

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Drumiskabole Lodge |
| Centre ID: | OSV-0002602 |
| Centre county: | Sligo |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Joanna McMorrow |
| Lead inspector: | Catherine Glynn |
| 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: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 February 2017 10:15 To: 08 February 2017 18:00

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

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| 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 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 residents 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:

The inspector met with four residents, three staff inclusive of the person in charge (PIC) during the course of the inspection. The inspector observed practice and reviewed documentation such as personal care plans, policies, risk assessments, audits, training records and staff files. Three of the residents spent time with the inspector and engaged in conversation. Staff members demonstrated their knowledge of the residents and of their requirement to meet the care and support needs of the residents.

Description of the service:

The centre was a dormer bungalow on the edge of Sligo town. Drumiskabole lodge provides care to five residents with learning disability and sensory issues. The designated centre provided high levels of support with individualised day programmes. The house was decorated internally to a high standard and the residents' bedrooms were decorated to reflect their choices and interests.

Overall judgment of our findings:

The inspector found that the centre met the care needs of residents and provided individualised and person-centred care. The person in charge was full-time and worked in the centre, as reflected in the roster. Of the five outcomes inspected, two were compliant, two were moderate non-compliant and one was major non-compliant. The areas for improvement included health and safety and risk management, workforce and governance and management.

The findings are set out in the body of the report and the action plan is set out 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 residents had opportunities to engage and participate in meaningful activities, that were appropriate to their interests. The resident's personal plans set out the arrangements to meet their assessed needs. There were no actions required from the previous report as this was the first inspection of this centre as a standalone unit, which was previously part of a larger campus.

The inspector found that the person in charge had implemented robust systems to monitor and review all of the personal plans. There were key-workers allocated to all of the residents, who were responsible for the completion and review of the residents' personal plans. The provider had implemented a new system to document the goals of the residents and to review these goals, and had implemented audits to evaluate the effectiveness of the overall process. The inspector found that these documents were in place for all the residents and goals were clearly set out with evidence of completion dates and progress to date recorded. The residents' files were available in an accessible format for the residents.

Residents were receiving individualised care. Staff were ensuring that the care and support needs of residents were being met on a daily basis. Residents attended day services in the local community and accessed a range of other activities including art therapy, reflexology, walks and social events. Residents had access to transport and local transport as required.

Weekly residents' meetings were held in the designated centre and records were kept of residents' choices and their participation in the day to day planning of the centre.

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| 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:
The inspector found that there was systems and measures in place to review and monitor incidents in the workplace which was guided by policy and procedures.

The centre had arrangements in place for the assessment and review of residents' specific risks. Staff informed the inspector of the control measures in place to reduce any identified risks. However on review of the risk assessments in place for these residents, the inspector identified gaps. The person in charge identified control measures to mitigate the risk but these did not reduce the level of residual risk. The PIC outlined that further training was required to support him in his role to ensure effective completion of risk assessments in the designated centre.

The centre had systems in place for reporting and monitoring of incidents. A monthly report was produced, with an outline of all incidents for the centre. The PIC ensured that actions were initiated immediately after the incident, to reduce the likelihood of incidents reoccurring.

The inspector found evidence of effective fire management procedures in the centre. There were regular fire drills and records were available for review which demonstrated the effectiveness of these drills. All staff had up-to-date training in fire safety and the PIC outlined that additional training was being provided for fire safety while on the centre's transport. The inspector found that there were personal emergency plans in place for the residents. These guided staff on how to support the residents' in the event of an evacuation during the day or night, and identified what equipment was required for each resident.

The inspector found regular monitoring of all equipment was in place in the centre. The inspector completed a walk around internally and externally and observed all the systems in place at the centre. However, the inspector found that two doors located in the kitchen did not have self closures and intumescent seals. Emergency lighting was located in all communal areas internally and at all exit points externally. Fire procedures were displayed throughout the designated centre and the assembly point clearly identified for all staff and residents. The inspector reviewed the fire management log

book and found that all systems were reviewed on a daily, weekly and monthly basis. All equipment was serviced by an external contractor as required. The inspector found that the transport for the designated centre did not have any fire equipment installed such as an extinguisher.

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:

There were measures in place in the designated centre that promoted the prevention and detection of abuse.

There was a policy and procedure in place on the management of behaviours that challenge. The inspector found that there were behaviour support plans in place for residents, where required. These plans contained guidance from relevant multidisciplinary professionals, which directed staff in the delivery of care and support for all the residents. The inspector found that staff were confident in the use of these guidelines to help maintain and respect the residents' dignity. The inspector was given a summary sheet which aimed to promote the positive behaviour support plan in place for one resident, staff also spoke to the inspector about this support plan. This ensured that no distress or disruption was caused and that were aware of how to communicate effectively with the resident involved.

On review of training records, the inspector found that all staff were trained in positive behaviour support and refresher training was scheduled as required. The inspector found that all staff were also trained in the prevention and detection of abuse.

Staff spoken with knew who they would contact if they had a concern. Staff outlined the systems in place in the designated centre for the reporting of safeguarding concerns such as the designated officer, incident reports and safeguarding procedures. There were no safeguarding concerns at the time of inspection.

During the course of the inspection, the inspector found that there were no restrictive practices in place in the designated centre. The centre had a policy and procedure in place to guide staff on the appropriate use of restrictive practices.

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:

Overall the inspector found there were effective governance and management systems in place to monitor and review the effectiveness of the service and outcomes for residents and staff.

The person in charge worked full-time in the centre and is a qualified nurse. He was allocated administrative hours as part of his roster, however this had not been formalised as part of his contract. He had worked with the residents since the opening of the designated centre, and had previously worked with them in a larger congregated setting. He outlined the management structure in place for the designated centre and he received supervision from the person participating in management on a three monthly basis.

There was an on-call system in place at the centre which staff were familiar with. The person in charge was also available out of hours should the need arise. There were systems in place for the absence of the PIC, which were clearly outlined on the statement of purpose.

The inspector found that the annual review of quality and care needs of the service was complete with actions identified for completion. The inspector found that this was an active document however some actions had not been completed within the specified timeframes. The inspector found that no six monthly unannounced visit had been completed by the provider.

Judgment:

Non Compliant - Moderate

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:

The inspector found there were appropriate staff numbers and skill mix to meet the assessed needs of residents. No volunteers were working in the centre at the time of inspection.

There was no formal supervision arrangement in place to support staff or guide them in their practice. However the person in charge was always accessible and staff reported that they received informal support on a day to day basis, if required.

The inspector reviewed staff files and found that these were not in line with the requirements of Schedule 2. Gaps in the information require included full employment histories, records of nursing registration and a description of the roles staff held and their duties in the centre.

There was a planned and actual roster in place in the designated centre. There was a nine week cycle in place with this roster and one week in nine staff completed relief hours. The PIC advised that this roster ensured that the residents received continuity in their care and support. The roster outlined the names of all staff and reflected the daily working hours on nights or day shifts.

The training records were reviewed and the inspector found that there were gaps in records of staff attendance. For example, one staff member had not completed manual handling training since 2013. Another staff member was overdue positive behaviour support training and two staff members had yet to complete the hand hygiene course.

Judgment:

Non Compliant - Major

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:

Catherine Glynn
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

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| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002602 |
| Date of Inspection: | 08 February 2017 |
| Date of response: | 02 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 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management system in place in the designated centre did not reflect the current controls and measures in place to support the residents.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Providers Response:

The centre risk register has been reviewed by the PIC. Identified control measures are in place and where appropriate the residual risk rating has been reduced.

Emergency Plan is in place for the designated centre. Complete

An overarching Health & Safety folder is currently being developed, to include:

- Corporate Health & Safety Statement
- CHO 1 Health & Safety Statement
- Local Site Specific Individual Health & Safety Statement

This folder will incorporate all existing information regarding risk management, quality, health and safety.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

The provider had failed to put in place effective fire management systems to ensure; there was equipment available on transport provided and that all doors internally were fitted with the self closures and intumescent seals.

2. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Providers Response:

Appropriate fire extinguisher to be secured on designated centre transport vehicle.

Two remaining doors to be fitted with self closures and intumescent seals.

Proposed Timescale: 17/03/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider had not completed a six month unannounced visit to the designated centre.

3. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Provider's Response:

The provider will carry out a six monthly unannounced visit to the designated centre and complete a report following this visit.

Proposed Timescale: 16/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff files did not contain the information as set out in schedule two of the regulations.

4. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Provider's Response:

The PIC will review and audit designated centre staff files.

Designated centre staff files to comply with Schedule two of the regulations.

Proposed Timescale: 31/03/2017

Theme: Responsive Workforce

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

Staff in the designated centre had not received any formal supervision.

5. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Providers Response:

Formal supervision by PIC has commenced with staff of the designated centre.

Supervision schedule in place for the year ahead/2017.

Proposed Timescale: 02/03/2017

Theme: Responsive Workforce

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

There were gaps in training in the designated centre.

6. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The PIC has reviewed the training requirements of the designated centre staff and has put in place a training schedule to address the gaps.

Proposed Timescale: 30/04/2017