Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Maynooth
Centre ID:	OSV-0003498
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Gheel Autism Services Company Limited by Guarantee
Provider Nominee:	Siobhan Bryan
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	6

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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 May 2017 10:45	19 May 2017 18:00

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

Outcome 06: Safe and suitable premises
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:
This inspection was initiated following a notification submitted by the provider to HIQA in relation to safeguarding concerns in one unit of this designated centre. The centre had previously been inspected in June 2016 in response to the provider applying to vary the registration of the centre. The purpose of this inspection was to monitor on going compliance with the regulations with regard to the providers response to this concern. Five outcomes were inspected against on this inspection.

Description of Services:
The centre is operated by Gheel Autism Services and is situated in County Kildare. It comprises of five community houses. Some units under this centre are leased from third parties.

How we gathered information:
The inspection took place in one unit in response to a reported safeguarding concern. Four residents were residing in the centre on the day of the inspection. The inspector was informed that no residents wished to meet with the inspector to discuss their views on the quality of services being provided in the centre.

Only some observations were made between residents and staff in the centre as a result of the needs of the residents. Five staff were met on the day of the inspection, including the person in charge, the quality and safety manager an occupational therapist and another regional manager who was representing the provider on the

day of the inspection. This regional manager was also coordinating the safeguarding plans in the centre. The inspector reviewed premises and other documentation that included, incident reviews, some aspects of personal plans and staff rosters.

Overall judgment of our findings:
Overall the inspector found that the provider had taken responsive and timely action to the concerns raised. A clear plan had been developed that included safeguarding measures to protect residents in the centre. However, the inspector found that some additional safeguarding measures had not been implemented. In addition, assurances were sought from the regional manager on the day of the inspection to ensure that privacy and dignity of one resident was adequately maintained and safeguarded.

One major non compliance was found under outcome 17 workforce in the centre as the inspector found that there were insufficient staffing levels in the centre in order to meet the residents' needs. Two outcomes were found to be in moderate non compliance with the regulations under: outcome 8, safeguarding and safety; and outcome, 14 governance and management in the centre. Two outcomes under health and safety and risk management and safe and suitable premises were found to be substantially compliant.

The inspector observed positive interactions between staff and residents. Staff met had a very good knowledge of the residents' needs in the centre and despite workforce issues were endeavoring to meet those needs.

The action plan at the end of this report outlines the actions required in order to address these findings in 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 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):
No actions were required from the previous inspection.

Findings:
The inspector found that some areas of the premises required redecoration and upkeep.

On a walk around of the centre, the inspector found that areas of the premises required updating. Some examples included paintwork was scuffed and radiators in bathrooms were rusted.

However, the inspector was informed by the location manager and the person in charge that the lease holder of the building had completed a review of the premises and had agreed that remedial works were required in the centre. However, this work would require a substantial amount of disruption for the residents and would have to be planned in line with their needs.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were systems in place to ensure that residents, visitors and staff were safe in the centre. However, improvements were required in the review of incidents in the centre.

The inspector reviewed the records in relation to incidents in the centre. From a sample viewed the inspector found that each incident was responded to appropriately by the location manager after the incident occurred. However, there was no review of incidents in the centre so as to identify trends and to inform and guide future practice, specifically in response to incidents that were related to behaviours of concern in the centre.

Infection control procedures were in place in response to one issue in the centre. The inspector found that personal protective equipment was available in the centre and records viewed indicated that cleaning schedules were implemented in response to this issue.

No other components of this outcome were inspected.

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):
No actions were required from the previous inspection.

Findings:
The inspector found most of the actions outlined in response to a recent safeguarding concern had been implemented. However, a review of records maintained in the centre found that some interventions were not fully implemented everyday so as to ensure residents were consistently safeguarded in the centre. In addition, the inspector observed one practice in the centre that was compromising one resident's dignity in the centre.

The inspector completed a review of the records maintained in the centre and found that two measures initiated in response to a recent safeguarding concern had not been implemented in full. This was discussed with the person in charge and the regional

manager acting on behalf of the provider on the day of the inspection and it was agreed by the end of the inspection that all of the measures outlined in the safeguarding plan would be fully implemented.

All other actions to this safeguarding concern were implemented or were progressing within the timeframes and as set out in the provider's response. Relevant authorities were informed of the concern including residents' representatives.

The inspector spoke with three staff members working in the unit on the day of inspection. Staff stated they felt residents were safe in the unit and were clear on the actions to take in the event of an allegation, suspicion or disclosure of abuse. All staff had recently completed refresher training in safeguarding vulnerable adults.

On the day of the inspection, the inspector observed one practice in the centre that was not safeguarding one resident's dignity. This was pointed out to the staff member on duty and the regional manager. Immediate assurances were sought by the inspector to address this issue and this was completed prior to the end of the inspection. The details of this are not outlined in this report in order to protect anonymity.

No other aspects of this outcome were inspected against.

Judgment:
Non Compliant - Moderate

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:
The inspector found that while there were management systems in place in the centre that identified lines of accountability, these systems were not effectively reviewing and monitoring the quality of care been provided in the centre.

The person in charge was present for most of the inspection. They are suitably qualified and were knowledgeable of the residents needs in the centre. They are responsible for five units under this designated centre and are supported in their role by location

managers in each unit. The person in charge attended staff meetings as required and visited the unit on a fortnightly basis. In addition, they completed a medication audit in the centre on a monthly basis.

Staff felt that they could raise concerns with the person in charge and felt that concerns were dealt with. They said that the person in charge was available to take calls anytime and would respond to concerns by visiting the centre if needed.

The location manager was present on the day of the inspection. They were responsible for the overall management systems in place in the unit and reported any concerns to the person in charge. Staff felt supported by the location manager, who facilitated regular staff meetings and staff supervision in the centre. The location manager informed the inspector that any concerns raised at these meetings were brought to the attention of the person in charge. However, records of how these concerns were addressed were not maintained.

In addition, while the person in charge and location manager met once a month, this meeting was for all location managers (unit leads) and did not look at specific care and support issues within each centre.

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 was not assured that appropriate staffing levels were available in the centre in order to meet residents' assessed needs.

On speaking with staff and from a review of residents personal plans the inspector found that some interventions in place could not be fully implemented in the centre as one resident required one to one support in the centre in response to behaviours of concern. Staff informed the inspector that this had impacted on other residents' social care needs being met in the centre in the past.

The person in charge informed the inspector that the provider had submitted a business case to the HSE for additional funding to support one resident in the centre. A copy of this business case was requested to be submitted to HIQA after the inspection. On review the inspector found that the business case reflected that this resident required one to one support in their residential placement in order to support the residents' needs and other residents' needs and safety in the centre. However, on the day of the inspection there were no appropriate contingencies in place to address this deficit in staffing levels in order to ensure that all residents' needs were met.

For example, staff stated that additional staffing could be requested in response to behaviours of concern, however additional staffing was not always available. This was verified by the location manager on the day of the inspection.

Staff stated that they felt supported in their role by the location manager and the person in charge. They felt that they could raise concerns through supervision they received in the centre and that actions were taken to address some of these. On review of the minutes of these meetings the inspector found that some issues were dealt with and others were not.

For example, some staff had found that the review of documents in the centre was not always feasible due to time constraints and the location manager had allocated additional hours to support staff with this.

However, the inspector found that concerns raised in relation to staffing levels in the centre were not responded to appropriately. In addition, until recently there were limited contingencies in place to cover staff leave or vacancies in the centre as there was a shortage of relief staff available in the centre. The inspector was informed that this had recently been addressed as a relief panel had been formed to address this.

There was a planned rota in place in the centre. However, the actual rota did not have a record of the hours that staff worked as this was recorded in a separate diary.

The inspector did not review training records as part of this inspection. However, on review of one document the inspector found that one staff had not received appropriate training in behaviours of concern as was outlined as a requirement in order to support residents in the centre.

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:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Gheel Autism Services Company Limited by Guarantee
Centre ID:	OSV-0003498
Date of Inspection:	19 May 2017
Date of response:	21 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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of areas in the centre required updating and maintenance work, the requirements of which have been identified by the provider and the lease holder.

1. Action Required:

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

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Internal Maintenance will complete requirements as specified in the Draft Inspection Report, relating to painting, radiator replacement and general upgrades within the household. This action will be complete for 31st July 2017.

A meeting has been requested with the CHO7 HSE Facilities Manager to discuss further facility improvement.

Proposed Timescale: Action for completion on 31st July 2017

Proposed Timescale: 31/07/2017

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:
There was no review of incidents in the centre so as to identify trends to inform and guide future practice in the centre.

2. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated 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:
In guiding and informing future practice, 1 to 1 meetings will be held between Location Managers and the PIC through the use of a review template. This will specify the recording of a formal review process detailing the background of the issue to identify trends, assessment of the issue, and recommendations put in place. Monthly trending reports will also be completed for each area.

Proposed Timescale: In Place-Complete

Proposed Timescale: 21/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two measures outlined in response to a safeguarding concern had not been fully

implemented.

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

Please state the actions you have taken or are planning to take:
All staff were reminded of the guidance document which was redistributed. This outlined a requirement to contact on call when resident awoke during the night. All staff have signed the document to communicate that they have read and were informed of the guidelines outlined.

A gap was also identified in the Safeguarding Monitoring Schedule for the location. This issue was discussed with the Management Team and a timetable was distributed and communicated for each subsequent week of monitoring.

All members of the Monitoring Team had not maintained the Visitors log on entering the premises. All members of the Monitoring Team were informed of the requirement to sign in and out of the visitors log on entering the premises.

Proposed Timescale: In place, Complete

Proposed Timescale: 21/07/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A practice observed was not safeguarding one resident's dignity in the centre on the day of the inspection.

4. Action Required:
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Please state the actions you have taken or are planning to take:
An interim measure was put in place on the day of inspection. A more permanent fixture has now been put in place. Shutters are fitted to area which the issue is relating to. Signage has also been placed to the gateway of the area to remind all visitors to report to staff before entering the area without prior arrangement. This will ensure safeguarding of residents dignity going forward.

Proposed Timescale: Complete

Proposed Timescale: 21/07/2017

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 meetings between the person in charge and the location manager were not adequately reviewing care and support issues within each location.

5. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
In adequately reviewing care and supports in each location, 1 to 1 meetings will be held between Location Managers and the PIC following each incident of behaviour of concern. The PIC will record this formal review in a template document. This document will detail how the PIC and Location Manager have reviewed the background of the issue which will identify trends or changing needs. It will also include a section to review assessment of the issue, and appropriate actions or recommendations put in place such as referrals or escalation of issues. Monthly trending reports will also be completed with the PIC for each area to review the completed incident review documents.

Proposed Timescale: Complete

Proposed Timescale: 21/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The actual rota did not have a record of the hours that staff worked in the centre.

6. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
Additional hours will now also be recorded to the Location Roster. Learning outcomes were discussed with staff at the following months Monthly Team Meeting. A review of the current roster template has also taken place which will allow for better clarity relating to hours worked on the roster.

Proposed Timescale: Complete

Proposed Timescale: 21/07/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient staffing levels to meet the needs of all of the residents in the centre.

7. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
An interim measure, of the recruitment of a whole time equivalent for 6months has been processed by Gheel Autism Services. This will facilitate 1 to 1 support weekdays, Tuesday to Friday, in response to the staffing concerns raised by HIQA and in meeting the needs of residents in the centre.

This temporary measure is put in place pending the facilitation of a meeting with the HSE to discuss the long term staff support requirements of the residents.

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Concerns raised at supervision meetings with staff were not always appropriately dealt with.

8. 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:
Location Manager has completed training in Supervision Following this staff will receive an increase in supervision sessions which will take place bi-monthly.
The Regional Manager will also review Supervision documents with the Location Manager following each session of Supervision to ensure issues raised are appropriately managed and actions documented.

Proposed Timescale: Complete

Proposed Timescale: 21/07/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One staff member had not received training on how to support residents who displayed behaviours of concern.

9. 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:
Staff member is scheduled to attend training in Studio III on 4TH to the 7th July 2017

Proposed Timescale: Complete

Proposed Timescale: 21/07/2017