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Riverside Residential, OSV-0003600, 27 February 2018

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Riverside Residential, OSV-0003600, 27 February 2018', [report], Health Information and Quality Authority, 2018-10-04, Disability Services Report, Disability, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2025-12-08 07:46:24
Link to Item	https://hdl.handle.net/20.500.14765/87429

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Riverside Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Announced
Date of inspection:	27 February 2018
Centre ID:	OSV-0003600
Fieldwork ID:	MON-0021032

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This community based residential centre is based in Dublin. The centre provides residential support to adults with an intellectual disability. Residents with additional physical or sensory support needs can also be accommodated in the centre. The house is a six bedroom bungalow set on a campus with one other residential service and two day services and a leisure centre. The house contains seven single bedrooms one of which is used for staff. There is a kitchen and dining area and a separate sitting room available for residents. Local amenities within the area includes shops, hotels, bus routes amongst other community facilities. The centre also has a bus available to residents in the centre. Within the leisure centre on campus a swimming pool, coffee dock, cinema room and pool table is available for residents to use.

The following information outlines some additional data on this centre.

Current registration end date:	25/08/2018
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
27 February 2018	10:15hrs to 20:30hrs	Karina O'Sullivan	Lead

Views of people who use the service

The inspector met with six residents who were living in the centre. Residents were happy for the inspector to observe aspects of their daily life within their home. Some residents showed the inspector their home and other residents spoke with the inspector. Residents' views were also taken from six questionnaire and feedback forms which were completed and returned to the inspector.

From communicating with residents generally they enjoyed living in centre and were happy there. It was also clear that residents were satisfied with the service being delivered, and equally if they were not, residents were aware to speak with the person in charge.

Residents discussed various aspects of their lives and achievements and activities available within the centre. They were involved in activities outside of the centre and attended music and sporting events. From a social and activity perspective, residents were supported to participate in the community and were afforded the opportunity to engage in new social experiences.

Capacity and capability

Overall, the inspector found that the centre was being well managed, but some improvements were required.

The provider had ensured that the management arrangements provided clear lines of responsibility and accountability within the centre. The person in charge had the skills and knowledge to manage the centre and to ensure that staff were meeting the support needs of residents.

The necessary resources were in place to deliver a safe and good quality service to residents that was underpinned by person centred values. Residents were supported by an appropriate number of staff with the skills required to deliver that support. The inspector saw evidence that staff were being supervised in their work. Staff were being provided with training appropriate to their roles, however one staff member had not completed fire training and according to the centre's staff training records, six staff were overdue refresher safeguarding training.

The centre was being monitored and audited by the provider to ensure that an effective, good quality and safe service was being promoted. The audits were

identifying areas for improvement and being used to bring about changes in the quality of lives for residents. Some improvements were required to ensure the annual review for the centre along with six monthly visits by the representative of the provider were completed within the time frames required in the regulations.

The provider had ensured that policies and procedures were available in the centre to guide the management and operation of the centre. However, some policies were not readily available within the centre and some were not up to date. For example, the policy in place for medication management in the designated centre was an older version of the policy and not the up to date policy. The document to guide staff members in the event of a medication error was dated July 2006, and self administration of medication document was dated 2009.

In addition not all policies were guiding staff effectively. For example, while there was a complaints policy, it did not meet all of the requirements of the regulations. This had been identified on previous inspections.

In total four of the eight actions from the previous inspection had not been completed.

The provider had submitted a complete application to renew the registration of this centre, as the current registration expires on 25 August 2018.

Regulation 15: Staffing

The provider was ensuring that the number of staff supporting residents was appropriate to the assessed support needs of residents and staff had the appropriate skills and qualifications to work with residents.

The inspector reviewed staff files and found that there were some minor gaps in the information required by the regulations to ensure that staff were appropriate to work in the centre. For example, some files did not contain full employment histories of staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training in the area of fire was required for one staff members within the relief panel. Six members of staff required refresher training in the area of safeguarding residents and the prevention, detection and response to abuse.

There was a system in place in relation to supervision for all staff members and

a sample of four staff files were viewed in relation to this.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was viewed, and now contained the required information for each resident within the centre.

Judgment: Compliant

Regulation 22: Insurance

The inspector viewed the contract of insurance in place by the registered provider, this included injury to residents and other risks such as loss or damage to property. This was dated 01 April 2018.

Judgment: Compliant

Regulation 23: Governance and management

The provider was auditing and monitoring the center and using the information to take action to improve the quality of service to residents. However, there had been no annual review as required by the regulations in 2017, and the unannounced visits to the centre by the provider were not being conducted on a six monthly basis, as required by the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained 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. The arrangements made for dealing with complaints as detailed within the document outlined was not reflective of the current practice within the centre or the organisation.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While the provider had a complaints policy, and residents were clear about who they would speak to if they had complaints or concerns, the policy did not contain all of the arrangements required by the regulations. Arrangements for the oversight of how complaints were being responded to had not been identified.

Inspectors had brought this to the attention of the provider on previous inspections.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures were available in the centre to guide management and operation of the service. However, not all of the regulations required by the regulations were available in the centre and some policies were not up to date.

Judgment: Not compliant

Quality and safety

Overall the inspector found that residents were supported to have a good quality of life, but there was a requirement for some improvements around the management of risk in the centre.

The inspector saw evidence that staff were promoting the rights and autonomy of residents. They were involving residents in decision making about the running of the centre and supports were being provided to residents to participate in events and activities in accordance with their wishes and preferences.

Residents were being supported to maintain good health care, and had access to a range of health professionals when required. The inspector saw staff supporting residents with their health care needs in a compassionate and kind way. However, when the inspector reviewed the health care plans for residents, some of them, such

as a plan for pain management and an epilepsy management plan, did not provide adequate information to guide staff and did not reflect the practice that was being implemented by staff. For example, an epilepsy plan stated that an ambulance should be called within the time frame but it did not identify the time frame. This could increase the risk to residents.

While there were arrangements to manage risk to residents in the centre, these needed to be improved. For example, there were medication management arrangements in place to ensure residents were protected from risk. However, the arrangements for the management of PRN (as required) medication did not provide adequate information to staff on when to use this medication or the maximum amount of this medication that can be administered to a resident.

In another risk management example, there were appropriate safeguarding arrangements in the centre and staff had a good knowledge of what constituted abuse and how to respond if they suspected abuse. However, the inspector saw one example of an incident which was responded to but which had not been managed in line with the safeguarding policy. The inspector also found that some incidents between residents had not been examined from a safeguarding perspective.

There were risk assessments being carried out for risks in the environment and for individual risks to residents. While overall, these were appropriate, some of the risks identified for residents needed to be improved to ensure that the arrangements for managing them was adequate. For example, assessments for the risk of choking and for the use of bedrails did not have sufficient detail to provide guidance to staff on managing those risks.

The registered provider had sufficient arrangements to manage the risk of fire in the centre. There were regular fire drills and the records demonstrated that plans were effective to evacuate residents. Individualised personal emergency evacuation plans were in place for all residents and there was an evacuation plan for the centre which outlined alternative accommodation in the event of an emergency. Emergency lighting was also in place within the centre and evidence of servicing was available on the day of inspection.

Regulation 26: Risk management procedures

There was a risk management policy in place to assist staff members manage risk within the centre. Improvements were required to ensure residents had appropriate risk assessments in place, for example choking risk and the use of bed rails.

The vehicle used within the centre for residents had a commercial vehicle road

worthiness test certificate in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was effective fire safety management system in place within the centre. Fire fighting equipment was serviced and arrangements were in place for fire containment along with emergency lighting. The exits routes were prominently displayed within the centre to assist staff in the event of a emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The arrangements for medication management had improved since the previous inspection, however the directions in relation to the management of PRN (as required)medication were insufficient. In addition, assessments were not being conducted to determine whether residents could manage their own medication or not.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported to maintain a good standard of health care and had access to appropriate health care professionals when required. However, some health care plans did not provide adequate guidance to staff on how to support residents, for example, in relation to pain management and in relation to epilepsy management.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Interventions were in place to assist residents and guide staff members to respond to behaviour that is challenging. Where restrictions were in place these had appropriate assessments and were being implemented by staff in accordance with

resident's plan.

Judgment: Compliant

Regulation 8: Protection

There were safeguarding arrangements to keep residents safe and staff had a good knowledge of the policy, the different types of abuse and how to keep residents safe from the risk of abuse. However, one incident which had been responded to had not been managed in accordance with the policy and incidents between residents were not being reviewed in terms of safeguarding or compatibility in relation to the current resident mix.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Riverside Residential OSV-0003600

Inspection ID: MON-0021032

Date of inspection: 27/02/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge will comply with Regulation 15 (5) by updating staff file to accurately reflect full employment history, together with a satisfactory history of any gaps in employment. Staff CV updated to include minor gaps of unemployment and file updated	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will comply with Regulation 16 (1)(a) by ensuring staff have access to appropriate training, including refresher training, as part of a continuous professional development programme Relief staff member who required fire safety training is no longer employed by the organization. With regard to safeguarding refresher training please refer to factual inaccuracy document p6.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The provider will comply with Regulation 23 (1)(d) by ensuring 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.

And comply with Regulation 23 (2)(a) by preparing a written report at least once every 6 months on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The person in charge will comply with Regulation 3 (1) by reviewing and, where necessary, revising the statement of purpose at intervals of not less than one year to accurately reflect the current practice in the centre and the organization for the management of complaints in line with the information set out in Schedule 1

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The provider has updated the complaints policy in order to comply with Regulation 34 (3)(a) by making arrangements for the oversight of how complaints are being responded to.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The person in charge will comply with Regulation 4 (2) by making up to date policies and procedures referred to in paragraph (1) available to staff.

The provider will comply with Regulation 4 (1) by preparing in writing and adopting and implementing a recruitment policy. This will be in place by November 2018.

The provider has complied with Regulation 4 (3) by reviewing and updating the complaints policy in accordance with best practice, in order to ensure that all complaints are overseen by an appointed person.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The person in charge will comply with Regulation 26(2) by making arrangement to ensure that risk control measures are proportional to the risk identified by providing risk

assessment to accompany FEDs guidelines, for the use of bed rails and including timeframe for responding to emergency.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The person in charge will comply with Regulation 29 (4)(b) by updating directions received in relation to management of PRN medication And will comply with 29 (5) by undertaking assessment with each resident to determine individual preference regarding self administration of medication

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: The person in charge will comply with Regulation 6 (1) by updating healthcare plans to provide adequate guidance to staff on how to support residents in relation to pain and epilepsy management.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: The provider will ensure that all safeguarding incidents, as outlined in the national safeguarding thresholds, are notified to the authority as required, and referred to the Designated Officer. The Provider will further ensure that safeguarding plans are devised and implemented for residents as required.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	28/05/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	27/02/2018
Regulation 23(1)(d)	The registered provider shall ensure that 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.	Substantially Compliant	Yellow	21/03/2018

Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	29/01/2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	10/03/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure	Substantially Compliant	Yellow	28/02/2018

	that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	22/05/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/05/2018
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to.	Substantially Compliant	Yellow	28/02/2018
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on	Not Compliant	Orange	30/11/2018

	the matters set out in Schedule 5.			
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Not Compliant	Orange	27/02/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30/11/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/03/2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	28/03/2018