

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tonniscoffey Community House (with Lisdarragh House as a unit under this designated centre)
Centre ID:	OSV-0002452
Centre county:	Monaghan
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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: 15 February 2017 09:00 To: 15 February 2017 17:42

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for resident and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the

Standards).

How we gathered our evidence:

During the inspection, the inspector spent time with eight residents living at the centre. Some residents were unable to tell the inspector about the quality of service they received at the centre due to their communications needs, while others were not available due to planned community activities. Residents appeared happy and comfortable with the support they received from staff. Residents were supported in-line with their personal plans.

The inspector met with five staff members during the inspection. The inspector found staff were knowledgeable about residents' needs and the provider's policies such as safeguarding and positive behaviour management. In addition, the inspector reviewed documents such as personal plans, risk assessments, policies and procedures and staff personnel files.

The inspector interviewed the centre's person in charge who was full-time and a qualified nurse, who had many years experience working with adults with a disability. The person in charge demonstrated knowledge of the residents' needs and the requirements of their role within the regulations.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, inspectors found that the service was being provided as it was described. The centre was part of services provided by the Health Service Executive (HSE) in Cavan and Monaghan. The centre comprised of two houses each providing full-time seven day a week residential services to adults with a disability. One of the houses was close to a local town and the second house was located in a rural setting. Both houses were of a suitable design to meet the needs of residents, they each had their own transport available, which enabled residents to access local shops and amenities.

Overall Findings:

Following the previous inspection of the centre on 30 June 2015, the inspector found all previously identified actions had been addressed. The inspector found that residents were supported to make daily choices about their activities. Residents were supported to enjoy activities both in a one-to-one or group environment. The support available to residents was appropriate to meet their social care needs and residents were safe.

Summary of regulatory compliance:

The centre was inspected against five outcomes. The inspector found compliance in two outcomes inspected relating to the centre's governance and workforce. Moderate non-compliance was found in one outcome on the fire safety arrangements at the centre. Substantial compliance was found in two outcomes relating to transition arrangements and positive behaviour management training.

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 of this 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 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:

The inspector found that the support received by residents was reflect in their personal plans and met their assessed needs

The inspector looked at some of the residents' personal plans and transition arrangements. These included information about the residents' assessed needs in areas such as emotional well-being, healthcare, nutrition, communication and daily activities. The inspector found that staff practice on the day demonstrated their knowledge of the residents' personal plans. In addition, residents' personal plans were available to them in an accessible format.

The inspector reviewed the records of a resident, who was planning to move to the second house in the centre. The inspector found evidence of supported visits to the house, consultation with the resident and their family about the move and arrangements for access to specialist support; such as psychology assessment. However the inspector found that a written transitional plan had not been developed.

Personal plans included residents' personal goals, which reflected their individual preferences and needs such as accessing community activities and moving to new residential placements. The inspector noted that each personal goal included information on the steps to be taken to achieve them, the named staff support to help the resident and the expected date for the goal to be achieved. Progress towards these goals was regularly reviewed and updated in the residents' personal plans. The inspector found residents were supported to engage in one-to-one and group activities during the week including nature walks, meals out, cinema trips and personal shopping.

Personal plans were reviewed annually; these showed the effectiveness of agreed supports and progress in achieving personal goals was considered. Residents, their family members, centre staff and multi-disciplinary professionals - such as physiotherapists and behavioural therapists - attended the review meetings. The inspector noted that where residents or their families had not been able to attend or had partially attended review meetings, this was documented in the meeting minutes.

Judgment:

Substantially 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):

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

Findings:

The centre's risk management arrangements ensured that residents and staff were kept safe. The inspector found that all actions relating to risk management, identified at the previous inspection, had been addressed by the person in charge and provider. However, improvements were required to the arrangements for the evacuation of residents from the centre.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors with magnetic release devices, fire call points, smoke detectors and emergency lighting. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff, to ensure it was in good working order.

The centre's fire evacuation plan was prominently displayed and reflected staff knowledge, but was not available in an accessible version for residents.

Residents' Personal Emergency Evacuation Plans (PEEPs) were up-to-date and reflected staff knowledge. PEEPs further included the use of evacuation aids, but did not detail the level of staff support required to operate them.

Regular fire drills were carried out with minimal staffing levels, but records did not show when evacuation aids were used.

Training records showed that all staff at the centre had completed fire safety training.

The centre had an up-to-date risk management policy and centre-specific safety statement which showed risks relating to residents, staff and the centre's premises. Risk

assessments reviewed by the inspector included actions to mitigate the risk and were reflective of staff practices on the day of inspection.

The centre maintained accident and incident records, which were discussed in residents' review meetings and team meetings, with any learning being reflected in updated personal plans and risk assessments.

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre, with hand sanitisers and segregated waste disposal available.

Judgment:

Non Compliant - Moderate

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:

Residents were protected from harm and supported with the management of behaviours of concern, although up-to-date training was required.

The inspector looked at resident's behaviour support plans, which included both proactive and reactive supports for the resident. Behaviour support plans were reviewed regularly with multi-disciplinary input such as a behavioural therapist. Staff knowledge was reflective of plans examined, although not all staff had received positive behaviour management training

Restrictive practices used at the centre, such as the locking of kitchen and stairway doors, were recorded and regularly reviewed with multi-disciplinary input. Records clearly showed the reason for the restriction and that it was used only in the last resort.

The centre had an up-to-date policy on the prevention, detection and response to abuse which reflected staff knowledge. All staff had received safeguarding of vulnerable adults training and were able to tell the inspector what might constitute abuse and the actions they would take if suspected.

Information on the centre's safeguarding of vulnerable adults policy, including photographs of the named designated safeguarding officers, was prominently displayed on the centre's notice boards.

Safeguarding plans were regularly reviewed with multi-disciplinary input and showed supports provided to reduce the risk to residents and were reflective of staff knowledge.

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):

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

Findings:

Governance arrangements at the centre ensured residents were supported in line with their assessed needs and that actions from the previous inspection were addressed.

The centre's management structure was reflected in the statement of purpose and staff knowledge. The person in charge was full-time, suitably qualified and regularly present at the centre. Staff told the inspector that the person in charge was approachable and they would have no reservations in raising concerns about the centre.

Staff told the inspector that learning from the centre's audit systems such as medication management, accidents and incidents and health and safety were discussed with them in team meeting and reflected in minutes reviewed.

Copies of the annual review of care and support at the centre and unannounced provider six monthly visits were available.

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):

No actions were required from the previous inspection.

Findings:

Staffing training and support levels at the centre was reflective of residents' assessed needs.

The centre had both an actual and planned roster in place which reflected both staff knowledge and the inspector's observations on the day of inspection.

The inspector observed residents receiving support from staff in a timely and respectful manner, in line with personal plans and behaviour support plans. Residents appeared relaxed and happy with the support provided by staff throughout the inspection.

Training records showed that staff had access to mandatory training such as fire safety, manual handling and safeguarding of vulnerable adults.

Records showed that staff attended regular team meetings facilitated by the person in charge. Meeting minutes showed discussion on areas such as residents' needs, accidents and incidents, staff training and organisational policy. Staff told the inspector that they received support from the person in charge and nursing staff when required.

Staff were knowledgeable about the regulations proportionate to their roles and responsibilities. Staff were able to tell the inspector that they would inform the person in charge about incidents such as an allegation of abuse, injury to residents and loss of utilities so they could notify the Health Information and Quality Authority (HIQA).

The inspector reviewed a sample of four staff members' personnel files and found that they contained all documents required under schedule 2 of the regulations.

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:

Stevan Orme
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-0002452
Date of Inspection:	15 February 2017
Date of response:	10 March 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 05: Social Care Needs

Theme: Effective Services

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

A written transition plan had not been developed to support a resident's move to another house

1. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they

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

transition between residential services or leave residential services through the provision of information on the services and supports available.

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

A written transition plan has been developed to support a resident's move to another community house.

Proposed Timescale: 20/02/2017 Complete

Proposed Timescale: 20/02/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

An accessible version of the centre's fire evacuation plan was not available to residents.

2. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

An Easy to Read version of the centre's fire evacuation plan has been made available to all residents and is displayed throughout the centre.

Proposed Timescale: 20/02/2017 Complete

Proposed Timescale: 20/02/2017

Theme: Effective Services

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

Where residents required evacuation aids, their Personal Emergency Evacuation Plan did not state staffing levels required to safely operate them in the event of an evacuation.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Residents requiring evacuation aids had their Personal Emergency Evacuation Plan reviewed and amended to clearly state staffing levels required to safely operate them in

the event of an evacuation.

Proposed Timescale: 16/02/2017 Complete

Proposed Timescale: 16/02/2017

Theme: Effective Services

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

Fire drill records did not show when an evacuation aid had been used during simulated evacuation drills.

4. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A simulated fire evacuation drill using an evacuation aid (Sledge) was completed and recorded.

Proposed Timescale: 07/03/2017 Complete

Proposed Timescale: 07/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff had not all received positive behaviour management training.

5. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Staff requiring positive behaviour management training is scheduled for training on 14/03/2017.

Proposed Timescale: 14/03/2017

