explained to the inspector. They carried mobile phones and told staff when they were leaving the house and when they would be back.

The residents had individual risk assessment for pertinent health issues and safety issues including their safety in the community. Family members indicated in pre inspection questionnaires that they felt their relatives were safe in the designated centre and residents also said this.

A fire detection system, fire doors, emergency lighting and fire fighting equipment, such as extinguishers and fire blankets, were in place in the designated centre and had been serviced at the required intervals. The emergency exits were clearly highlighted and were unobstructed on the day of inspection. A log of all residents, staff and visitors was kept for evacuation proposes and residents were seen signing in and out of this log. Daily checks on means of escape were recorded.

All residents had personal evacuation plans in place which had been recently updated in the months prior to inspection. Fire drills were taking place at regular intervals, with records maintained outlining the residents and staff who were involved and any issues arising. Residents told the inspectors what they did when these drills occurred. However, while reviewing these drill records it was noted that no deep sleep or late evening drills had taken place during 2015.

All staff had received fire training within the three year timeframe as stipulated by the provider's own policies. During feedback inspectors discussed the timeline with the provider nominee if this interval was sufficient to ensure that staff had to up to date knowledge regarding fire safety. Assurances were given that this issue would be discussed with a fire officer.

Sufficient precautions against the risk of infection were in place. Sanitising gels were available throughout the designated centre while inspectors also saw cleaning schedules for the kitchen and house as a whole.

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

Findings:
The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of adult abuse and the protection of vulnerable adults. The policy was in compliance with the revised Health Service Executive (HSE) policy on the protection of vulnerable adults. The provider nominee is one of the designated persons identified to mange any allegations of this nature. She had undergone training in the implementation of this policy in January 2016. Inspectors were informed that there were no matters of this nature currently being investigated.

Inspectors had previously reviewed an investigation undertaken by the provider in relation to another designated centre and found that they had complied fully with the procedure and did so in collaboration with the statutory body. Information received from relatives also stated that they had confidence in their relative being safe and that the manager would deal with any issues.

Staff were able to articulate their understanding and responsibilities in relation to this. They also expressed confidence in the management team to respond promptly to any incidents. Pertinent safeguarding plans were in place for the residents and they had supports and training in keeping themselves safe.

There was a behaviour support policy in place based on national guidelines and the policy on restrictive practices had also been reviewed as required by an inspection in another designated centre. Both were satisfactory.

There was regular access to managers for oversight of their care and safety and good recruitment procedures in place.

Restrictive practices were not used in the centre. A resident was, with her consent using a censor alarm and bracelet for her safety. There was evidence of frequent review by psychiatric services for the residents.

However, there were some challenging behaviours evident. These impacted on other residents and there was no behaviour support plan in place.

Just prior to the inspection a review by a suitably qualified person had taken place and this was to be followed up with a support plan, one to one therapy for the resident and further training for staff. This had been an issue for some time however and the inspector was not satisfied with the delays in accessing this intervention.

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

Findings:
A review of the accident and incident logs, resident's records and notifications forwarded to the Authority, demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.

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

Findings:
Inspectors were satisfied that residents were supported and encouraged to develop meaningful day-to-day activities, skills and achieve long term aspirations according to their wishes and capacity. All had access to a number of day care service which were provided following an assessment of needs and also undertook work experience in cafes or garages. They told the inspectors that they did computer skills, life skills such as road safety and money management, self care and cookery and literacy.

Training had been encouraged and two residents had attended third level education in life skills and personal development. This was a continuous process with re-evaluation of the suitability of the service undertaken and residents wishes driving the decisions. A resident had expressed a wish to change to a different day service and was offered the opportunity to try this. Another resident had started a course and found it was not to his liking and had been facilitated to change.

Independent personal interests were also encouraged with residents going shopping, for walks, doing sports and going for a drink.

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

Findings:
There was evidence that resident's healthcare needs were very well supported. A local general practitioner (GP) service or their own GP was responsible for the healthcare of residents and records and interviews indicated that there was frequent and prompt and timely access to this service.

The residents had a good understanding of their own health care needs and told the inspectors of these. There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, psychiatric, chiropody, dentistry and opthalmatic reviews were also attended regularly.

Health was promoted with access to vaccinations, inoculations, nutritional support advice and guidance. Residents, at their request were supported by staff or family members to attend at healthcare appointments. There are agreed reporting systems in

place to ensure crucial information was shared. There was evidence of multi-disciplinary guidance such as dieticians and speech and language in relation to food consistency. Inspectors' found that residents were informed in regard to their health care needs and told the inspectors about these. Gender specific interventions and health checks were made available to the residents who could refuse if they wished.

Nutrition and weights were monitored and staff were trained in specific techniques such as taking vital signs and point of care testing. They prepared their meals with the support of staff.

Inspectors were informed that if a resident was admitted to acute services staff were made available to remain with them and this had occurred where a resident underwent a procedure.

There was a policy on end of life care which indicated that additional skill mix would be provided and is available within the organisation in order to ensure that if the residents wish was to remain in the service this would be facilitated. This was not a current issue for this service.

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

Findings:
The policy on the management of medication was centre-specific and in line with legislation and guidelines. A small amendment was required which the provider rectified on the day of the inspection.

Inspectors saw that systems for the receipt of, management, administration, storage and accounting for all medication was satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication.

Residents were assessed for their capacity to self medicate and this assessment was re-evaluated monthly. All medication was stored securely in the staff office. Some medication was dispensed in blister packs which helped the residents who self administered. There were systems for identifying the medication and a resident explained this to the inspector. Staff did keep a watching brief and reconciled the

medications to ensure residents were managing this correctly.

The inspectors saw evidence that medication was reviewed regularly by both the resident's GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored and there were information leaflets available to staff. Blood tests were routinely taken where this was dictated by the medication being prescribed.

Regular audits of medication administration and usage were undertaken by the pharmacist as a safety and quality assurance mechanism. All staff who administered medication had received ongoing training in medication management and were found to be knowledgeable on the purpose benefits and potential impact.

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

Findings:
The statement of purpose had been forwarded to the Authority as part of the application for registration. Some amendments were required in order to clearly outline the specific care and support needs which will be met in the centre. This was rectified by the provider on the inspection. Admissions to the centre and care practices implemented were congruent with the statement as finally outlined with the exception of the resident who does not receive a fulltime placement as per the statement.

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

Findings:
The governance arrangements were effective to ensure the safe delivery of care with reporting structures in place. Staff and the residents were very familiar with the management and reporting structure and with the individual people involved.

There was a full-time person in charge, who was a registered nurse, with extensive clinical knowledge and the appropriate experience to ensure the effective care and welfare of residents in the centre. The provider nominee was a registered nurse with extensive clinical experience who had worked as general manager of the service since 2005. Both the person in charge and the registered provider were actively involved in the day-to-day operational management of the centre and demonstrated sufficient knowledge of the associated statutory duties.

The provider nominee was also the chairperson of the organisation. Inspectors revised a sample of board minutes and found that the information shared at these meetings was comprehensive and actions were identified where needed.

Management communication systems included quarterly management meetings with evidence of information being shared with staff via meetings with unit heads that were held, at least, on a monthly basis.

Care was directed by the person in charge via house team leader and this arrangement meant that the person in charge could effectively be the post holder for a number of centres with no negative outcome.

There were a number of quality management systems in place and while the inspectors were satisfied that there were systems to monitor the safety and quality of care some improvements were required which would enhance the process.
Audits on medication management, infection control and vaccinations were undertaken. Any issues identified in these had been addressed. Information on accidents or incidents was also collated. However, while individual accidents or incidents were revised and remedial actions taken, they were not collectively analysed for trends which would inform learning.

Two unannounced visits had been undertaken as required by the provider nominee over a number of days. The template used was based on the outcomes for the residents. Issues covered included personal plans, goal setting and implementation, health and safety and clinical care. There were timescales and persons responsible for the completion of any issues identified. The provider also met with the residents to seek their views during this process. Actions identified had been completed.

An annual report had been compiled for 2015. This included information from the resident's surveys and the findings of the unannounced visits. The content was limited however and it did not include issues such as safeguarding, complaints, restrictive practices of ongoing issues with accessing some allied services. Inclusion of these matters would enhance the authenticity of the report and guide the development of the service.

There was a satisfactory day and night time on-call system in place and clinical support was also readily available. Staff confirmed that this was effective and responsive.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made suitable arrangements for periods of absence of the person in charge at which point the provider nominee would act as person in charge. This arrangement is suitable.

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

Findings:
Inspectors saw that sufficient resources for fundamental issues such as the premises, equipment maintenance upkeep and staffing were available and utilised for the residents benefit to ensure the delivery of the care required by the residents. The inspector found that the facilities and services available in the designated centre reflected the statement of purpose. Staff confirmed that there was a household budget that could be used to meet the day-to-day running costs of the centre and that any extra requirements were met by the management.

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

Findings:
Sufficient staff numbers with the necessary skill mix were in place to support the residents and ensure the delivery of care.

The designated centre was mainly staffed by two core staff members who worked alternate duties as only one was required on duty at any one time and did sleep over duties in the centre. This ensured a continuity of care for residents. They had suitable qualifications for the posts. The resident's assessment confirmed that they did not require fulltime nursing care. However, where clinical support was required this was available within the organisation. There was a clinical nurse on call system operated each evening and night.

From reviewing staff rosters it was also noted that when either of these two staff members were not present regular relief staff were provided. When a new relief staff member was to be employed in the centre, they first underwent shadowing with one of the core staff members. This was taking place at the time of the inspection. The provider nominee informed inspectors that when the need for relief staff arose every effort was made to obtain staff with the same background and level of skills and knowledge.

Appraisals and inductions were being provided for newly appointed staff who worked within the designated centre for the first six months of their employment with the provider. Although staff meetings and staff handovers were taking place at regular intervals it was noted that no formal one to one supervision meetings were taking place between the management of the designated centre and longer term staff.

Inspectors reviewed a sample of staff files and found that they contained all the necessary information as required by the Regulations such as references and Garda vetting. Training records were also reviewed and it was found that staff had undergone all necessary training in areas such as; safeguarding, medication management, manual handling, fire safety and challenging behaviour.

No volunteers were working in the designated centre at the time of inspection but a policy was in place around the role and recruitment of volunteers.

Family members commented very favourably on staff within the centre with one stating, in a pre inspection questionnaire, that "staff on occasion have gone beyond their duty of care". The staff members spoken to during inspection were very knowledgeable about the residents and their needs, their own responsibilities in relation to safeguarding and the implementation of the residents' care plans.

There were weekly team and or multidisciplinary meetings and the records examined showed that the communication systems were effective to ensure consistency of care for the residents.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that the records required by regulation in relation to residents, including medical records, general records assessment and personal plans were easily retrievable and complete.

All of the required policies were in place. The complaints and risk management polices required amendments. Inspectors reviewed the directory of residents and a residents' guide both of which contained the required information as set out in the Regulations. Inspectors saw that insurance was current. Reports of other statutory bodies were also available.

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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Aidan's Day Care Centre Limited
Centre ID:	OSV-0001853
Date of Inspection:	01 March 2016
Date of response:	18 April 2016

Requirements

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

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

Outcome 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 satisfaction levels of complainants was not always recorded. One complaint did not include a record of all the actions taken to resolve the complaint.

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

1. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The Provider Nominee will ensure that the nominated person will maintain records of all complaints including details of any investigation, the outcome and resolution of the specific complaint and record whether or not the resident was satisfied with the outcome.

Proposed Timescale: 29/04/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A named individual was not identified to oversee the role of the Complaints Officer.

2. Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
The provider nominee will ensure that there will be a nominated Director on the board to oversee the role of the Complaints Officer.

Proposed Timescale: 29/04/2016

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:
All fees to be paid by residents were not clearly stated in the contracts. Contracts did not provide an accurate reflection of the services and facilities to be provided.

3. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
All fees being paid by residents will be clearly stated in their tenancy agreement. The tenancy agreement will clearly reflect the services and facilities that are being provided to the individual.

Proposed Timescale: 29/04/2016

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:
Some assessments required for residents were not sourced in a timely manner as their needs changed.

4. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
Due to the lack of Allied Health Care Services in CHO5 Area, it has been agreed by the Board of Management that should the need arise for Allied Health Care professional that they will be sourced privately that the Service Provider will fund this service where possible in a timely manner.

This process will be carried out in collaboration with the HSE on an individualised basis for the residents.

Proposed Timescale: 29/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A resident´s assessed needs for long stay placement were not being met by the current five day arrangement.

5. 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:
Negotiation and collaboration is ongoing with the HSE and a positive outcome on this matter is forthcoming.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plan reviews did not take multidisciplinary interventions into account consistently.

6. 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:
The PIC will ensure that there will be at least one review annually on each resident with multidisciplinary involvement.

Proposed Timescale: 31/05/2016

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:
Not all risks had been included in the risk registers while some risk required further assessment.
These included:
• lack of access to psychology support
• safety checks in the houses at night
• lone working arrangements in some instances.

The risk management policy did not include sufficient detail as to how risk would be identified and assessed.

7. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The service will ensure that the risk management policy will be reviewed and will include hazard identification and assessment of risk in the designated centres. Additional Safety checks will be undertaken at night. The lone working policy will also be reviewed.

Proposed Timescale: 31/05/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements for learning from adverse events were not adequately addressed in the risk management policy.

8. Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
The risk management policy will include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A deep sleep or late evening fire drill had not taken place in 2015.

9. 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:
Deep sleep fire evacuation will be carried out annually in all residential units. Additional safety checks will be undertaken at night.

Proposed Timescale: 31/05/2016

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:
Behaviour assessments and supports were not provided in a timely manner.

10. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are

considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
A robust consultation process is now in place with the Psychology Department in an effort to ensure behaviour issues and supports are provided in a timely manger.

Currently two staff members are undergoing a qualification in Psychology with a view to commencing a behaviour therapy accredited qualification and this skill will be introduced into the service.

Proposed Timescale: 29/04/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The content of the annual report was not sufficiently detailed to ensure it is reflective of the quality and safety of the care provided.

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

Please state the actions you have taken or are planning to take:
The 2016 annual review of the quality and safety of care and support in the designated centre will reflect more detail regarding the quality, safety and support that is provided in the designated centre. The HIQA Annual Review guiding principles will underpin the annual review going forward.

Proposed Timescale: 22/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One to one supervision meetings between staff and management were not taking place.

12. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
The service is committed to initiating one to one supervision/Staff development meetings.

Proposed Timescale: 31/05/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy required review to ensure greater clarity and further information to effectively guide practice.

13. Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The complaints policy will be reviewed to ensure greater clarity and will include further information to effectively guide practice.

Proposed Timescale: 31/05/2016