

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Summerville Respite House
Centre ID:	OSV-0005627
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Provider Nominee:	Fiona O'Neill
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

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: 22 August 2017 08:30 To: 22 August 2017 14:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out to ascertain if the provider had implemented the systems as outlined as part of the inspection to register the centre and to monitor the centre's compliance with the regulations. The centre was inspected on 25 May 2017 and was subsequently registered on 28 June 2017.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with the five respite users staying in the centre on the day of the inspection.

Respite users told the inspector they were happy staying in the centre, liked staff and enjoyed their day services. They said they could talk to staff or the person in

charge if they were unhappy.

The inspector also spoke with staff and a person participating in management. Documentation such as respite users' support plans, medical records and policies and procedures were reviewed.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was provided as described in that document.

The centre was located on the outskirts of a town centre and amenities. Respite users were supported by staff to access amenities. The centre had a vehicle which was used by respite users and staff to access amenities in the town and in other towns.

The house contained adequate private and communal space to meet respite users' needs. There were two living rooms for respite users. Respite users had individual bedrooms and en-suite bathrooms.

The service was a respite service and was available to adults who had been assessed as having an intellectual disability. One staff member slept in the centre each night.

Overall judgment of our findings:

The inspector found that respite users were supported to have a good quality life in the centre and the provider had arrangements to promote the rights of respite users. The inspector found the provider had addressed all actions required from the previous inspection.

15 outcomes were judged compliant and 1 outcome was judged as substantially compliant with the regulations.

The reasons for these findings are explained under each outcome in the report and the regulation that was not met is included in the action plan at the end.

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):

No actions were required from the previous inspection.

Findings:

There were procedures in place to ensure respite users' rights were respected, respite users were supported to be involved in the operation of the centre and respite users and their families were supported to make complaints.

The inspector observed respectful interaction between respite users and staff. Staff provided support in a respectful way and support was provided to maximise respite users' independence and choice.

Respite users were consulted about their routine and the way the centre was operated. A consultation meeting was held at the start of each respite visit. Areas discussed included meals, activities, finances, fire safety, road safety, community safety and how to make a complaint.

An individual evaluation of each respite user's stay was carried out by the discharging staff member. The evaluation included issues relating to risk, behaviour management, changes in assessed needs, mobility, updates to support plans, activities the person enjoyed and any other additional relevant information. The person in charge reviewed the evaluations and used the information to plan the peer mix for respite stays and arrange any required health reviews or assessments.

There was a procedure for responding to complaints. A complaints log was maintained in the centre. Complaints received were documented and there was a clear procedure for referring the complaint on to the complaints officer if it could not be resolved by frontline staff or the person in charge. Respite users told the inspector they would make

a complaint to a staff member or the person in charge if they were unhappy with any aspect of the care or support in the centre.

There were procedures for supporting respite users to manage their finances while staying in the centre. An assessment of each respite user's financial management support needs was carried out. Respite users who required or requested support were provided with support which was consistent with their needs and the centre's procedures. The inspector viewed a sample of records relating to the support provided to respite users and noted that transactions were recorded and receipts were maintained. Respite users were given the option to store their money in a locked box in their rooms or in the staff office. The centre maintained a copy of receipts and the original receipts were returned to the respite user and their family on discharge from the centre.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy on communication with residents.

Staff were aware of the different communication needs of respite users and the inspector observed staff communicating with respite users in line with their assessed needs and wishes.

There was a system to ensure that respite users who required support to communicate had a communication profile outlining their preferred way of communicating. This outlined how the respite user communicated their needs and wishes.

The centre used tools to support residents to communicate, for example pictorial aids and documents in an 'easy read' format.

Each respite users had access to radio, television, internet and information on local events.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Respite users were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in meetings with respite users to discuss their needs and wishes. There was evidence that families were kept informed and updated of relevant issues. Staff and the person in charge outlined the ways they communicated with families. This included in person, in writing and by phone.

There were arrangements for respite users to participate in community events and access local amenities. Respite users told the inspector that they were supported to access local services and amenities when staying in the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for admitting respite users, including transfers, discharges and the temporary absence of respite users. The procedures included measures to ensure the admission of a respite user did not impinge on the rights or safety of other respite users.

Respite users had service agreements which outlined the service provided.

The service agreements were signed by respite users or representatives and a person on behalf of the provider. This showed both parties had agreed to the terms and conditions.

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):

No actions were required from the previous inspection.

Findings:

There were arrangements in place to assess and meet respite users' health, personal and social care needs.

Assessments of respite users' health, personal and social care needs had been carried out. Corresponding support plans and assessments by allied health professionals had taken place where required. Follow up appointments and referrals had been made where a need was identified. Respite users were supported by their families to attend these appointments and the centre had all required information to support the respite user while they were staying in the centre.

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for risk management, emergency planning, health and safety and incidents where a respite user goes missing.

Arrangements were in place for investigating and learning from serious incidents or adverse events involving respite users. There were no incidents involving respite users since the centre opened. There were arrangements in place for responding to emergencies.

Measures were in place to prevent accidents. Control measures to mitigate potential risks to respite users, visitors and staff were identified and implemented.

There were policies and procedures for the prevention and control of infection. There were arrangements for the disposal of waste.

There was a vehicle for the use of respite users residing in the centre. There were systems in place to ensure the vehicle was roadworthy and suitably equipped.

Suitable fire equipment was provided which included a fire alarm, emergency lighting and fire fighting equipment, such as fire extinguishers and fire blankets.

There were adequate means of escape and staff checked fire exits on a daily basis to ensure they were unobstructed.

There was a procedure for the safe evacuation of respite users and staff in the event of fire.

The mobility and cognitive understanding of respite users was accounted for in the evacuation procedure. Each respite user had a personal emergency evacuation plan (PEEP) which outlined the supports the respite user required to safely exit the building in the event of a fire.

Training in fire prevention, emergency procedures, building layout and escape routes, and location of fire alarm points was provided to staff. There was a system to ensure all staff and respite users took part in fire drills in the centre to ensure they were aware of how to evacuate safely in the event of an emergency.

There were arrangements to ensure the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis.

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):

No actions were required from the previous inspection.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff had received training on the prevention, detection and response to suspected, confirmed or alleged abuse.

There were measures in place to keep respite users safe and protect them from abuse. There were systems in place to ensure respite users were safe. This included training for staff to ensure there were no barriers to respite users or staff disclosing abuse. Admission procedures included reviewing respite users compatibility when staying in the centre.

Respite users said they felt safe in the centre and would speak with staff or the person in charge if they felt unsafe.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

The inspector was told that none of the respite users required support with behaviours that challenge. There were systems to ensure that any supports required were identified and provided.

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint. There were no restrictive practices in the centre.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There had been no incidents in the centre. There were arrangements to ensure a record of incidents would be maintained in the centre. The person participating in management was knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Respite users were supported to access day programmes. Respite users told the inspector they enjoyed their day programmes. Transport was provided by the service provider to and from each respite user's day service when they were staying in the centre.

Day programmes were provided by the provider and external service providers. There was evidence of good communication between the respite centre and the day services.

Respite users were supported to access activities in the evenings in line with their wishes.

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:

Respite users were supported to achieve and enjoy the best possible health. The inspector viewed a sample of respite users' personal plans which showed that respite users' health needs were identified and responded to.

Respite users lived with family members and attended the centre for respite breaks and therefore their healthcare needs were supported by their families. The centre had relevant information such as the results of appointments and any supports the respite users required.

Respite users were supported to access their general practitioner (GP) and allied health professionals as 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):

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to respite users.

Assessments to ascertain the level of support respite users required with the management of their medicines had been carried out.

Medicines were stored in this room in a locked press. Only medicines which were prescribed for respite users using the centre were held in the centre. All medicines were returned to families when a respite user was discharged from the centre.

Medicines were provided by the respite users' families who liaised with their general practitioners and other prescribers.

The inspector viewed a sample of prescription sheets and found they contained all required information with the exception of the maximum dose of some PRN (medicines only taken as the need arises) medicines and the route of administration of some medicines. Medicine administration sheets showed that medicines were administered at the prescribed times.

Judgment:

Substantially 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):

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

Findings:

There was a written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for respite users.

The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of respite users.

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):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked full time Monday to Friday and was also responsible for the management of another designated centre. She had clear systems to ensure the effective governance of both centres.

The person in charge had the required experience, qualifications and knowledge to hold the role. She was responsible for the provision of respite services throughout the organisation. She had extensive experience of working with people with disabilities, relevant qualifications and had experience of managing services.

There was an emergency on call system in the evenings, overnight and at weekends. This role was shared between the Director of Services and the two Assistant Director of Services, one of whom held the role of person in charge of the centre. Staff contacted the on call system with queries or if they required support. There were reporting mechanisms to ensure that all three managers received comprehensive handover of information to ensure continuity of care when they were fulfilling the role.

There were systems to ensure that the service provided was safe, appropriate to respite users' needs, consistent and effectively monitored. This included auditing of all aspects of the service.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

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 staff numbers and skill mix were arranged around the assessed needs of respite users. Formal supervision and support meetings were carried out with staff and there was a process for ensuring staff received an appropriate induction to the centre.

Staff spoken with had relevant experience and qualifications. It was evident from their interactions with respite users that they respected the respite users, had developed good relationships with respite users and were knowledgeable of respite users' needs, likes and dislikes.

Staff meetings were held every month. In addition, staff were supported on an ongoing basis by the person in charge.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, manual handling and the safe administration of medicines.

The provider had addressed the action from the previous inspection. All items required by the regulations were maintained in staff files. This included a full employment history, references, evidence of Garda vetting and qualifications.

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):

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records.

The policies required by Schedule 5 of the Regulations were maintained. Adequate insurance cover was in place.

The inspector read the residents' guide and found it included a summary of the services and facilities to be provided, the terms and conditions relating to residency and a summary of the complaints procedure.

Systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner.

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:

Lorraine Egan
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 Waterford Intellectual Disability Association Company Limited By Guarantee
Centre ID:	OSV-0005627
Date of Inspection:	22 August 2017
Date of response:	19 September 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 12. Medication Management

Theme: Health and Development

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

The maximum dose of some PRN (medicines only taken as the need arises) medicines and the route of administration of some medicines were not detailed on respite users prescription sheets.

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

1. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Review of current Kardex and Kardex updated to reflect allergy/drug sensitivity sections as one column, (Issue 4)Review of Kardex prior to each visit to ensure Kardex compliant,PRN section to reflect max dose and route of administration of medications on all kardex's prior to service availing of respite .Staff will liaise with families if same not compliant.PIC to review .

Due to the nature of respite this is on going

Proposed Timescale: 30/09/2017