

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballard House
Centre ID:	OSV-0002667
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 June 2017 16:30	08 June 2017 20:00
09 June 2017 12:00	09 June 2017 17:00

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

Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to inspection

This was an unannounced inspection carried out over two days. The purpose of the inspection was to initially assess ongoing regulatory compliance however, due to concerns identified during inspection, the focus of the inspection changed to a single issue inspection focused on safeguarding and safety.

This centre was previously inspected September 2015 and received full compliance in all outcomes at that time.

How we gathered evidence

The inspector met a number of residents during the course of the inspection and spoke with two residents in a more in-depth way during the course of the inspection.

Residents' spoken with told the inspector they liked the house and where they lived and they really liked the staff working with them. They discussed the activities they participated in and what was important to them such as hobbies and specific interests.

However, feedback from staff to the inspector indicated residents were sometimes unhappy in their home and expressed distress and upset at times.

The inspector also met with an interim person in charge over the course of the inspection. Documents were reviewed as part of the process including a sample of staff meeting minutes, minutes of meetings that discussed a safeguarding issue and other documentation relevant to safeguarding.

Description of the service

The statement of purpose for the centre sets out that all service users are encouraged and supported to live as independently as possible. The centre follows RehabCare's own mission statement and ethos while adhering to the standards set out by HIQA.

The centre comprises of a detached house located in an urban centre. The centre can accommodate up to four adult residents.

The centre provides residential services for young adults with a diagnosis of mild-to-moderate intellectual disability and autism spectrum disorder within Laois and Offaly. Some specific support needs included the mental health, healthcare requirements and management of behaviours that challenge.

Overall judgment of our findings

The provider had attempted to address a safeguarding issue through a number of meetings with various stakeholders and mediation meetings. Staff spoken with during the course of the inspection stated they were unclear as to how to address the safeguarding issue when it occurred. They told the inspector they had received conflicting information with regards to managing the safeguarding issue which left them unclear of what to do when it occurred.

The inspector issued an immediate action towards the close of the first evening of inspection whereby the provider was required to implement actions to assure itself that residents were safe and to ensure staff were aware of how to manage the issue if it arose. The provider responded to this immediate action within the required timeframe indicating that measures had been put in place to address the identified safeguarding matter.

During this inspection a major non-compliance was found in Outcome 8: Safeguarding and Safety and a moderate non-compliance was found in Outcome 14: Governance and Management.

Subsequent to the inspection the provider was requested to attend a provider meeting with HIQA to discuss the findings from the inspection and to provide the Chief Inspector with assurances that the issue was being appropriately managed in line with safeguarding policies and procedures.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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 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:

This inspection was initially scheduled as a monitoring inspection to review ongoing compliance in the centre with the regulations and standards. However, due to safeguarding concerns raised by staff to the inspector and review of information available, the inspection was changed to a single issue focused inspection.

Prior to the inspection, the Chief Inspector had received a number of notifications of an ongoing safeguarding issue in the centre.

There was evidence the provider had attempted to mitigate these safeguarding concerns by linking with various allied stakeholders (including the Health Service Executive (HSE) and an Garda Síochána) meetings and mediation. However, at the time of the inspection staff alleged the safeguarding issue was still ongoing. They informed the inspector that residents were unhappy with the ongoing issue and still expressed upset and distress.

Staff also did not provide the inspector with assurances that they were clear on how the safeguarding issue should be managed should it arise and gave an example of where it had occurred again recently but they did not respond to it in line with the agreements as set out in safeguarding plans or as per recent minutes of meetings. This documentation outlined how the provider intended to address the issue if it occurred again.

The inspector issued an immediate action towards the close of the first evening of inspection whereby the provider was required to review the situation and implement an appropriate response to the ongoing safeguarding issue based on their assessment. This

was aimed at ensuring all residents felt safe and secure in their home and to ensure staff were aware of how to manage the issue if it arose.

By the close of the second day of inspection the provider had instigated a number of interventions in order to mitigate the safeguarding concern and provide staff with a clear directive of what to do if the concern arose.

Subsequent to the inspection the provider was requested to meet with HIQA to discuss the matters involved in the safeguarding concern and to provide the Chief Inspector with assurances that safeguarding allegations and risks would be appropriately responded to and managed in line with national safeguarding policies and procedures.

Judgment:

Non Compliant - Major

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:

While it was evident that the provider was implementing strategies to mitigate the ongoing safeguarding issue within the service, staff spoken with during the inspection did not know how to manage or respond to the risk and expressed this to the inspector during the inspection.

It was not demonstrated that all alleged incidents or concerns expressed by staff to the inspector had been documented and reported to the provider in accordance with the systems in place in the centre. During the course of the second day of inspection the inspector requested to review incident and accident logs for the centre on the computerised system. However, two staff spoken with were unable to provide this for the inspector as they were unsure of the log in details and would have to ask another staff member what they were. This resulted in the inspector being unable to access these records before the close of the second day of inspection.

The inspector was concerned that staff working in the centre did not have access to the system or were unable to access the electronic system in a timely way in order to

document incidents that occurred in the centre.

The provider was required to review the current reporting systems in place to ensure they were effective and to ensure staff could raise concerns with regards to any aspect of the service in a timely way.

Judgment:

Non Compliant - Moderate

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:

Ann-Marie O'Neill
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 RehabCare
Centre ID:	OSV-0002667
Date of Inspection:	08 June 2017 and 09 June 2017
Date of response:	19 July 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 08: Safeguarding and Safety

Theme: Safe Services

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

The provider had not effectively managed a safeguarding issue in the centre.

1. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

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

- The Interim PIC met with the local Gardaí on 09/06/2017 and gave a statement outlining concerns relating to the safeguarding issue.
- A Full Safeguarding plan was put in place on 13/06/2017 and is being reviewed regularly by the Interim PIC and Designated Officer. All measures outlined in the plan remain in place.
- The Interim PIC has developed Risk Assessment to guide staff team on how to respond in the event of the risk presenting at the service, this has been discussed with the staff team.
- The local Community Garda has been invited to the service to advise the team on what steps to take in the event of the risk presenting at the service.
- All staff are trained in MAPA techniques, including de-escalations of behaviours that challenge.

Proposed Timescale: 09/06/2017

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 was required to improve the systems in place in order for staff to raise any concerns with regards to the service in a timely, effective way.

2. Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

- Training was provided to the staff team in how to complete incident reports on the electronic system in place.
- Training was provided to the staff team on how to complete Risk Assessments.
- Standardised Documentation is in place and all staff have been provided with guidelines in how to complete and report all incidents in the service.
- Monthly staff meetings are scheduled in the service and reviewing of all incidents is on the agenda.
- Monthly supervisions will be held with all staff and the Interim PIC, reviewing of incidents is on the agenda for each supervision.
- Keyworker meetings will be held between keyworkers and residents and all concerns will be documented and actioned through process in place including safeguarding concerns.
- Monthly House meetings with residents will be held with the residents and all areas of concern will be addressed and documented in line with processes in place including safeguarding concerns.

Proposed Timescale: All of the above actions will take place on a monthly basis with effect from 10/07/2017.

Proposed Timescale: 10/07/2017