



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

Name of designated centre:	Ormonde Square Residential Service
Name of provider:	Ormonde Square Residential Service
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	26 September 2018
Centre ID:	OSV-0005697
Fieldwork ID:	MON-0024567

## About the designated centre

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

This statement of purpose details that the centre is designed to provide long-term care for two adults, currently male and female with intellectual disability and high support needs. The accommodation consists of two separate but interlinked apartments located in a small development of similar housing units. They were both found to be suitable for the intended purpose. Suitable high support, individualized programs of care are provided for the residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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## 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
26 September 2018	09:00hrs to 17:30hrs	Noelene Dowling	Lead

## Views of people who use the service

The inspector was able to spend time with both residents who communicated in their preferred manner.

They said they were really pleased with their new houses which were just for them, they liked having their own space and said they loved being busy and going out and about to their activities. They also told of the small jobs they did in their home to help out. They showed the inspector their bedrooms and their personal possessions which they said they really liked having. They said staff helped them with all sorts of things they wanted to do.

## Capacity and capability

The centre was inspected prior to commencing operations in January 2018 and was subsequently registered to provide services. In accordance with HIQA's regulatory process for such new services this inspection was undertaken within a defined time frame to ascertain the providers ongoing compliance with the regulations and to assess the quality of care being delivered to residents. The findings indicate that the provider was providing the services as outlined in the application and the statement of purpose.

The inspection found that the service was very well managed and this promoted residents safety and quality of life in the centre.

The governance arrangements were suitable, effective and accountable to ensure the safe and effective delivery of care. A new and experienced person in charge had been appointed who was supported by a robust management structure. This included the senior service manager / clinical lead; health and safety and quality assurance personnel. There were good reporting systems evident. These systems provided effective oversight and review of practice. The person in charge is responsible for two designated centres but there was no evidence that this impacted negatively on the residents living in this centre.

The provider had a range of systems for quality assurance which were relevant to a high support service. These included robust audits of all accidents and incidents, care practices and medicines management, safeguarding and restrictive practices. These were seen to be very detailed reviews of the environmental, clinical and personal care needs of the residents had been effectively used to monitor progress since the residents had moved in March 2018.

The provider also undertook unannounced inspections for the service which were

detailed and accounted for complaints management, consistency of staff, residents finances and actions identified included updating of safeguarding plans and review of the risk register.

The inspector found that there had been a considered and well planned approach to the setting up of the centre and ongoing review of its effectiveness taking all of the residents assessed needs into account.

The positive outcome of this for the residents was demonstrated by the obvious reduction in the numbers of incident of behaviors of concern, less overt and intrusive restrictions on them and an increase in their access to activities and recreation of their choice. This change also mitigated significant safeguarding issues in the previous accommodations.

The inspector found that the skill mix and numbers of staff identified was suitable to meet the needs of the residents in this service. The residents required nursing oversight only and this was available to them. Staffing was arranged to provide one to one supports and this ensured that residents had individual and varied day time activities and that their personal needs were supported. Night time staff were also provided with one waking and one sleepover staff to ensure residents needs were met.

From a review of a sample of personal files the inspector found that recruitment practices were robust with all of the required checks being undertaken prior to staff taking up post and this also contributed to residents safety.

Training records were also satisfactory with any deficits scheduled for completion for newer staff. Staff had a range of training including nursing, social care or FETAC level five as the minimum training requirement.

Staff also had undergone a detailed induction programme including supernumerary time, although the records did not consistently demonstrate this. This was discussed with the person in charge at the feedback meeting. A number of staff who were already familiar with the residents were allocated to the centre to ensure consistency and familiarity. The inspector also saw that this need for familiar staff was being continually monitored to ensure residents were adequately supported, for example, at staff annual leave periods.

There were good communication systems implemented to ensure consistency of care. Team meeting records seen demonstrated good reviews of residents needs, progress and changes.

The inspectors saw that where any issues which may have constituted malpractice by staff, the response from the provider was robust and appropriate in the residents interests.

A small number of documentary deficits were identified which were of low risk in relation to a protocol for emergency medicines, out of date medicines, and details provided on bruising charts. However, from a review of other records and speaking with staff and the person in charge the inspector was satisfied that care was

delivered as needed and these deficits were addressed by the person in charge on the inspection.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and had considerable experience for the post. She was fully engaged in directing the care and monitoring residents' welfare.

Judgment: Compliant

#### Regulation 15: Staffing

The skill mix and numbers of staff identified was suitable to meet the needs of the residents with a one to one staff ratios at all times.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training records showed good compliance with all mandatory training requirements with any deficits scheduled for completion for newer staff. There were good support and oversight systems implemented for staff.

Judgment: Compliant

#### Regulation 23: Governance and management

The service was very well managed with effective structures, systems and resources in place to plan used to the benefit of the residents.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

Admissions had been planned to account for the safety and compatibility of residents and contracts amended to reflect any changes in care or financial arrangements.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose clearly defined the service to be provided and care was delivered in a manner consistent with this.

Judgment: Compliant

### Regulation 31: Notification of incidents

All notifications were submitted to HIQA as required.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Suitable arrangements for the absence of the person in charge were in place and had been notified to HIQA.

Judgment: Compliant

### Regulation 34: Complaints procedure

No complaints were noted at the time of this inspection but the provider has an established history of managing such issues in accordance with the correct and transparent procedures.

Judgment: Compliant

## Quality and safety

The residents had complex needs in relation to safeguarding and behaviour that challenged. The environment and care practices were designed in a manner to promote the best possible outcome for them. The residents had been using the centre as part of their tailored individualised day service prior to the admission and this supported the transition for them.

The design of the centre was deliberate. The two separate but interlinked apartments allowed the residents individual space with their own comfortably decorated sitting rooms, kitchen/ bathroom and bedroom. This provided personal quiet space and independence but with planned social time together outside and via the interconnecting door.

This was seen to have mitigated episodes of challenging behaviours and their impact but also allowed the residents freedom of movement and personal space. It also provided prompt access to additional staff if necessary. The need for this type of environment had been identified by multidisciplinary assessments and the provider had acted on the recommendations.

The residents had very good access to multidisciplinary assessments and review. These included speech and language therapy, physiotherapy, health care, neurology, mental health and psychology. The inspectors saw that staff and the person in charge were constantly monitoring resident's health and psychosocial care needs and responding to any changes noted. Detailed support plans were implemented for all residents needs including communication, diet, health care, intimate and social care and these were frequently reviewed for their benefit to the residents. From a review of the plans available and speaking with staff and observation there was both insight to and respect for the residents individual needs and how to support them evident.

There were effective systems in place to protect residents from harm and the person in charge and the provider acted promptly to address any issues which occurred. Effective and monitored safeguarding plans were implemented to protect residents.

Residents were assessed for their ability to manage their own finances and did require support with this. However, incremental changes had been made to allow more day to day control for the residents. A resident indicated he was very pleased with this and showed the inspector the purchases he had made with his own monies which he carried with staff support. Financial records maintained were detailed and transparent.

The residents had supports with their complex behaviour needs. The behaviour

support plans were overseen by psychology and the person in charge and staff were very familiar with them. The primary focus was on prevention of anxiety and subsequent escalation.

This was achieved by an in depth knowledge of the residents and systems to ensure their needs were then supported. The level of activities and choices available to the residents in the daily routines had reduced the number and type of incidents significantly. Records and interviews also demonstrated that each incident was thoroughly reviewed for possible triggers and these were then incorporated into the plans and guidance for staff.

The inspector could see that the resident's rights and choices were prioritised in the type of service being provided and in their daily routines and lives. They were consulted at all times and in a manner suitable to their needs and understanding. For example, if they wanted not to go out or to do a different activity this was agreed. The inspector observed staff quietly explaining plans to resident and checking if they were happy with them while also encouraging them to do the things they enjoyed.

A number of restrictions were in place but from a review of the assessments and the ongoing monitoring of them the inspector was satisfied that these were appropriate, the least restrictive and managed according to national guidelines. They were used primarily to protect residents from harm and were individual to each.

They included the securing of some equipment , including the television, and restricted access to knives and kettles. Medication prescribed on a PRN (administer as required) basis for the management of behaviour was closely monitored and was not used inappropriately or regularly.

The residents social care and recreational needs were prioritised in order to ensure they a meaningful and enjoyable life experience.

They did not attend formal day services and this had decision been made via the multidisciplinary team. They did however have well planned and structured days which always included a choice of activities and they also had responsibilities for small routine tasks in their homes and self care. Both houses had individual small garden areas which they were seen to be used to grow flowers and provided sensory supports for them.

They went swimming, to the beach, to the cinema and had very good access to the local community such as the church, the restaurants and shops, playgrounds and parks due to the central location of the centre. The inspector saw that this arrangement had significantly increased a residents access to preferred activities, fun, and quality of life overall.

Despite the restrictions in the premises, and the level of staff support the inspector found a very relaxed atmosphere in both houses, staff were very engaged with the residents who were also observed to be very comfortable and engaged with the staff.

There was proactive approach to risk management with a centre specific risk register which detailed the pertinent clinical and environmental risks with suitable management plans evident. All necessary fire safety management systems including equipment and containment doors had been installed prior to opening. However, due to the change over of contractors following the installation the fire alarms had not been serviced quarterly as required. They were serviced in September 2018 and there was now a contract in place to continue this ensure this took place as required. There were suitable and detailed evacuation plans available for all of residents and they had participated in a number of fire drills since moving in.

Specific safety measures had been undertaken in the premises including a soft ground area in one garden and padding on some radiators and skirting. This was to prevent injury to a resident from sudden falls but was completed in a discreet manner.

#### Regulation 10: Communication

There were detailed support plans to help residents communicate with staff and it was apparent that these were used to good effect.

Judgment: Compliant

#### Regulation 18: Food and nutrition

Residents nutritional needs and preferences were known, monitored and well supported.

Judgment: Compliant

## Regulation 26: Risk management procedures

Risk management systems were pro-active ,effective and proportionate..

Judgment: Compliant

## Regulation 28: Fire precautions

While fire safety management systems were effective with suitable evacuation plans available for all of residents the fire alarms had not been serviced quarterly as required since installation. A contract was now in place to ensure this occurred.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medicines management systems were safe and suitable . any matters noted in documentation were minimal and addressed at the inspection.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The residents had access to all necessary multidisciplinary assessments and detailed support plans which were frequently reviewed and monitored to ensure they met the needs of the residents.

Judgment: Compliant

## Regulation 6: Health care

Residents healthcare needs were known , monitored and they were supported to have the best possible health.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Resident complex behaviour was supported by psychology and psychiatry services with detailed support plans implemented by staff and frequently reviewed. The primary focus was on prevention of anxiety and subsequent escalation.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place for prevention of and response to any potentially abusive situations which were seen to be effective and mentored.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident's care and their daily lives were primarily directed by them and the staff in the type of service being provided and in their daily routines and lives. They were consulted at all times and in a manner suitable to their needs and understanding.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ormonde Square Residential Service OSV-0005697

Inspection ID: MON-0024567

Date of inspection: 26/09/2018

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: There is now a service agreement in place with a fire and security company to service the fire alarm quarterly , the most recent service was completed on 24.09.2018.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	24/09/2018