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Slieve Rua Residential & Respite Services, OSV-0003916, 28 March 2018

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

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| Name of designated centre: | Slieve Rua Residential & Respite Services |
| Name of provider: | Western Care Association |
| Address of centre: | Mayo |
| Type of inspection: | Announced |
| Date of inspection: | 28 & 29 March 2018 |
| Centre ID: | OSV-0003916 |
| Fieldwork ID: | MON-0020980 |

About the designated centre

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

Slieve Rua provides a residential and respite service to 12 individuals in three separate houses. This centre supports residents with low to high needs and can also facilitate residents with reduced mobility. One house is dedicated to respite and one resident uses this house for planned breaks. One house supports four residents on a full-time basis and also facilitates respite for two identified individuals. The final house in the centre does not provide any respite and is home to five residents. Each house in the centre is warm and comfortably furnished and residents' bedrooms are decorated with items of personal interest and photos of family and friends. The centre is located within walking distance of a small town and residents are supported to access local facilities on a daily basis. Full-time residents in the centre are offered an integrated service and one resident attends day services. All respite users attend day services.

The following information outlines some additional data on this centre.

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| Current registration end date: | 13/10/2018 |
| Number of residents on the date of inspection: | 10 |

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 |
|---------------|----------------------|---------------|------|
| 28 March 2018 | 09:00hrs to 17:30hrs | Ivan Cormican | Lead |
| 29 March 2018 | 09:00hrs to 13:00hrs | Ivan Cormican | Lead |

Views of people who use the service

The inspector met with nine residents and spent some time with one resident who could verbalise their thoughts. This resident stated that they felt at home in the centre and could complain to the person in charge if they so wished. This resident also stated that they felt safe and could go to any staff member if they had a concern. All residents appeared relaxed in the centre and questionnaires which were completed indicated that residents were happy with the service which was provided. Staff in the centre appeared to interact with residents in a caring manner and were observed to have a good understanding of their care needs.

Capacity and capability

The inspector found that a good quality service was provided in this centre. Residents were supported to be valued members of their local community and were supported to participate in activities which were meaningful to them. Residents were observed to be treated in a warm and caring manner and staff on duty had a good understanding of their personal preferences and care needs.

The inspector found that the governance arrangements in this centre ensured that residents were safe and enjoyed a good quality of care and support. The provider had conducted an unannounced audit of the care provided in the centre which identified some minor areas for improvement, which the person in charge had addressed. There was a continuous system of audits in place which gathered data on various elements of the care provided such as medications, adverse events and health and safety. The information gathered from these audits was used to assure the registered provider about the quality of the service which was provided to the residents. The annual review of the service was also completed following a consultation process with residents.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge of the centre. The person in charge was in a full time role and visited each of the houses in this centre on a regular basis. The person in charge was found to have a good understanding of the service which was provided to the residents and of their care needs. Residents who could verbalise their thoughts indicated that they felt safe in their home and could go to the person in charge if they had any concerns

This inspection was conducted to determine the renewal of registration of this centre. The provider had also produced a statement of purpose which accurately described the care needs that the service was intended to meet and clearly stated

the services which would be provided to meet those needs.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them. Staff were up-to-date with training needs in relation to fire safety and safeguarding and a schedule of refresher training was available to all those employed in the centre. Some staff members had not completed all required training; however, these staff members were scheduled to complete all required training subsequent to the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had been invited to apply to renew the registration of this centre and the person in charge was in the process of completing the application at the time of the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and had a good understanding of the service and the residents' care needs.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents received continuity of care from staff members who were familiar to them. The inspector also reviewed a sample of staff files which were found to contain all prescribed documentation as stated in the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff members received regular support and supervision; however, this was not consistently delivered to all staff in the centre. Training records indicated that some staff were not up-to-date with training needs but were scheduled to complete all required training subsequent to the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had appropriate management systems and structures in place to ensure that residents received a good quality of care. The provider had conducted all internal audits as required and the person in charge was conducting regular reviews of the quality of care provided to residents. Staff members stated that they felt supported by the management structure and were facilitated to attend regular team meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which accurately described the service provided in the centre and contained all the requirements of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were a number of volunteers working in the centre who supported residents to access their local community. These volunteers had their roles and responsibilities clearly laid out; however, they were not receiving regular support and supervision.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider maintained a record of all notifications which had been submitted to the chief inspector; however, not all restrictive practices had been submitted as

required.

Judgment: Substantially compliant

Quality and safety

Overall the inspector found that residents of this centre received a service which was safe and effectively run. Residents enjoyed a good quality of life and were supported to engage in meaningful activities in their local community. While some minor areas for improvement were found and this inspection, the inspector found that majority of these issues did not negatively impact on the care provided in the centre. However, the use of restrictive practices in the centre did impact on some residents' ability to have free access to all areas of their home.

Some residents in the centre had guidance documents in place to support them with stress levels and self-injurious behaviour. Staff were found to have a good knowledge of these documents and could articulate when an intervention such as pain relief should be administered. However, the associated protocol to administer pain relief did not accurately describe as to when pain relief should be administered to ensure that continuity of care was provided.

There were some restrictive practices in place which were reviewed on a regular basis and assessed in terms of impacting on the residents' rights. The person in charge also indicated that some of these practices were currently under review to determine if the practice could be removed. Residents and their representatives had been informed of the restrictive practice and a formal review had taken place by the organisation's rights review committee. However, the inspector found that a review by this committee failed to fully review the use of a chemical intervention in the centre. Furthermore, the use of restrictive practices in a kitchen area had not been suitably reviewed to ensure that the least restrictive practice was utilised which impacted on some residents' ability to have free access to all aspects of the kitchen.

The provider had actively supported residents who required support with communicating. Residents had been regularly reviewed by the speech and language therapist and assistive technology such as 'talking tiles' were used by residents to indicate preferences in regards to meal, refreshment and activity choices. Residents also had access to media such as the Internet, newspapers and television.

Fire safety was promoted in the centre and staff were conducting regular fire drills which indicated that all residents could be evacuated from the designated centre. Staff in the centre had also undertaken additional fire equipment safety training since the previous inspection to ensure that all residents could be safely evacuated at all times of the day and night. Staff in the centre were also conducting regular checks of fire equipment; however, the checking of fire doors was not documented and the inspector found that some fire doors with closers attached were unable to fully close. This was brought to the attention of the person in charge and this issue

was addressed prior to the completion of the inspection. The inspector also found that the provider was unable to demonstrate that glass which was in place over some fire doors would be suitable for the containment of fire.

A good standard of healthcare was provided in the centre and residents were supported to attend their general practitioner on a regular basis and in times of illness. Residents were also supported by allied health professionals such as occupational therapists, opticians and speech and language therapists and a health action plan was in place to support residents with increased healthcare needs. Some residents required the support of minimal handling techniques; however, the recommendations from a review by an occupational therapist were not available for review to assure that appropriate minimal handling techniques and equipment was in place. Some residents required additional supports in maintaining their pressure areas and there was additional guidance in place to advise staff members in reducing the likelihood of pressure sores occurring. There was also a detailed protocol in place to support a resident with their skin care; however, the inspector found that a tissue viability score had not been completed to ensure that the skin integrity of a resident was suitably assessed.

Regulation 10: Communication

Residents were supported to communicate and assistive technology was in place for those residents who required it. Residents also had access to the Internet, newspapers and television

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge maintained a log of residents' personal possessions and a suitable auditing system was in place to ensure that monies spent on behalf of residents was appropriately monitored. The action from the previous inspection was also addressed with residents reimbursed for items which should have been provided by the designated centre. The centre also had suitable storage for residents' personal belongings and facilities were available for residents to launder their own clothes if they so wished.

Judgment: Compliant

Regulation 17: Premises

The premises was suitably equipped to meet the assessed needs of residents and promoted accessibility for wheelchair users. All aids and devices were serviced as required and an on going list of required maintenance was logged by the person in charge. The centre was also found to be warm and comfortably furnished. Relaxation and sensory rooms were also available for residents to use.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the reporting and review of adverse events and the person in charge had responded to all events in a prompt manner. The provider also had suitable risk assessments in place which were regularly reviewed and had appropriate controls in place.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety was promoted in the centre and all staff had received training in fire safety. Fire precautions were also on display and individual evacuations plans were in place to support each resident to evacuate the centre. All fire equipment such as emergency lighting, alarm and smoke detection devices were serviced as required and staff were conducting regular checks of fire equipment; however, the checking of fire doors was not recorded in the centre. The provider also failed to demonstrate that glass which was in place above a fire door was suitable for the containment of fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable storage facilities in place and staff who were administering medications had been trained to do so. A sample of medication prescription and recording sheets indicated that these medications were administered as prescribed. However, a protocol to support the administration of rescue medications and chemical interventions was not in line with the associated prescription sheet. Residents had also been assessed to self medicate; however, these assessments stated that residents would not be able to manage their own

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| medication. |
| Judgment: Substantially compliant |
| Regulation 5: Individual assessment and personal plan |
| Each resident had a personal plan in place which was formally reviewed on an annual basis with the resident, their representatives and named staff from the designated centre. Residents were supported to identify personal goals and good progress was made in supporting residents to achieve these goals. Residents were also supported to access their local community on a daily basis and engage in activities which were meaningful to them. |
| Judgment: Compliant |
| Regulation 6: Health care |
| A good level of healthcare was provided in the centre; however, the inspector found that a tissue viability score had not been completed to ensure that the skin integrity of a resident was suitably assessed. The inspector also found that information was not available for review to indicate that suitable minimal handling techniques and equipment was in place. |
| Judgment: Not compliant |
| Regulation 7: Positive behavioural support |
| The use of restrictive practices in the centre required review to ensure that the least restrictive practice was utilised. A protocol to support the administration of pain relief in response to a behaviour of concern did not accurately describe as to when pain relief should be administered to ensure that continuity of care was provided. |
| Judgment: Substantially compliant |
| Regulation 8: Protection |
| The provider had systems in place to ensure that residents were protected from potential abuse. Staff had a good understanding of safeguarding procedures and a |

policy on safeguarding vulnerable adults was in place. Information on reporting procedures was on display and there were no safeguarding identified on inspection. Residents stated that they felt safe in the centre; however, residents had not been supported to develop skills and awareness in regards to self-care and protection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Substantially compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Not compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Substantially compliant |

Compliance Plan for Slieve Rua Residential & Respite Services OSV-0003916

Inspection ID: MON-0020980

Date of inspection: 28/03/2018 and 29/03/2018

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff in the designated center will be up to date with support and supervision by 31/05/2018.</p> <p>The PIC has a schedule of meetings to ensure staff receive support and supervision on a quarterly basis. This will be reviewed quarterly in support and supervision meetings with the Regional Services Manager.</p> <p>The PIC will ensure that both staff identified will work alongside staff who have Epilepsy and FEDS training until they have completed their own training.</p> <p>The Speech and Language Therapy Manager will present a bespoke FEDS training session to the full staff team on June 27th, 2018.</p> <p>Both staff have been nominated to attend the next available Epilepsy training. on 4th July, 2018.</p> <p>The PIC will monitor the training records of staff to ensure they are nominated for training in a timely manner.</p> | |

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| Regulation 30: Volunteers | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>All Support and Supervision meetings with Volunteers are scheduled to be completed by 30th May 2018.</p> <p>The Person in Charge has a schedule to address the support and supervision of all volunteers on a regular basis.</p> | |
| Regulation 31: Notification of incidents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The restriction identified has been included in the NF39 - Quarterly Notification of Incidents for Quarter 1 for the service. This was submitted on 09/04/2018</p> <p>The restriction in place relates to a locked cupboard in the kitchen which is being used to store gluten only products. The PIC will ensure that only gluten products are being stored there.</p> <p>This restriction has been notified to HIQA and will remain notifiable while the restriction remains in place.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge has put a weekly checklist in place to include checks on the fire detection and alarm system, fire doors, fire extinguishers, emergency system and general housekeeping. This will be reviewed by the PIC as part of the monthly Health and Safety Audit. These audits will be reviewed during the unannounced inspections undertaken by the provider.</p> <p>The maintenance manager will replace the glass panels over the bedroom doors in one site with approved fire rated pink slab. This will be completed by 31/05/2018</p> | |

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>At the request of the PIC the GP has reviewed and updated the prescription sheet in regards to the specific medication. The protocol to support this medication has also been reviewed and updated.</p> <p>The PIC will undertake a review of all Self administration of medication assessments to be completed by 30/05/2018</p> | |
| Regulation 6: Health care | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Records of a skin integrity test completed by the Public Health Nurse on 12/12/2017 are now on file. On 10/05/2018 the Public Health Nurse conducted a further review. Detailed reports on these tests are stored in the local HSE primary care centre; however evidence of the visit and test will be made available on site. On both occasions there were no issues of concern noted in these reports</p> <p>The Occupational Therapist reviewed all transfers including from bed to commode and minimal handling techniques. This review was completed on 06/04/2018. Records of all reviews completed by the Occupational Therapist will be stored on each resident's file.</p> <p>All equipment including slings and hoists are included on the equipment service contact entered in to by the provider with an appropriate supplier and is reviewed and checked six monthly, with alerts to the OT by the service engineer if there are any issues. The PIC and staff also alert the OT of any issues or changes for a resident and ensure that there is a follow up review.</p> | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support</p> <p>The PIC will ensure a review of the use of restrictive practices within the services and link with the behavioural support specialist (BSS) to ensure the least restrictive practice is in place.</p> <p>The PIC will review and update the protocol to support the administration of pain medication in response to behaviour of concern. This protocol will be reviewed by behavioural support and the rights review committee.</p> | |

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| Regulation 8: Protection | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 8: Protection: An organizational accessible format on Safeguarding will be used at house meeting to help residents develop skills and awareness in regards to self-care and protection. 31/05/2018 | |

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 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | Supervision - 31/05/2018 FEDs Training – 27/06/2018 Epilepsy Training 04/07/18 |
| Regulation 28(2)(b)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 30/04/2018 |

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| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 31/05/2018 |
| 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 that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Substantially Compliant | Yellow | 27/04/2018 |
| Regulation 30(b) | The person in charge shall ensure that volunteers with the designated centre receive supervision and support. | Substantially Compliant | Yellow | 31/05/2018 |
| Regulation 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated | Substantially Compliant | Yellow | 09/04/2018 |

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| | centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. | | | |
| Regulation 06(1) | The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan. | Not Compliant | Orange | OT review - 06/04/18 PHN review - 10/05/2018 |
| Regulation 07(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. | Substantially Compliant | Yellow | 31/05/2018 |
| Regulation 07(5)(c) | The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used. | Substantially Compliant | Yellow | 31/05/2018. |
| Regulation 08(1) | The registered provider shall ensure that each resident is assisted and supported to develop the | Substantially Compliant | Yellow | 31/05/2018 |

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| | knowledge, self-awareness, understanding and skills needed for self-care and protection. | | | |
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