

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Millmount
Centre ID:	OSV-0002480
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 1 day(s).

The inspection took place over the following dates and times

From: 23 March 2017 10:00 To: 23 March 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of the designated centre and the purpose of this inspection was to monitor for improvement and compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The last inspection was carried out in March 2016 and highlighted 31 actions in need of address by the provider and the person in charge.

Description of the service:

The centre was a two-storey semi-detached house located in a town in Westmeath. It was within walking distance of a town centre and was owned by the provider. The centre caters for six residents with intellectual disabilities over the age of 18 years old.

How we gathered our evidence:

The inspector met five residents and spoke with four of them about their experience

in the centre. The inspector spoke with the person in charge and two staff member as part of the inspection and briefly met two other members of staff. Documentation was reviewed such as care plans, assessments, compliment and complaint records, action plans, staffing rosters and staffing files.

Overall findings:

Overall, the inspector found high levels of compliance with the Regulations and noted significant improvement since the previous inspection. All 31 actions from the last report in March 2016 were followed up on. This inspection found that 29 actions had been adequately addressed to the benefit of residents. Residents who spoke with the inspector said that they were happy in their home, and felt well cared for and supported by the staff team. This report evidenced compliance in eight outcomes with some further improvements still required regarding the premises and the review of policies and procedures.

The findings of the report are outlined under the relevant outcome headings and in the action plan at the end of the 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the actions from the last report had all been adequately addressed by the person in charge and the provider.

There was a clear process in place for the management of complaints, a record maintained of all complaints raised and a system in place to review complaints and ensure complainants were satisfied. The process was on display in the centre and residents were aware of how to raise a complaint and who the complaint officer was.

Residents were consulted with in the centre. On discussion with residents, the inspector found that residents were involved in the running of the centre and in control of their own lives and daily routines. For example, there were regular residents' meetings, residents were involved in planning and preparing meals including shopping, and residents were at the centre of their personal planning meetings.

The inspector spoke with some residents who told the inspector that they felt their privacy was respected, and that they were treated with dignity and respect by the staff team.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the actions from the last report had been adequately addressed and that residents were encouraged and supported to be social and set life goals.

Residents told the inspector about some of their personal goals, and how they were working towards them. Some residents had gone on holidays recently to stay in hotels for short breaks. Other residents were working on social skills and improving their independence. Residents were actively involved in their community, and their independence was promoted with the input and support from staff should further skills teaching be required. For example, residents had their own house keys, some worked locally in the community and some residents travelled and accessed the local community independently.

The inspector determined that residents were encouraged to lead lives of their choosing and have active social lives. The inspector found that any barriers to residents achieving their goals on the part of the staffing resources had been addressed. For example, health care assistants had been trained in safe administration of medicine to support residents while on holidays.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

While a significant amount of work had been done since the previous inspection to improve the premises, there was still areas in need of address.

Overall the inspector found the premises to be homely, and residents expressed their satisfaction with their home, its furnishings, location and layout. Since the previous inspection the following works had been carried out by the provider:

- Some radiators had been replaced
- A new window had been installed in a resident's bedroom
- New tables and chairs and couches were provided
- Some areas had been painted
- New kitchen equipment had been purchased
- Parts of the exterior had been power-washed and the driveway had been tarmacked to ensure it was an even surface
- A new fire detection and alarm system had been installed

Some further improvements were required in relation to:

- Implementing the advice and recommendations of multidisciplinary team members regarding enhancing a bathroom and general accessibility of the building.

- Providing individual accommodation for residents. Two residents shared a bedroom. While the bedroom had been adapted to provide privacy for each of the residents, the provider had recognised that the room was not fully meeting the residents' needs and had plans in place to address this. These plans involved converting an existing staff room to a resident's bedroom. However, at the time of inspection these works had not been completed.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the actions from the previous report were adequately

addressed. The provider had installed a new fire detection and alarm system in the centre and had improved on the risk management systems.

Policies, procedures and processes were in place regarding the assessment and management of risk, health and safety, infection control and fire safety. There was a health and safety statement in place which included details on how the provider was managing environmental risks. Staff received mandatory training in manual handling.

There was a risk management policy in place. Any individual risks for residents had been identified, assessed and documented in their records and control measures were put in place to reduce them.

Any accident, incident or other adverse event was recorded and reviewed by the person in charge and assistant director of nursing on a monthly basis to ascertain any trends or patterns, and to ensure any learning from them had been implemented in practice.

The inspector found evidence that there were adequate precautions in place against the risk of fire in the centre. As mentioned above the provider had installed a new fire detection and alarm system in place and there was an emergency lighting system. These were routinely checked and serviced by a relevant fire professional and records maintained. Fire fighting and containment equipment was in place around the centre, such as fire extinguishers and fire blankets. These were again checked by a relevant professional and records maintained. Staff had all received training in fire safety and regular drills were carried out at random times of the day and night with different staff. This was an improvement since the last inspection.

Overall the inspector determined that policies, systems and practices in place were promoting residents' health and safety and the health and safety of staff and visitors.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that there had been adequate improvements in relation to the safeguarding of residents and support of behaviours of concern.

There was a clear process pathway for the management of complaints and incidents to ensure any allegations or concerns raised were appropriately managed. The inspector determined that the person in charge was aware of the requirement to investigate any allegation, suspicion or concern or abuse in line with national policy. Safe practice was guided by policies and procedures in the protection of vulnerable adults, the provision of behaviour support, the recruitment and vetting of staff, the provision of intimate care and the use of restrictive interventions.

Residents who presented with behaviours of concerns had appropriate supports in place. This was an improvement since the last inspection. For example, some residents had reactive strategies as well as proactive low arousal approaches to their care. There was a consistent approach to the management of any unwanted behaviour and there was no restrictive interventions in use to manage it. For example, no requirement for any physical interventions or as required medicine. Where required, residents had input from psychiatry and psychology services to assist in developing their supports for behaviours of concern. The inspector reviewed records and found that records were maintained of any incidents and attempts to identify the underlying cause of any behaviour.

The inspector found that a restraint free environment was promoted, with minimal use of restrictive interventions.

Staff had received training in the protection of vulnerable adults and this was refreshed routinely.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' healthcare needs were assessed and planned for in the designated centre. There was evidence of timely access to allied health care professionals such as General Practitioner (GP), physiotherapy, occupational therapy, speech and language therapy (SALT).

Records were maintained of all health appointments and their recommendations. Each residents' individual personal plans contained information of their health needs and outlined any specific supports required. For example, diabetes care plan and catheter care plan. Residents told the inspector that they felt supported to obtain good health.

The inspector spoke with some residents who explained that they had choice over the plans for meals each week. Residents were encouraged to make healthy choices as far as possible and there was access to SALT and dietician services if 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that actions from the previous inspection were adequately addressed.

Residents had been assessed regarding their capacity to self administer medicine, and support given if required to improve independence in this area. Training had been given to health care assistants in the administration of emergency medicine for epilepsy.

The inspector reviewed the systems in place for prescribing, ordering and storing medicines in the centre, and found them to be adequate. Medicine was stored securely, and was administered by nursing staff. The inspector found evidence that staff had received training in the safe administration of medicine.

There was an audit system in place regarding medicine management which captured any areas in need of address or improvement. Medication errors were low, with a process in place to record and learn from any errors that may arise.

Staff had a good understanding of the medicine in use in the centre and its required effect.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that all actions from the previous inspection had been addressed and noted improvements to the management structure and systems in place in the designated centre.

There was an appointed person in charge who held the role of clinical nurse manager 2 and worked full time in the designated centre. The person in charge was responsible for this centre only and had protected time each week for administrative duties. The person in charge was suitably skilled, qualified and experienced in line with the Regulations.

There was a stronger management structure in place since the previous inspection, with clear lines of accountability and reporting. For example, the person in charge reported to the assistant director of nursing, who reported to the director of nursing and onto the general manager. Staff and residents were clear on the structure and the different roles and responsibilities held.

There was improvement to the management systems in the designated centre. There was a schedule of audits in place which the person in charge was responsible for. This scheduled highlighted different areas of practice to be reviewed and audited each month. The provider had completed an annual review, and had ensured unannounced visits to the centre had been carried out by persons acting on their behalf.

Staff were supervised appropriately to their role. There was a documented system of supervision in place.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the actions from the previous inspection were adequately addressed.

The inspector found that there was a planned and actual staff roster maintained in the centre showing the hours worked and the staffing compliment. This showed an adequate number and skill mix of staff was employed in the centre. The inspector also noted that staff had been increased based on the review of residents' needs. For example, providing one to one support.

Training was made available to staff in a variety of areas and records showed that training was kept up to date and refreshed routines. For example, staff were trained in the protection of vulnerable adults, fire safety and manual handling.

There was an evidenced system of supervision now in place in the centre by the person in charge.

The inspector reviewed a sample of staff files and found them to be in compliance with Schedule 2 of the Regulations. Some improvements were required in relation to obtaining assurances from staffing agencies of all the requirements of Schedule 2. This was later shown to the inspector.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that some of the actions in relation to records and documentation were adequately addressed. Improvements were still required to ensure Schedule 5 policies were kept up to date and reviewed on a three yearly basis.

There was a maintained directory of residents which had all of the required information.

The inspector found that records in respect of Schedule 2, 3 and 4 were in place and well maintained. For example, records relating to residents' needs and medicine.

There was a suite of policies and procedures available in the designated centre. Some of these policies required review as they were out of date. For example, had not been reviewed in the past three years. Some policies required more centre specific information also.

Judgment:

Substantially 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:

Louise Renwick
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-0002480
Date of Inspection:	23 March 2017
Date of response:	18 May 2017

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 06: Safe and suitable premises

Theme: Effective Services

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

Amendments to the premises were required to enhance accessibility as advised by members of the Multidisciplinary Team.

1. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres

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

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:

Action

Timeframe

A review of the Multidisciplinary recommendations will be carried out to ensure that the designated centre is adhering to best practice in achieving and promoting accessibility. Complete 09/05/2017

A consultation will take place with the PIC and Management team the Maintenance Manager,

Fire Officer and the Estates Team to address the improvements required.

Complete 10/05/2017

Funding has been sought and approved to address the recommendations of the Multidisciplinary reports.

Complete 10/05/2017

A contractor has been identified to complete the building work.

Complete 10/05/2017

The stairs will be widened and a handrail installed to provide for safe accessibility on the stairs

for all individuals in the designated centre.

31/12/2017

A level access shower will be installed in the main bathroom upstairs to enhance accessibility

for all individuals in the designated centre.

31/12/2017

A plan will be developed by the PIC in collaboration with all stakeholders to facilitate the building works in the designated centre.

16/06/2017

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Not all residents had individual accommodation.

2. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Action

Timeframe

Further exploratory discussions is required in relation to the alternative accommodation that has been provisionally identified, taking into account the needs wishes and preferences of each individual in the centre.

This will be undertaken by the PIC and key worker in consultation with each individual and their family members. 31/07/2017

The plan to convert the existing staff room to a resident's bedroom will be progressed in consultation with each individual in the designated centre.

30/09/2017

Following consultation a plan of action will be put in place by the PIC to progress each individual's accommodation needs.

10/08/2017

Following further consultation with individuals and their families a plan will be put in place by PIC and PPIM in collaboration with the Estates team to progress alternative accessible accommodation for individuals in the designated centre. 30/09/2017

Proposed Timescale: 30/09/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the Schedule 5 policies were out of date and in need of review and approval by the provider.

3. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Actions

Timeframe

A review of all PPPG's will be undertaken in the designated centre.

Complete 10/05/2017

All PPPG in Schedule 5 will be prioritised for review to ensure they are kept up to date.

Complete 10/05/2017

A plan will be developed to review all policies and procedures at intervals not exceeding 3 years in accordance with best practice. 24/05/2017

A review of all Policies and procedures will be undertaken by the PIC in the designated centre to implement centre specific guidelines. 30/06/2017

Proposed Timescale: 30/06/2017