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A designated centre for people with disabilities operated by Health Service Executive, Sligo

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Authors	Matthews, Marie
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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005331
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
21 September 2015 16:00	21 September 2015 22:00
28 September 2015 16:30	28 September 2015 21:30
29 September 2015 10:00	29 September 2015 18:00

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of these four community houses by the Authority. The houses form part of a larger centre run by the Health Service Executive (HSE) Cregg Community Services, Sligo. The service has recently reconfigured the service and divided the service into smaller more manageable centres. This centre provides accommodation for 31 residents with an intellectual disability seven days a week. Accommodation is provided in seven separate houses in total in the Cartron area of Sligo. Four houses were inspected during this inspection. The remaining three houses were inspected previously prior to the centre being reconfigured.

The four houses inspected are differentiated in this report as house No 1-4 and between them they accommodate 21 female residents with a low to moderate intellectual disability. The purpose of the inspection was to ensure that this service was compliant with relevant legislation, national standards and good practice and in

accordance with the residents' assessed needs and preferences.

The inspector requested the consent of the residents to enter their home and to review their personal plans and care files. Policies, procedures, personal plans, medical records, accident and incident records, minutes of staff meetings and policies and procedures were reviewed by the inspector who also observed practice. Residents went to day services and were supported to enjoy a range of activities outside of the centre. Residents in one house lived very independently with minimal support from staff. Residents health needs were assessed they were supported to maintain optimum health. Staff working in the centre had a good knowledge of the residents and there was a person-centred approach to care and residents or their families were involved in decisions about their care.

Staff deployment required review. One staff member was on duty in each house and slept over night in the centre. There was a shortage of locum nurses employed and as a result there was a reliance on agency staff and this was resulting in unfamiliar staff working with residents.

Some of the residents had lived together for over 25 years and told the inspector they did not want to leave their home but accessibility was becoming an issue for some and adaptations were required to meet their needs. Some residents were sharing bedrooms which impacted on their privacy and dignity and many of the residents had become less mobile and were having difficulty using the stairs and the upstairs shower facilities. Some of the houses were built on an incline and had uneven driveways making access difficult.

Areas of improvement included governance arrangements, risk management and documentation of complaints. Non-compliances identified are discussed further in the report and included in the Action Plan at the end of this report.

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:

Residents were consulted about decisions that affected them and about the running of the centre. There was evidence of weekly house meetings in each house where residents were supported by staff to make decisions about their routine. Residents told the inspector that they chose their evening meals and the activities they took part in. The inspector observed staff and residents communicating freely and residents were complimentary of the staff. There was evidence that residents and their families were involved in the development and review of their care plans.

Resident bedrooms were decorated to their individual preferences with their pictures and personal possessions on display however, some residents had to share a bedroom and there was no curtain or screen between the beds to ensure their privacy. Each house had separate kitchen/dining room and sitting room so residents could meet with visitors in private. Staff on duty said that several residents chose to meet with visitors in their bedrooms. Most residents said they brought visitors to their rooms. A visitor book was maintained in each house.

An accessible version of the complaints policy was displayed in each house together with a picture of the complaints officer and the advocate. Residents identified both when asked who they could talk to outside of the centre if they had a concern.

The complaints policy available was the Health Service Executive (HSE) 'your service your say' policy which was not centre specific. It did not identify a second nominated person (separate to the person nominated as the complaints manager) to oversee that complaints were appropriately recorded and followed up by staff. Although residents told the inspector that the staff responded to their complaints or concerns as they arose,

the complaints log was not used to record complaints. It was not possible to determine if complaints were resolved in a timely manner to the satisfaction of the complainant.

There was policy available on the management of residents' property and finances. Residents had individual post office accounts and lodged and withdrew money as they required with the support of staff. Residents also managed their own pocket money and staff supported them to record their day to day expenditure and to reconcile their receipts. There were written records of all items of expenditure for each resident and a sample of these were checked by the inspector and no discrepancies were found. There independent auditing systems in place to ensure residents' finances were adequately safeguarded.

Most residents went home during the summer, but, some residents were relocated to other community house during the summer without the consent of the residents who live there which impinged on residents rights to have control over their own property and possessions. The inspector was told by staff that this practice happens to a number of residents and houses which are empty during the summer are used to accommodate these residents. The issue was raised by residents who told the inspector they did not want another resident staying in their bedroom when they were not there.

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:

A communication profile was available on each residents file and the staff were aware of residents individual communication needs. Practice was informed by an organisational communication policy. Copies of the residents guide and complaints policy and procedure were available in an accessible format and picture references were used to indicate the staff on duty and the meal choices available to residents. Simple magnetic picture frames were used to help residents identify the staff on duty and the activities planned for the week. Some residents were non verbal and the inspector observed that staff were patient and assisted them to communicate their needs.

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:

Residents had developed good links with their local community. Some of the residents had lived in their residential setting for many years and had a presence in the locality. Residents told the inspector that they attended community association meetings and local events and visited their neighbours from time to time.

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 currently no contract of care or written agreement in place between residents and the service to describe the services provided and fees charged. The person in charge informed the inspector that she understood that the HSE have produced draft contracts which are currently under review.

Judgment:

Non Compliant - Major

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:

From a sample of resident's personal plans reviewed, they were found to be individualised and person centred and resident's needs and choices were clearly identified.

A comprehensive assessment of health, personal and social care needs had been completed for each resident. The inspector found that residents and their relatives were involved in the development and review of a personal centred plan (PCP). These plans included information relating to residents' health care needs and as well as person goals identified by residents during their annual review. There was evidence of a multi-disciplinary involvement recorded in the resident's files, such as psychiatry, physiotherapy and speech and language therapy (SALT) and PCPs were reviewed annually at a multidisciplinary meeting. All residents had a copy of their plan in an accessible format, generally located in their bedroom which they showed to the inspector. Pictures and photographs were used to illustrate goals achieved or goals identified. However, some goals were quite limited in their scope and didn't maximise the residents ability to participate in new experiences and in some plans; medical needs were mixed in with social goals.

The goals identified for the previous year had been substantially completed. In some instances alternative dates or events were organised where a goal could not be achieved. For example, one resident wanted to go on a pilgrimage to France but the deadline for booking had passed so arrangements were made for the resident to go next year. Goals were varied and some included trips to concerts and shows. while others were quite limited in their scope and didn't maximise the residents ability to participate in new experiences. Residents in one house showed the inspector pictures of a trip she and other residents had made to Germany with a staff member from the house.

There was evidence that residents' were encouraged to take part in social activities supported by staff. Staff working in other community houses shared responsibility for social activities and staff worked together to ensure residents who wished to attend an activity could do so and that those who did not wish to go were supervised appropriately. Activities included swimming, horse riding, line dancing and pottery classes. Some residents were involved in the Special Olympics and one resident was attending college.

The inspector observed however that the allocation of resources to each house in the evenings impacted negatively on some residents choices. For example if a resident was not attending a planned activity, they had to go to another house for supervision and they did not have the choice to do an individual activity or stay at home on their own. This is discussed further under outcome 16 on resources and an action has been included under this outcome.

Judgment:

Substantially 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:

Although the houses that made up this centre were found to be comfortable, clean and pleasantly decorated, their design and layout did not meet the needs of all of the residents. Some residents had been in their home for many years and their mobility had decreased. They told the inspector they did not want to have to leave their home but needed modifications to be completed to improve the accessibility of their accommodation. Each house had two floors and some bedrooms and bathrooms were located upstairs. Residents with impaired mobility were accommodated downstairs in two of the houses however, in discussion with residents; the inspector was told that some residents who slept upstairs were starting to find the stairs difficult to access.

There was no suitable level access shower provided in any the houses. Most houses had a down stairs toilet but bathrooms were generally located upstairs in each house. Some residents told the inspector they found it difficult to get in and out of the bath. Similar issues were identified in each house. One resident had an en-suite bathroom ,however, as this facility was located on the ground floor, it was also used by other residents which impacted on the residents' privacy. The staff had arranged a wardrobe opposite the en-suite door to screen access to the bedroom but this restricted the space available in the bedroom.

Each house had a separate sitting room and kitchen/ dining room. The kitchens were well equipped however in one house some residents were small in stature and kitchen units and work tops had not been adapted so were not accessible to them. Bedrooms

were personalised by residents to reflect their tastes and had appropriate storage provided but some residents shared a bedroom which impacted on their space and privacy. There was a shortage of appropriate storage space in some houses so cleaning equipment including mops and buckets were stored in some bathrooms. Access to some houses was difficult due to a combination of an uneven surface and a sloped driveway and there were no handrails provided to support residents. This had been identified as a risk by staff in the centres risk assessments. An action to address this has been included under outcome 7.

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:

Systems were in place to manage risk in the centre but this required review to improve the outcome for residents. Incident forms were completed by staff and forwarded to the PIC who reviewed them and recorded them on computer. A report was generated for each house monthly which was reviewed by the PIC.

A risk management policy was available which identified the different risk areas identified in the regulations. The inspector reviewed the risk register in each house which included environmental risks such as the steep incline of the driveway in two houses, and risks associated with residents using the bath upstairs. Both risks had been given a high risk rating and the PIC had escalated them to the provider nominee. Although some cost estimates had been obtained to address these issues, the risks had not been been addressed.

Residents in one house were very independent and told the inspector used public transport to go into the town centre but there was no risk assessments completed to verify that the resident could do so safely and without supervision. Similarly, with residents who looked after their own medication, there were no evidence that a risk assessment had been completed to ensure that the resident could do so safely.

The service had retained the services of a fire risk consultant to complete a fire safety assessment of all community houses. A copy of the report was available and potential fire risks were identified in the some of the houses. For example, in one semi detached house, there was no separation in the attic space from the attic of the adjoining house which meant that in the event of a fire, it could spread from one property to another.

The consultant also identified that doors fitted throughout were not certified as fire doors and were not fitted with self closing devices. Each risk was risk rated and a suggested time-frame given for the provider to address the risks. Both of these risks were identified as needing to be addressed with 3-6 months. The provider confirmed to the inspector following the inspection that a contractor had been retained to address the actions identified within the suggested time frame.

A personal emergency evacuation plan (PEEP) was available for each resident which described the assistance they would require in the event of an evacuation. A summary was also displayed at the front door. There were records of regular fire evacuation drills with residents and these were recorded in the centres fire register and in the residents' personal plan. There was evidence that all fire equipment was serviced regularly. Weekly and monthly fire safety checks were recorded in the centres fire register. Fire exits were observed to be unobstructed.

Appropriate fire fighting equipment and emergency lighting was provided in each house however one house did not have a fire alarm connected to the mains electricity supply and there was also no emergency lighting provided in this house so residents had to rely on a torch. Training records reviewed by the inspector indicated that all staff members had completed training in fire safety however some staff were overdue training in the safe moving and handling of service users. A vehicle used by residents was appropriately serviced and had an up to date certificate of road worthiness

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:

Appropriate measures were in place to protect residents from being harmed or suffering abuse. A policy on the prevention, detection and response to allegations of abuse was available which included procedures to guide staff on the different forms of abuse and their responsibility if they suspected any form of abuse and the procedure for managing an allegation or suspicion of abuse. The name and contact details of the designated

contact person was included in the policy. The staff members interviewed by the inspector were aware of their responsibility to report any allegations or suspicions of abuse. Residents were able to tell the inspector the name of the designated person who they could speak to if they had concerns and pointed to a picture of this person which was displayed in the house. The PIC confirmed that there were no allegations of abuse currently under investigation.

Staff were respectful towards residents and residents told the inspector that they felt safe in the centre. A chain lock was fitted to the front door of one of some of the houses and residents in one house which was not staffed used this and looked for identification before allowing the inspector access to the house. Training records reviewed confirmed that staff had completed training on protection. There were no restrictive practices evident during the inspection. Two incidents between residents were under investigation. Both incidents had been appropriately investigated by the PIC and in both instances a decision made to prevent a re-occurrence of the incidents. The inspector verified that the PIC had followed the centre's protection policy to protect the resident.

One resident had become unwell during the inspection which had resulted in behaviour that challenged. The inspector saw that staff had responded to this by having the resident seen immediately by the GP and by a psychiatrist. A new medication plan had been commenced and a waking staff member had been put on duty to support this resident.

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:

The medical records confirmed residents had good access to a General Practitioner (GP) and this was also confirmed by staff and by residents. An out of hours service GP service was also available. One resident was under the care of an oncologist and was supported by staff to attend appointments. A Community Nurse Specialist (CNS) supervised the care of residents in 2 of the houses. The inspector met with this staff member who said that this post had been developed to meet the needs of residents whose health needs had increased due to their age. One resident had mental health problems and there was evidence of referral and review by the mental health team. Another resident had epilepsy and the inspector saw that she had been reviewed by a

neurologist immediately following her last seizure.

A comprehensive health assessment was completed for each resident and regular age appropriate screening completed to ensure residents health was promoted including cervical smear tests, mammograms and dexa scans. There was evidence that residents were appropriately referred to specialist health services where appropriate including physiotherapy, speech and language therapy, chiropody and dietetics. Optometry and a dentist and the inspector saw that residents were supported to attend these appointments. The flu vaccine was offered yearly to all residents.

Meal choices for the week were displayed in each house on a notice board and there were ample supplies of fresh and frozen food available. Residents showed the inspector a supply of gluten free snacks for between meals. Residents had their main meal in their house every evening and had lunch in day services. Residents told the inspector they were involved in shopping and planning meals for the week. Residents living in the 4th house told the inspector they took turns cooking their evening meal and said they liked to go out for a meal at weekends or to celebrate special occasions and sometimes got a takeaway meal delivered.

A bank procurement card was used by residents to buy groceries from local supermarkets. The evening meal was prepared by staff in three of the houses inspected. A resident who had been identified as gaining weight had been reviewed by a dietician. There was no evidence that the advice of the dietician had been incorporated into a nutritional care plan to guide staff or support the resident or supervision of the resident to help her to reduce weight. The inspector also observed that the food choices displayed for the week did not have low fat options available.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Most residents in the houses self medicated with the support of staff. Residents were supported according to their ability to manage and store their own medication. Medications were securely stored in locked storage units. Each resident stored their own medication box in their bedrooms and the keys were held by staff. Medication was supplied in blister packs by local pharmacies and a weeks supply was then transferred to

the residents own medication box.

Risk assessments were generally completed prior to the decision been made for residents to self medicate however the inspector observed that in the 4th house the residents lived brought their prescriptions to the pharmacy and collected their own medication. While the inspector saw that the independence of these residents was been promoted , there were no risk assessments completed to verify that residents were could do this safely. There was no evidence of any stock checks or other monitoring or supervision arrangements to ensure that the residents were managing their own medication appropriately and medication was been taken as prescribed.

The inspector reviewed a sample of prescriptions and medication administration records and found that they were clearly written and complied with best practice with a signature of the prescribing doctor for each medication administered and a date and signature for any medication discontinued. However, the maximum dose prescribed for as required (PRN) medications was not stated on all medication charts.

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:

A statement of purpose was available which set out the services and facilities provided by all of the community houses run by the service. The service has been reconfigured since the document was drafted and now requires revision to reflect all of the community houses which make up this centre and include details of the persons participating in the management of the service. The provider has been requested to revise the statement of purpose and resubmitted it to the Chief Inspector so that it describes each service individually and includes all of the information required by schedule 1 of the regulations.

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:

The PIC, known as the Area Service Manager was interviewed on previous inspections of the service in relation to governance arrangements. She has responsibility for 18 community houses run by the service in the Sligo area and has over 30 years experience working with people with intellectual disabilities. The PIC reported to the provider nominee and met with her monthly.

The inspector found that the management systems in place required review to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. As discussed under outcome 7, risks identified by staff were not responded to by the provider and complaints were not being appropriately managed. The PIC told the inspector that she tried to visit each house once a week and available by phone if required. She stated she had endeavoured to secure additional funding to address access problems identified under outcome 6.

Audits of some aspects of the service including medication, personal plans and dependency levels. There was evidence that the provider nominee had arranged for her deputy to complete unannounced visits or 'walk abouts' to the designated centre and a copy of the reports arising from her visit were submitted following the inspection. The scope of the visits and corresponding reports was limited and they did not fully address the safety and quality of care in the centre. It highlighted issues such as the need for maintenance and refurbishing but there were no details of a plan to address these issues.

Judgment:

Non Compliant - Moderate

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

Theme:

Responsive Workforce

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

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

Findings:

The level and deployment of staff required review. In general, one care assistant worked in each house from 7.30am to 11.30am and supported residents to get dressed and have their breakfast before going to day services. A care assistant was on duty in the evening to support residents to prepare their evening meal and facilitate any evening activities. This staff member slept over at night. Some residents were supported by a Community Nurse Specialist (CNS) who supervised residents care. Staff in various community houses run by the service worked well together to facilitate residents' to attend various activities such as swimming however residents who didn't attend the planned activity did not have the choice to stay in their own home or do an individual activity as there was no staff available to supervise them and usually they were brought to another community house for supervision.

There was also a heavy dependency on agency staff and this caused difficulty for some residents whose personal plans identified that they required continuity and familiar staff. The PIC said she tried where possible to ensure staff familiar to residents worked in the houses but this was difficult. Staff were observed to treat residents respectfully and they displayed an in-depth understanding of individual residents' needs, wishes and preferences. Residents who spoke with the inspector during the visit spoke favourably about the staff present and about the PIC and area manager and confirmed that they visited them regularly.

A planned staff rota, showing the names of all staff on duty at any time during the day and night was not available in each house and on the rotas which were available the inspector observed that times were not clearly stated in a 24hour clock format.

There was a system in place to ensure that staff were recruited, selected and vetted in accordance with best recruitment practice. The inspector requested the files of three staff. These were kept off site but were brought to one of the houses for the inspector. Most documents required in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were present. However, only one reference was available on one staff file and there was no up- to- date contract of employment to indicate the staff members position, duties and work hours on two staff files reviewed.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005331
Date of Inspection:	21, 28 and 29 September 2015
Date of response:	11 December 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Some residents shared a bedroom which impacted on their privacy

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional

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

consultations and personal information.

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

The overall aim of the service is to secure additional houses and in doing so to eliminate room sharing.

Where residents are sharing a room every effort will be made by staff to maintain privacy at all times for each individual, by encouraging and supporting residents to reach agreements around giving each other personal time in the bedroom - for privacy around personal care and personal space time, creating opportunities for private phone conversations with family/friends.

Privacy will be respected by staff not invading the resident's personal space, by knocking on bedroom doors and wait for and answer, before entering the room. Residents will be encouraged to respect each other's privacy around toilet and bathing facilities – door closed and the privacy sign engaged. Every effort will be made to support residents to agree a designated space in the house for a fellow resident, who may wish to have a private conversation with their visitor(s).

Staff are responsible to ensure that resident's personal possessions and documents remain private, where documents need to be shared; this is with the consent of the resident.

Proposed Timescale:

Addition Housing – 31/12/2016

All other actions - 8/01/2016

Proposed Timescale: 31/12/2016

Theme: Individualised Supports and Care

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

Some residents were relocated to other community house during the summer without the consent of the residents who live there which impinged on residents rights to have control over their own property and possessions.

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The practice of relocating residents to other community houses at holiday times will be minimised. When and if this action becomes necessary it will be planned and with the informed consent of the residents. Every effort will be made to ensure security in

relation to each resident's personal property.

Proposed Timescale: 22/12/2015

Theme: Individualised Supports and Care

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

The complaints policy was not centre specific. It did not identify a second nominated person (separate to the person nominated as the complaints manager) to oversee that complaints were appropriately recorded and followed up by staff.

3. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

- Notices regarding the complaints appeals process and the nominated appeals person will be displayed in all areas. The appeals person will be separate to the complaints manager.
- All residents, families and staff will be informed of the contact details of the nominated person for appeals.

Proposed Timescale: 18/01/2016

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:

There was currently no contract of care or written agreement in place between residents and the service to outline the services provided and fees charged.

4. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Contract of Care has been issued to all families of Residents in this designated centre

Proposed Timescale: 22/12/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some goals were quite limited in their scope and didn't maximise the residents ability to participate in new experiences and in some plans; medical needs were mixed in with social goals.

5. Action Required:

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

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

Care plan will be reviewed with a view to unravelling health related care needs from 'Social Goal Planning'. A collaborative team approach will be employed to ensure that the goals/things the individual wishes to achieve are clearly understood by all staff.

The 'Social Goal Directed Plan' will state clearly: -The Goal/ Actions required to achieve the goal/Person Responsible/Time Frame/Completion Date & Outcome/evaluation

Proposed Timescale: 31/01/2016

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 design and layout did not meet the needs of all of the residents

6. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The nominee provider and the PIC continue to seek suitable housing through the HSE Property & Estates department.

The aim of the service is to secure additional houses that will address issues around overcrowding and environments which do not meet the physical/mobility needs of residents. Kitchen worktops/ sink and hob units will be adjusted to appropriate height, to meet the needs of residents and bathrooms will be made fully wheelchair accessible

Proposed Timescale: Long Term Plans: Dec 2017

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

The bathrooms and the kitchens were not accessible to all residents accommodated in the centre.

7. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

To meet the needs of residents a 'Quality Improvement Plan' will be developed, so that work can commence on the essential repairs, alterations and the renovations required, to create a living environment that supports people with physical disabilities, to live as independent within their home. The plan will be developed by the community staff team in collaboration with the maintenance team and provider representatives.

Proposed Timescale: 30/03/2016

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 management systems in place to manage risk were not responsive and were not ensuring positive outcomes for residents.

8. Action Required:

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

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

A review of the current Risk assessments and registers within the designated centre will be undertaken.

Risks identified will be assessed and managed to support all residents. Controls/action plans will be put in place to manage risk and potential emergencies.

The residents' individual risk assessment and the risk register is reviewed and updated monthly.

Proposed Timescale: 28/01/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A resident as gaining weight had been reviewed by a dietician but there was no evidence that the advice of the dietician had been incorporated into a nutritional care plan to guide staff or support the resident or supervision of the resident to help them to reduce weight.

9. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

All residents with weight gain/loss will be referred to the dietician. All recommendations advised will be incorporated into the plan of care for the resident.

Submission has been made to secure formal instruction for the staff team around improving understanding of what constitutes a balanced nutrition diet, meal planning and healthy options.

Proposed Timescale: 16/02/2016

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:

There were no risk assessments completed to verify that residents who were self medicating could do this safely.

There was no evidence of any stock checks or other monitoring or supervision arrangements to ensure that the residents were managing their own medication appropriately and medication was been taken as prescribed.

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:

Self Medicating Risk assessment and stock control in place with immediate effect

Proposed Timescale: 22/12/2015

Theme: Health and Development

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

The maximum dose prescribed for as required (PRN) medications was not stated on all medication charts.

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 charts will be reviewed to state the maximum dose of PRN prescribed for each individual.

Proposed Timescale: 22/12/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not reflect all of the community houses which make up this centre or give details of the persons participating in the management of the service.

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:

Statement of purpose will be reviewed and amended to reflect the specific 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.

Proposed Timescale: 22/01/2016

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 management systems in place required review to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

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:

Management systems will be reviewed in the designated centre to ensure that the service provided is safe appropriate to the residents needs and monitored effectively.

Proposed Timescale: 28/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The level and deployment of staff required review to ensure that each residents needs were met by familiar and consistent staff.

14. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

1. Business Cases have been submitted to the HR Department for additional staff to meet the changing need of residents
2. A submission was forwarded to Registered Provider re: additional staff to (a) meet changing needs of residents (b) to provide individualised social supports (c) to address skill mix issues within the community service.

Proposed Timescale: action completed

Proposed Timescale: 22/12/2015

Theme: Responsive Workforce

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

A planned staff rota, showing the names of all staff on duty at any time during the day and night, was not available in each house.

15. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

All duties are

A planned staff rota, showing the names of all staff on duty at any time during the day and night, is available in each house.

Proposed Timescale: 22/12/2015