

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Saol Beo
Centre ID:	OSV-0005696
Centre county:	Leitrim
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Positive Futures: Achieving Dreams. Transforming Lives. Company Limited by Guarantee
Lead inspector:	Ivan Cormican
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 24 January 2018 09:30 To: 24 January 2018 15:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was a new designated centre which had not previously been registered or inspected by the Health Information and Quality Authority (HIQA). This inspection was carried out to monitor compliance with the regulations and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge and a person involved in the management of the centre. The inspector visited the proposed designated centre where documentation such as transition plans, health and safety documentation, policies and procedures and staff files were reviewed. The inspector did not meet any residents who were identified to transition to the proposed centre.

Description of the service:

The provider had produced a document called the statement of purpose that explains the service they provide. This service proposed to provide a residential service for three residents with an intellectual disability. The proposed centre was a medium sized, detached single-story house which was located on the outskirts of a town,

where public transport such as buses and taxis were available. The centre had a suitable number of reception rooms and a large kitchen and dining room. Each resident would have their own bedroom which had appropriate storage available. There was also a suitable number of bathrooms which were appropriately equipped to meet the residents' needs. The provider had secured a tenancy agreement with the organisation providing the housing for a duration of three years.

Overall judgment of our findings:

The inspector found that overall the proposed arrangements in the centre would ensure that a good quality service is provided to residents. Areas of compliance with the regulations were observed in outcomes such as; social care needs, safeguarding, healthcare, medications, and governance and management. However; the inspector also found that improvements were required in relation to admissions, health and safety, statement of purpose and workforce.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are 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 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):

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

Findings:

On the day of inspection, the inspector found that the provider had proposed written agreements in place; however, the inspector found that the proposed written agreements did not contain sufficient information in regards to the provision of communal and personal furniture in the centre.

The written agreements did not contain the fees that proposed residents would be charged; however, a person participating in the management of the centre stated that the fees that residents would be charged would be finalised prior to their admission to the centre. Written agreements had yet to be signed but the person in charge stated that they would be signed prior to any admission to the centre.

Judgment:

Substantially 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):

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

Findings:

On the day of inspection, the inspector found that the provider had suitable arrangements in place to meet the social care needs of proposed residents.

The provider had completed an assessment of need for residents who were proposed to be admitted to the centre. This assessment examined the health, social and personal needs of the residents and outlined the supports which would be in place in the designated centre to meet any identified need.

The person in charge was in the process of completing personal plans for each proposed resident which would be finalised within 28 days of their admission. The person in charge also stated that residents' personal plans would be made available in an accessible format and that residents would be supported to identify and achieve personal goals following their admission to the centre.

The provider had completed transition plans for proposed residents which outlined the supports which the residents would require in regards to moving to their new home. However, one transition plan did not clearly include details of all the support which the resident would require. This transition plan also failed to clarify if the resident's current provider of services or the proposed provider of the new designated centre would be responsible for implementing identified actions. These actions were amended post inspection and a new transition plan for the resident was implemented.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that the premises would meet the assessed needs of residents.

The premises comprised of a medium sized single-storey building which was located within a short walk of a town, where residents could access local facilities such as shops, restaurants, hair dressers and hotels. The centre was warm and clean and there was also appropriate natural lighting and ventilation.

Each resident would have their own bedroom which had appropriate storage facilities for their personal belongings. The centre had a large open plan kitchen and dining room and a separate medium sized sitting room. The centre also had an adequate number of bathrooms which were equipped to meet residents' needs.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff members and visitors would be promoted in the designated centre. However, some improvements were required in regards to the centre's risk management policy and fire arrangements in the centre.

The person in charge had developed a risk register for the proposed designated centre which identified the measures and actions in place to mitigate against risks such as fire, lone working, infection control, moving and handling and lone working. The person in charge had also developed risk management plans to support residents with identified risks such as dysphagia, absconding and falls. All identified risks in the centre had been recently reviewed and contained appropriate control measures.

The provider had a risk management policy which included the measures and actions required to manage identified risks in the centre. This policy had been reviewed recently but did not contained all prescribed information, as detailed in the Regulations, in regards to aggression and violence and self harm.

The centre had fire doors, emergency lighting, fire extinguishers and a fire alarm panel in place which had been recently installed. The person in charge stated that all fire precautions would be regularly audited by staff in the centre to ensure that they were in good working order.

Fire doors had door holders in place which aimed to automatically close all fire doors

when the alarm was activated; however, the inspector found that some fire doors in the centre did not fully close when activated. The person in charge had completed personal emergency egress plans for proposed residents (PEEPs) and fire precautions were on display. The person in charge also stated that a fire drill would be completed with residents once they were admitted to the centre.

The provider had systems in place for the monitoring and review of adverse events in the centre and all staff members would receive training in these systems prior working in the centre.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

On the day of inspection, the inspector found that the provider had systems and procedures in place to safeguard residents from potential abuse.

The provider had a safeguarding policy in place and proposed to have a designated officer to manage any allegations of abuse. Information on safeguarding residents would also be made available in the centre.

Some of the proposed residents had existing behavioural support plans in place and the person in charge stated that these plans would be reviewed following residents being admitted to the centre.

Some restrictive practices would be in place following the residents' admission to the centre, such as a sensor mat and lap belt. A person participating in the management of the centre indicated that these arrangements would be regularly reviewed to ensure the least restrictive measure was in place.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

On the day of inspection, the inspector found that the best possible health of residents would be promoted in the designated centre.

The person in charge stated that complete medical histories would be maintained and that a plan of care would be developed in response to any identified care needs such as epilepsy, dysphagia and incontinence.

Residents would be supported to choose their own general practitioner (GP) and would be supported to attend their GP in time of illness. Residents would also be supported to attend allied health professionals such as speech and language therapists, physiotherapists and occupational therapists.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

On the day of inspection, the inspector found that the proposed designated centre would have appropriate medication practices in place.

The centre had suitable storage facilities and the person in charge stated that unused and returned medications would be segregated from current stock. Residents would also

be assessed to manage their own medications and to choose their own pharmacy.

Staff members had received training in the safe administration of medications and the person in charge indicated that appropriate prescription sheets and medication administration records would be maintained.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

On the day of inspection, the inspector found that the provider had produced a statement of purpose which outlined the services and facilities which would be provided to residents in the designated centre. However, the inspector found that this document did not meet all the requirements of the Regulations.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

On the day of inspection, the inspector found that the provider proposed to have suitable governance and management arrangements in place.

The provider had appointed a person in charge who was found to be suitably qualified and experienced. The person in charge would be in a full-time role and proposed to visit the centre on a regular basis. The person in charge also proposed to complete scheduled audits of medication practices, staff training, risk management, personal plans, fire precautions and health and safety.

The provider had also appointed a person participating in the management of the centre who proposed to conduct further monthly audits of the quality of care provided. This person was listed as part of the management structure and was also part of the on-call arrangements, which provided support to the centre when the person in charge was absent.

The provider had arrangements in place to escalate any identified risks to senior management of the centre through regular senior management meetings, which the person participating in the management of the centre attended. The provider was also aware of the requirement to conduct an annual review and six monthly audits of the service provided to residents.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

On the day of inspection, the inspector found that the proposed staffing arrangements would meet the assessed needs of residents. However, some improvements were required in regards to staff files.

The provider was formulating the final roster on day the of inspection and the person participating in the management of the centre gave an outline of the staffing numbers to be provided on a daily basis. The provider had also ensured that staff were up to date

with training needs.

The person in charge indicated that staff would receive regular support and supervision and that regular team meetings would be occurring in the centre.

The inspector reviewed a sample of staff files and found that all prescribed information as stated in the regulations was in place.

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:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Positive Futures: Achieving Dreams. Transforming Lives. Company Limited by Guarantee
Centre ID:	OSV-0005696
Date of Inspection:	24 January 2018
Date of response:	13 February 2018

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The provider failed to ensure that written agreements contained sufficient information in regards to the provision of furniture in the centre.

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 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The Support Agreement document has been reviewed to identify clearly that Positive Futures as the provider will be responsible for all furnishings within the house. A section has been added to the Support Agreement to clearly state how much each person will contribute, this information will be identified and signed off before each person transitions to the service.

Proposed Timescale: Review complete, signing of Support Agreement to be completed prior to people commencing in service. Commencement of service is dependent on the successful registration of the service.

Proposed Timescale: 13/02/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed to ensure that the risk management policy contained the measures and actions to manage violence and aggression.

2. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Risk Management Policy and Health and Safety Statement have been reviewed to reflect actions in place to control aggression and violence.

Proposed Timescale: 13/02/2018

Theme: Effective Services

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

The provider failed to ensure that the risk management policy contained the measures and actions to manage self harm.

3. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management

policy includes the measures and actions in place to control self-harm.

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

Risk Management Policy and Positive Behaviour Management Policy and Procedures have been reviewed to reflect actions in place to control self-harm.

Proposed Timescale: 13/02/2018

Theme: Effective Services

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

The provider failed to ensure that fire doors would be closed in the event of a fire occurring.

4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Coleman's Electricals' were contacted on the day of the inspection to arrange a visit to the property to carry out repairs on the doors. All doors have been repaired, with the exception of one door which has an additional electrical fault, however this repair will be completed by 28.02.18

Proposed Timescale: 28/02/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that the centre's statement of purpose contained all the prescribed information as stated in the Regulations.

5. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Statement of Purpose has been reviewed, updated and submitted to registration@hiqa.ie for approval.

Proposed Timescale: 13/02/2018