

# eDeposit Ireland

**Verna House, OSV-0005676, 03 January 2018**

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Verna House, OSV-0005676, 03 January 2018', [report], Health Information and Quality Authority, 2018-03-16, 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	2026-06-16 06:14:15
Link to Item	<a href="https://hdl.handle.net/20.500.14765/87835">https://hdl.handle.net/20.500.14765/87835</a>

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Verna House
<b>Centre ID:</b>	OSV-0005676
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Resilience Healthcare Limited
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	4

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From: 03 January 2018 09:00 To: 03 January 2018 12:00

The table below sets out the outcomes that were inspected against on this inspection.

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**

Background to Inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Resilience Care (the provider). The centre was a new build, was to provide residential and shared services for up to four residents and this was its first inspection.

There were presently no residents living in this centre as it was not operational as yet. All proposals outlined and plans agreed and/or described by Operations Manager, the person in charge and the team leader will be checked and verified at the next inspection.

This was a centre to provide shared residential services to no more than four residents at any one time and overall this inspection very good levels of compliance were demonstrated across all outcomes assessed.

The inspector found that the person in charge was a highly experienced, skilled and qualified professional, who had a background in nursing and held a third level qualification in management. She was also to be directly involved in the governance and management of the centre.

She was to be supported in her role by a qualified person participating in management, who was acting as Operations Manager, a Quality Manager who was to support the auditing of the service, a team leader who was a qualified social care professional and a team of experienced qualified support staff.

Overall the inspector found that there were systems in place to ensure that residents availing of the service received a safe and good quality of care and of the nine outcomes assessed, all were found to be compliant.

How we gathered our evidence:

The inspector spoke with the person in charge at length throughout the inspection process and it was found that she was knowledgeable of her remit to the Health Act (2007) and Regulations. The inspector also spoke directly with the Provider, the Quality Manager and the team leader about the service to be provided.

One resident was in the process of being supported to transition into the proposed service and the inspector saw good evidence that the transition was being undertaken to take the assessed needs, wishes and preferences of the resident into account.

The inspector reviewed a sample of documentation such as health and social care plans, policies and procedures, risk assessments, safeguarding documentation and staff files.

Description of the Service:

The centre comprised of very large detached four bedroom house with the capacity to provide services/shared services to four residents. It was found to be warm, very well decorated, well maintained, bright and finished to a very high standard throughout.

It was located close to a large urban centre, which provided access to a range of amenities such as shops, shopping centres, restaurants, churches, library, barbers, hairdressers, swimming pools, fitness centres, cinemas, pubs and hotels.

The town provided a regular public bus and train service and the person in charge informed the inspector that adequate transport would also be provided by the centre for residents to avail of. There was also a number of sports clubs in close proximity to the centre of which residents would be supported to frequent.

Overall judgment of our findings:

This inspection found that the centre was compliant across all outcomes assessed. There was also an experienced and qualified person in charge who was to be supported by a Quality Manager, the Provider (Operations Manager) and a qualified team leader and a team of qualified health and/or social care professionals.

Plans were in place to ensure that the health needs of residents would be provided for and residents would have access to a general practitioner (GP) and to a range of other allied health care professionals as and when required.

The person in charge and team leader discussed the arrangements in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their age, interests and preferences. Proposed medication management practices were also found to be in order.

**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 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:**

The inspector was satisfied that, when implemented, the care and support as described by the person in charge, team leader and documentation viewed would be consistent and sufficiently provide for the residents' assessed needs and wishes.

The inspector reviewed a sample of a person centred plan and found that it was comprehensive in identifying how to provide for and meet the individual assessed needs of the residents.

For example, the plan provided for all aspects of the residents' life to include how to meet their healthcare needs, social care needs, communication needs and educational requirements. Social care goals were also identified with the provision of agreed actions on how to achieve a goal in a stated timeframe.

The centre was to be a 'service user' led service and the person in charge and team leader informed the inspector that social outings and activities would be provided for taking into account the wishes, preferences and interests of each resident.

The person in charge also informed the inspector that supports and interventions would be facilitated in order to provide for a safe transition for each resident moving into their new home.

A sample of a transition plan was viewed by the inspector and it was found that it was comprehensive taking into account the assessed needs and support requirements of the resident.

**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:**

The inspector found that the centre was suitable for its stated purpose. It was also found to be very spacious, homely and exceptionally well maintained throughout.

The centre comprised of a very large detached four bedroom house. It was found to be clean, modern, very well furnished and decorated and in a high standard of repair throughout.

There were four bedrooms in the centre, two on the ground floor and two on the first floor. Bedrooms were found to be very spacious, very well decorated and one was ensuite.

There was a spacious very well equipped kitchen, a separate fully furnished dining room, a separate utility room and a large furnished sitting room for the residents to avail of.

There was also a room made available for desktop activities (which was ensuite), an office and two large bathrooms offering both showering and bathing facilities.

There were private garden areas to the front, side and back of the centre for residents to avail of as they so wished. The back garden was private, secure and spacious. At the time of this inspection the centre was awaiting the installation of gates for the front garden however, the provider assured the inspector that these would be in situ prior to the residents moving in.

There was adequate parking available to the front and side of the centre and the inspector was informed that suitable arrangements were in place for the safe disposal of general waste.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the centre and there were adequate policies and procedures in place to support the overall health and safety of residents.

There was an up to date Health and Safety Statement in place at the centre which the inspector observed was a 'declaration' of how the service would manage all aspects of workplace safety and also provided a commitment that the organisation would comply with all relevant health and safety legislation.

The Safety Statement detailed the roles and responsibilities of management and staff working in the organisation with regard to their remit to health and safety issues pertaining to the centre.

There was also a policy on risk management. The risk management policy was comprehensive and met the requirements of the Regulations. The policy informed the inspector that the centre was committed to providing high quality safe services in a suitable environment for clients, staff and visitors.

The policy also informed that the organisation would be proactive in identifying, evaluating and reducing any possible risks identified in the centre.

The person in charge had already put together a risk register containing environmental risks and reported that this would be further developed to take into account individual risks once the residents transitioned into the centre.

The inspector saw that a fire alarm system had been installed in the centre, as had emergency lighting and fire fighting equipment.

Documentation viewed by the inspector informed that there would be plans in place to carry out regular fire drills and systems to ensure that the fire equipment including the fire alarm system would be serviced regularly.

The team leader assured the inspector that fire drills would be carried out as required and routine checks of escape routes, fire fighting equipment and emergency lighting would be facilitated. She also assured the inspector that every resident would have a

personal emergency evacuation plan in place once they moved into the centre.

From a small sample of files viewed, staff had attended fire training as required and manual handling.

The person in charge informed the inspector that personal emergency evacuation plans would be developed for residents moving into the centre.

There were policies and procedures in place for the management of infection control and the inspector observed that there were adequate hand sanitising gels and warm water available in the centre.

A sample of staff files also informed the inspector that staff had training in food hygiene and hand hygiene.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

The inspector was satisfied that adequate measures would be put in place to protect residents being harmed in the centre.

There were policies and procedures in place on supporting vulnerable adults and children. This was to ensure the protection and welfare of all residents who would use the service.

Policies also detailed that all residents would be protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults and children, how to respond to such issues and the appropriate reporting procedures.

From a small sample of files viewed, staff had training in both safeguarding of vulnerable adults and Children's First.

There was a policy in place for the provision of positive behavioural support. The inspector was satisfied that residents would be provided with emotional, behavioural and therapeutic support that would promote a positive, non aversive approach in the centre if or when required.

It was also observed that if or where required, residents would have access to a range of multi-disciplinary professionals and supports.

From a small sample of files viewed staff also had training in the management of behaviours of concern.

There was a policy in place for the use of restrictive practices. The person in charge informed the inspector that if restrictions were to be in place they would only be used to promote the safety of the residents and would be reviewed regularly by the organisations human rights committee.

There was a policy in place with regard to a resident going missing. This was to ensure staff knew how to respond to such a situation were it to occur.

There was also a policy on the provision of intimate care. This informed the inspector that the service recognised and respected the residents' right to privacy and dignity, respected their independence and promoted a professional service at all times.

There were also policies and procedures in place to safeguard residents' personal belongings and personal finances. The centre had a policy on the management of complaints.

This policy was to ensure that any person wishing to make a complaint about the standard of service provision could do so easily and that all complaints would be dealt with fairly and appropriately.

**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 inspector was satisfied that residents' healthcare needs would be regularly reviewed with appropriate input from multidisciplinary practitioners as and when required.

The person in charge informed the inspector that residents would have regular access to a GP, their medication requirements would be provided for and regularly reviewed and visits to a range of allied health care professionals would be facilitated as and when required.

From a sample of documentation viewed the inspector observed that residents would have access to GP services, opticians, chiropodists, occupational therapists and other allied healthcare professionals as and when required.

Some residents who were transitioning into the centre had requested to keep their current GP and this request was being facilitated by the centre.

The inspector was also satisfied that once the proposed practices were implemented, residents' nutritional needs would be met to an acceptable standard.

Residents would be supported to make healthy food choices and be actively encouraged to be involved in the preparation of their meals. The team leader also informed the inspector that meal times would be a relaxed and social occasions for the residents.

It was also observed that where required, residents emotional health and well being would be supported and access to a behavioural support therapist and other allied health care professionals would be provided for if or when required.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy

was also informative on how to manage medication errors.

The person in charge explained to the inspector that medication would be kept under lock and key in a secured unit in the centre.

From a sample of files viewed the inspector saw that staff had undertaken training in the safe administration of medication.

Regular medication audits were also to take place within the centre by the person in charge, team leader and quality manager.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

*responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. Effective management systems would also be in place to support and promote the delivery of safe, quality care services to the residents.

The person in charge informed the inspector that arrangements would be in place for an annual review of the quality and safety of care in the centre.

Arrangements would also be in place for audits to be carried out in the centre by the quality manager of the service. The person in charge and team leader would also carry out a range of audits in the centre.

The inspector was also satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service.

She was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development, had a background in nursing and held a third level qualification in a management discipline.

She was supported in her role by a qualified person participating in management, who was the operations manager in the organisation and named provider.

The operations manager was also an experienced manager who had a background in nursing. There was also an experienced, qualified team leader in place who was working on a full time basis in the centre.

It was also explained to the inspector that there was an out of hours on-call system in place to support staff working out of hours.

**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:**

From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

Evidence was also available that all staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a small sample of staff files and saw that they met the requirements of the Schedule 2 of the Regulations.

The person in charge told the inspector that the staffing levels were flexible and would be based on the assessed needs of the residents.

The inspector saw that there were arrangements in place for the provision of supervisory meetings with each staff member.

From a small sample of files viewed, staff had attended a range of training in areas such as positive behavioural support, safe administration of medication, manual handling and fire safety training.

Some staff also held third level qualifications in health and/or social care.

**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:***

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority