

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Pearse Road Services
Centre ID:	OSV-0005282
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
04 October 2016 09:00	04 October 2016 18:00
05 October 2016 09:00	05 October 2016 14:30

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 inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This centre was previously part of a larger designated centre. This was the first inspection of the reconfigured centre.

How we gathered our evidence:

As part of the inspection, the inspector met with seven residents. The inspector observed that residents' bedrooms were individually decorated with personal

photographs of family and friends and music posters. The inspector met with six staff members, including the person in charge. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records, healthcare plans and emergency planning within the centre was also reviewed.

Description of the service:

On the day of inspection, the designated centre comprised two houses. Both houses were located in a suburban neighbourhood of a large town and were in close proximity to each other. Both houses had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The designated centre was located within walking distance of a large town where public transport such as trains, buses and taxis were available. The residents also had the shared use of transport which was provided by the designated centre. The inspector noted that the provider must provide a statement of purpose for the designated centre. However, on the day of inspection, the provider had formulated separate statements of purpose for each house and as such the inspector was unable to ascertain the overall service that the designated centre was providing.

Overall judgment of our findings:

On the day of inspection, the inspector found that the provider had put systems in place which promoted the best possible health for residents. The centre had extensive health care plans which were formulated by nurses which were part of the staff team and visited the centre weekly. The provider also offered opportunities to residents to access employment, further training and contact with families was actively promoted within the centre. The inspector noted that all residents complemented the staff employed in the centre stating that the staff they were very kind and caring. The inspector also observed staff interacting warmly with residents throughout the monitoring inspection. However, the inspector found that out of the 18 outcomes inspected, two outcomes pertaining to health and safety and risk management and staff records required substantial improvement and as such were deemed major non-compliant. The inspector also found that improvements were required in relation to outcomes such as safe and suitable premises, safeguarding and safety, medication management, statement of purpose and workforce.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included 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):

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

Findings:

On the day of inspection, the inspector found that the rights and dignity of residents was maintained within the designated centre. The inspector also found that residents were actively consulted in the running of their home.

The inspector met with seven residents at various stages throughout the inspection process. The inspector spoke individually with each resident who spoke openly about their home and the care they receive. Each resident stated that they were happy and felt safe in their home. The residents spoke about meeting with staff and each other once a week to discuss the running of the household. The inspector reviewed the minutes of these meetings in which topics such as meal choice, grocery shopping, advocacy, fire safety, complaints, rights and social outings were discussed. The inspector also noted that staff had recently introduced an easy read template for recording the minutes of residents' meetings.

The inspector observed staff interacting warmly with residents over the two days of the monitoring inspection. Five staff which were interviewed by the inspector had detailed knowledge of residents' likes and dislikes and preferences in relation to their intimate care needs. The inspector reviewed a sample of residents' personal plans, all of which contained guidance in relation to residents' personal care needs.

The inspector observed that complaints were recorded and responded to in the designated centre. Each resident's personal plan contained a record of their individual complaints. The inspector noted that the provider had recently introduced a new complaints recording system which detailed who was responsible for dealing with the

received complaint, the actions taken in response to the complaint and the on-going feedback given to the resident in relation to the complaint, including its outcome. The inspector reviewed the complaints policy within the designated centre which detailed the two nominated persons to deal with complaints as listed in the regulations. The inspector also noted that the centre had an appeals process for residents who were not satisfied with the outcome of a complaint. The centre had an easy read complaints procedure on display for residents, families and visitors which included details of the complaints officer for the centre.

Judgment:
Compliant

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:

On the day of inspection, the inspector found that not all of the communication needs of residents were met. Residents had access to television, radio and newspapers. However, the inspector noted that residents in the designated centre did not have access to the internet. The inspector found that this did not support all residents' communication needs as one resident was completing a computer course and wanted to purchase a personal computer once the course was finished.

The inspector spoke with all residents, each of whom could clearly articulate their daily lives, likes and dislikes. The inspector reviewed four personal plans in relation to the communication needs of residents. The inspector observed that the communication plan for each resident accurately reflected how the resident communicated.

Judgment:
Substantially 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:

On the day of inspection, the inspector found that residents were supported to maintain links with their families and the local community.

The inspector observed that residents had pictures of attending family events in their individual bedrooms. Residents spoke openly in regards to being supported to attend family events such as birthday parties and also being able to speak to family members on the telephone. Residents also stated that family members could visit the centre if they wanted. The inspector observed that staff had recorded residents' contact with family members in their individual daily notes.

The inspector reviewed actively records within the centre which detailed that residents were actively involved in their local community and were regularly visiting local shops, hotels, restaurants, barbers and hairdressers.

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:

On the day of inspection, the inspector found that each resident had a contract of care in place which was signed by the resident or a family member. The inspector noted that each contract contained details of additional charges that the residents may incur. However, the inspector found that improvements were required in relation to the easy read contracts which were also signed by residents.

The inspector found that the residents' contracts of care failed to clarify what were the exact charges that residents will pay. The inspector found that the stated daily fee did not correspond with details of the weekly fee charged. The inspector also noted that the contract stated that the general practitioner will visit the centre twice weekly. The person in charge stated that this was not the case.

Judgment:

Substantially 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):

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

Findings:

On the day of inspection, the inspector found that residents' wellbeing and welfare was promoted within the designated centre.

The inspector reviewed a sample of residents' personal plans, each of which was reviewed on a regular basis. The inspector observed that residents had short, medium and long term goals which they hoped to achieve. The inspector found that these goals were developed through a person centred process which involved the resident, family, key-workers and staff. The inspector noted that each goal had an action plan in place and steps which the residents and key-worker were following with the aim of achieving the chosen goal. Staff stated that short term goals were often decided by the resident on a weekly or monthly basis. Some resident's short-term goals included arranging to meet family and friends, attending local events, buying presents and going shopping. Medium to long-term goals included going on holidays, using public travel independently, passing the driver theory test, attending folk parks and fashion shops.

The person in charge stated that the centre hoped to accept a planned admission in the near future. The inspector reviewed the proposed resident's personal plan and found that an assessment of need was being formulated prior to the resident's admission. The inspector also found that the resident had a transition plan in place which supported the resident to visit the centre on a planned, phased basis. The inspector noted that this planned admission had been discussed with the current residents of the designated centre at a recent house meeting, with each resident given an opportunity to raise any concerns.

The inspector also found that residents were supported by a range of allied health professionals such as occupational therapy, physiotherapy and local general practitioners.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

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

Findings:

On the day of the inspection, the inspector found that the premises was meeting the needs of the residents. However, the inspector found that improvements were required in relation trip hazards and to maintenance of the heating system.

The designated centre comprised two houses. The inspector found that both houses had trip and slip hazards which were brought to the attention of the person in charge on the day of inspection. The inspector found that one house, which was recently visited by the occupational therapist in relation to a falls assessment for residents, had an excessive amount of moss on the backyard which made the tarmacadam surface extremely slippery following rain fall.

The inspector also noted that an oil supply pipe for the domestic heating system was situated in an open doorway of a shed which would require residents and staff to step over the pipe in order to gain access. The inspector observed that a footpath in the backyard was also in a poor state of repair with open cracks visible and one area of the path missing. The inspector also found that one of the houses had no maintenance records for the domestic heating system.

The inspector found that both houses were warm, clean and had a suitable storage available for residents' personal items. The inspector noted that one of the houses which required maintenance in relation to decoration was currently being painted. The inspector found that both houses had an adequate amount of shared bathrooms which were equipped to meets the needs of residents. However, the inspector found that laundry facilities in one house were inappropriately placed in close proximity to a toilet and will be discussed further under outcome seven.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that health and safety was promoted in the designated centre. However, the inspector found that improvements were required in relation to the management of risk, fire precautions and infection control.

The inspector reviewed risk management procedures within the designated centre. The centre had a risk management policy in place and localised risk management plans for identified risks within the designated centre. The centre had a risk register which highlighted specific risks such as open fires, electrical and slips, trips and falls. However, the inspector noted that the centre had no risk management plan in relation to the general risk of fire or infection control.

The inspector noted that risk assessments had been carried out for risks which may affect residents such as falls, choking and mobility. The inspector spoke with two staff members who had a good understanding of the application of risk management plans within the centre. The inspector observed that a primary risk screening tool was used by staff to identify any potential risks. Once a risk was identified a risk management plan or nursing care plan was implemented to support the resident. However, the inspector found that residents who accessed the community independently were not supported by a risk management plan. The inspector found that a resident had been accessing the community for a number of years without incident. The inspector spoke with the resident who stated that they loved going out independently. The inspector spoke with staff who indicated that they were implementing control measures to support the resident such as the resident would inform them when he left and when he would be back. Staff also indicated that they would ensure that the resident had his mobile phone prior to leaving the house so he could contact staff if needed. The inspector found that although staff were supporting the resident's independence, control measures for this risk were not documented on a risk management plan.

The inspector reviewed fire precautions within the designated centre. The inspector found that there was regular fire drills taking place and that there was a suitable fire alarm, emergency lighting and fire extinguishers which were recently serviced. The staff in the centre were also conducting regular checks of emergency exits and fire equipment. The inspector reviewed the residents' personal emergency egress plans which guided staff in relation to evacuating each resident in the event of a fire. However, the inspector found that both houses did not have emergency procedures displayed to guide staff in relation to evacuating all residents in the event of an emergency. The inspector also found that fire doors were absent from both houses.

The inspector found that one of the houses in the designated centre had unsuitable laundry facilities for residents. This house had a small room that contained a toilet and washing machine, both of which were in close proximity of each other. The inspector found that this raised a significant infection control issue in relation to the laundering of residents' clothes, towels and items which may be used to dry crockery such as tea towels. This was brought to the attention of the person in charge on the day of inspection.

Judgment:
Non Compliant - Major

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:

On the day of inspection, the inspector found that the safeguarding of residents against potential abuse was promoted within the designated centre. However, the inspector found that improvements were required in relation to the management of residents' finances. The inspector also found that documentation in relation to Garda Vetting and safeguarding training was unavailable for some staff deployed within the designated centre, this will be discussed under outcome 17 of the report.

The inspector reviewed a sample of residents' finances. The inspector found that all transactions had receipts in place and that the recorded balances for residents' monies was accurate on the day of inspection. However, the inspector found that only one recent audit of residents' finances had taken place within the designated centre. The person in charge also stated that staff check that recorded balances are correct when they come on duty, but there was no record of this in the centre. The inspector also found that staff support residents to withdraw money from automated teller machines (ATM). The inspector noted that both the resident and staff sign the ATM receipt to acknowledge the withdrawal. However, the inspector found that bank statements were only available every six months and that these were not audited by the person in charge. The inspector found that these arrangements did not safeguard the resident against potential financial abuse.

The inspector observed throughout the inspection that staff interacted warmly with residents. Residents, which the inspector spoke with, stated that staff treat them well and that they felt safe. The inspector interviewed three staff who could clearly outline the procedures in relation to responding to alleged abuse. Each staff stated that they would reassure the resident and report to their line manager who was also the designated person for dealing with allegations of abuse.

The inspector found that the centre had one restrictive practice in place. The inspector noted that a risk assessment and a plan of care had been developed.

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:

On the day of inspection, the inspector found that the person in charge maintained a record of all notifications which had been submitted to HIQA. The person in charge was also knowledgeable in relation to events which should be notified to HIQA.

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:

On the day of inspection, the inspector found that residents had opportunities to participate in education, training and employment.

The inspector spoke at length with all residents. Each resident indicated that they took part in training and development through their respective day service. Residents were supported to attend employment in the local town and to attend the local institute of technology. One resident was currently learning the rules of the road and hoped to take the driver theory test in the near future. Other residents were learning yoga, cookery skills, pottery and art.

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:

On the day of inspection, the inspector found that the health care needs of residents was supported by the designated centre.

The designated centre had two nurses which visited the centre at least weekly and as required to support the healthcare needs of residents. The inspector found that residents had care plans developed which were based on the residents' activities of daily living. The nurses used a nursing intervention tool to highlight where a care plan may be required. The inspector found that residents had access to allied health professionals such as physiotherapists and occupational therapists (OT). A resident who recently had a fall was promptly reviewed by the OT with all recommended interventions being implemented such as non slip shoes and hand rails.

The inspector also noted that residents were regularly reviewed by the general practitioner and had access to specialists such as psychiatry, radiology and oncology. The inspector found that a resident who recently had significant health issues was supported through the use of care plans and the development of an easy read guide to visiting the hospital.

On the evening of inspection the inspector observed a home cooked meal being prepared which appeared wholesome and nutritious. The inspector noted that the mealtime was a communal event in which residents ate together.

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:

On the day of inspection, the inspector found that the designated centre was governed by policies in relation to the ordering, prescribing, storing and administration of medications to residents. However, the inspector found that improvements were required in relation to prescriptions and the assessment of residents to manage their own medications.

The inspector spoke with two members of staff, both of which were trained to administer medications. Each staff had a good knowledge of the safe administration of medication and the procedures to be followed following a medication administration error. Both staff stated that they would contact the general practitioner and manager on-call in the event of a medication error occurring. The inspector found that staff checked all medications which were blister packed when they arrived in the designated centre. The inspector reviewed medication administration error forms which showed that staff had recently reported incorrect medications which they had received from the pharmacy.

The inspector reviewed four prescription charts which supported staff to administer medications to residents. The inspector found that one of these prescription charts had two entries for the same medication. It was also unclear as to how often this medication was to be administered, the max dosage and the indication for its usage. The inspector also found that medications which were no longer administered to the resident had not been discontinued and that a medication which had recently been changed to twice daily administration had no indication as to the required times of administration. The inspector also noted that not all as required medications had the maximum dosage stated even though the centre's policy on the administration of medications stated that the maximum dosage in 24 hours must be stated on the prescription chart for all as required medications. The person in charge stated that there was no regular audits of medications taking place and that a pharmacist had recently carried out an audit of medications in the designated centre. However, this was not available on the day of inspection.

The inspector also found that residents were not supported by the designated centre to manage their own medications. The inspector noted that assessments to support residents in the self administration of medications had not taken place.

Judgment:

Non Compliant - Moderate

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:

On the day of inspection, the inspector found that the designated centre did not have a statement of purpose in place that described the service which is provided in the designated centre. The inspector found that the provider had prepared separate statements of purpose for each individual house, but had failed to prepare an overall statement of purpose for the designated centre for which the provider had applied to register.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

On the day of inspection, the inspector found that the designated centre had effective governance and management systems in place. However, the inspector also found that improvements were required in relation to auditing of residents' finances and medications. These issues were previously discussed under outcome seven and outcome eight.

The inspector noted that the person in charge on the day of inspection had recently provided cover for the centre as the named person in charge was on leave. The inspector noted that the covering person in charge had recently completed a comprehensive six monthly audit of the care and support provider to residents in the centre. The audit covered areas such as staff training, fire safety, complaints, risk, dignity and respect and residents consultation. An action plan was generated from this audit and highlighted needs in relation to staff supervision and the review of residents' personal plans.

The provider had also conducted an annual review of the quality and safety of care in the designated centre. Again an action plan had been generated following this review. The inspector found that some of the actions such as the need for a charter of human rights and a picture of the designated person to be displayed had been addressed.

The inspector spoke with three staff, each of which indicated that they were supported in their role. Regular staff meetings were taking place and the inspector noted that an on-call system was on display which supported staff in times of emergency.

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:

On the day of inspection, the inspector found that arrangements were in place to cover for when the person in charge was absent from the designated centre for prolonged periods. The inspector reviewed documentation which stated that a new person was to be employed by the provider to take on the role of the person in charge of other designated centres. The acting person in charge indicated that this person may become a person participation in the management of this designated centre and cover for

occasions when the person in charge may be absent.

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:

On the day of inspection, the inspector found that the designated centre was adequately resourced with suitable skilled staff to meet the assessed needs of residents. The inspector observed that additional staffing was available in one of the houses to facilitate residents who were older to get up later in the day and go to the day service or partake in an activity at a time of their choosing.

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:

On the day of inspection, the inspector found that the centre had appropriate staff numbers who were suitable skilled to meet the assessed needs of residents. However, the inspector found that improvements were required in relation to staff training, and staffing records as detailed in Schedule 2 of the regulations.

The inspector reviewed four staff files. Two of the staff files were for agency staff employed within the centre and two were for staff employed directly by the provider. The inspector noted that both agency staff files did not contain Garda Vetting. The inspector also noted that training records for these staff indicated that neither staff had taken part in safeguarding training and that one staff did not have a full employment history. The inspector also noted that both agency staff only had one written reference in place. The person in charge indicated that these agency staff are currently being recruited by the provider and therefore Garda Vetting will be sought. The files for the staff employed directly by the provider again only contained one written reference and the inspector noted that a long term member a staff had no employment contract in place.

The inspector also reviewed staff training records. The inspector found that all staff listed on the staff rota had received training in the administration of medication. However, the inspector found that not all staff had received training in fire safety or manual handling. The staff training matrix reviewed by the inspector indicated that all staff had received training in safeguarding. However, a staff member that was interviewed by the inspector stated that they had not received this training.

Judgment:
Non Compliant - Major

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:
On the day of inspection, the inspector found that records were maintained to a good standard in the designated centre, However, improvements were required in relation to staff employment files and staff training records as mentioned in outcome 17.

The inspector found that all records described in Schedule 5 of the regulations were available and were recently reviewed. The inspector also noted that all records as stated in Schedule 3 of the regulations were also in place. Overall the inspector found that

records were well maintained, readily available and were reviewed on a regular basis.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Pearse Road Services
Centre ID:	OSV-0005282
Date of Inspection:	04 October 2016
Date of response:	09 November 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 02: Communication

Theme: Individualised Supports and Care

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

The provider failed to ensure that residents had access to the internet.

1. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

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

- A request has been sent to the IT department to install the internet in this designated centre. This department will install the internet in each home.

Proposed Timescale: 31/01/2017

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:

The provided failed to ensure that residents' contracts of care clearly stated the fees the resident will incur.

The contracts also failed to accurately specify if the general practitioner will visit the designated centre.

2. 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:

- The contacts of care have been reviewed for each resident and updated as required.

Proposed Timescale: 24/10/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to ensure that the both houses in the designated centre were free from trip and slip hazards and that external paths were appropriately maintained.

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- A power wash of the external area will be completed in one house.
- The maintenance department have been contacted and a request made to complete the required works in the back garden to eliminate the hazards identified.

Proposed Timescale: 12/12/2016

Theme: Effective Services

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

The provider failed to provide evidence that the heating system for one house in the designated centre was adequately maintained.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

- The servicing contractor has been contacted and a request made to supply a suitable method of recording the maintenance of the heating system.

Proposed Timescale: 30/11/2016

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:

The provider failed to ensure that risk management plans were developed in relation to fire, infection control and residents accessing the community independently.

5. 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:

- Risk management plans have been reviewed and updated to include fire, infection control and residents accessing the community. These will be reviewed on a monthly basis or more frequent if there is a change of circumstances.

Proposed Timescale: 24/10/2016

Theme: Effective Services

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

The provider failed to ensure that suitable laundry facilities were available to residents.

6. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- Estates and Occupational Health have been asked to assess the house and see where we alterations can be made to facilitate a separate utility room.
- The washing machine will be moved to the kitchen area so as the residents can do their own laundry if they so wish.

Proposed Timescale: 31/12/2016**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that the designated centre had fire doors in place.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- A request to maintenance department has been sent to upgrade all fire doors as required in both houses.

Proposed Timescale: 31/01/2017**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that suitable fire evacuation procedures were displayed within the designated centre.

8. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

- Suitable fire evacuation procedures have been displayed in both houses.

Proposed Timescale: 26/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that regular auditing of residents finances and bank statements was employed to safeguard residents against potential financial abuse.

9. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- Systems have been reviewed and improved to include monthly auditing of residents finances and bank statements.

Proposed Timescale: 26/10/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure that residents were supported to manage their own medication.

10. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

- Medication management assessments will be carried out with each resident.
- Personal plans will be reviewed to ensure residents will be supported to manage their own medication based on the results of these assessments.

Proposed Timescale: 15/12/2016

Theme: Health and Development

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

The provider failed to ensure that accurate prescription charts were available to support staff in the administration of medications.

11. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- All medication prescription charts will be reviewed and updated to the required standard.
- Medication audits will be conducted to ensure a high standard.

Proposed Timescale: 30/11/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that a statement of purpose was prepared which accurately described the service which is provided in the designated centre.

12. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- The statement of purpose has been reviewed to accurately describe the service provided. This statement of purpose was submitted to the authority

Proposed Timescale: 24/10/2016

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 provider failed to ensure that there were effective auditing systems in place in relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

The provider also failed to ensure that there was effective auditing of residents' finances.

13. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- An audit schedule has been developed in this designated centre.
- The PIC will ensure that monthly audits of resident's finances and medication management will be carried out.

Proposed Timescale: 24/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure that all staff employed within the centre were Garda vetted, had contracts of employment, appropriate references and full employment histories as detailed in Schedule 2 of the regulations.

14. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- The staff employed were agency staff and have now been recruited by the Provider. Garda vetting is now in place.
- The agency is reviewing its Garda Vetting procedures to ensure the required information is on each staff's file. Only staff with the required Garda vetting documentation will be employed within the designated centre.

Proposed Timescale: 30/11/2016

Theme: Responsive Workforce

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

The provider failed to ensure that all staff were up-to-date with training needs and that an accurate staff training record was maintained.

15. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- Training gaps have been identified and a training schedule has been developed.
- All staff will receive the up-to-date mandatory training.

Proposed Timescale: 30/10/2016