

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Skibbereen Residential
Centre ID:	OSV-0003857
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	CoAction West Cork CLG
Provider Nominee:	Gobnait Ní Chrualaoí
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 April 2017 13:15 To: 26 April 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This report sets out the findings of the second inspection of a centre managed by Coaction Services following an application by the provider to register the centre. This was a follow up to the previous inspection in January 2016 and the actions that had been identified at that time.

Description of the service:

Coaction Services provides residential and day care to people with an intellectual disability in the West Cork area. The centre consisted of two detached houses based on the outskirts of a large town and provided both residential and respite care. Respite care is alternative care for a person with a disability for a short period from their usual accommodation at home. The person in charge maintained a record of all residents who accessed the service on a respite basis.

The first house could accommodate six residents. This house currently had one resident who lived there seven days a week, three residents who lived there three nights per week, one resident who stayed six nights per fortnight and an additional bedroom which was used for respite care. This house was a seven-day residence that was open all year round except for holiday periods at Christmas, Easter and the summer. The second house could accommodate five residents and was open for three nights of the week and provided respite care only.

How we gathered our evidence:

On the day of inspection, none of the residents were at home but the inspector met five of the residents in the nearby day service. The inspector also met with the person in charge and the adult services manager for Coaction Services. The inspector reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of findings:

Overall the issues that had been identified on the previous inspection had been resolved satisfactorily. In particular, each resident had a contract of care that clearly set out whether the resident accessed the service on full-time basis or as part of respite arrangements. For residents who lived in the centre on a full time basis, their bedroom was only used by themselves. It was not used to provide temporary respite care.

However, a major non-compliance was identified, as not all serious adverse events had been reported to the Chief Inspector within three working days of the incident. In addition, due to the absence of the support of the team leader position and the fact that the time the person in charge spent in the designated centre was not during the hours that residents were present, the current management arrangements did not provide the required oversight of the service.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents had choice over their lives and their rights were respected.

One of the houses in the centre provided services for 48 weeks of the year, Monday to Friday, and for two weekends each month. During the periods of closure, residents either went home to their families or to another designated centre, managed by Coaction Services. There was evidence of consultation with residents about these temporary arrangements, including consultation with each resident and their families.

Each resident had a contract of care that clearly set out whether the resident accessed the service on full-time basis or as part of respite arrangements. For residents who lived in the centre on a full time basis, their bedroom was only used by themselves. It was not used to provide temporary respite care.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

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

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

Findings:

Each resident had an agreed written contract which included the details of the services to be provided. The details of the fees charged were contained in the contract.

Each resident had a contract of care that clearly outlined if the resident was in full-time residential care or accessing the service on a respite basis. The provision of residential respite care was outlined in the contract and defined as "where a resident stays less than five nights per week". Each contract of care was signed by the resident and, or their family.

Each resident's contract outlined that the service was subject to fixed closures. For each resident accessing the service on a respite basis, the contracts outlined the number of nights that the resident was staying in the centre.

In relation to emergency admissions, the statement of purpose stated that an emergency admission could be accommodated and outlined a number of examples including serious illness of the resident or recent bereavement of the resident's primary carer. The adult services manager for Coaction outlined that there had been one such admission in 2016. The adult services manager also said that the issue of emergency admissions had been discussed with families both in an informal way and as part of a family forum meeting.

The residential guide had been updated to include sufficient details of the support care and welfare of the resident while in the designated centre.

Judgment:

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):

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

Findings:

There had been four significant allegations of abuse of residents submitted to the Chief Inspector since January 2016. Documentation in relation to these incidents was reviewed during the inspection. There was evidence of appropriate multidisciplinary response to incidents and all incidents had been "screened" by the designated officer and a safeguarding plan approved. As required residents had access to psychological support and the support of an independent advocate.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

It is a requirement that all serious adverse events are reported to the Chief Inspector within three working days of the incident. However, this requirement had not been complied with.

The inspector was informed of a significant incident involving an allegation of abuse that had not been submitted to HIQA. Following the inspection a retrospective notification was submitted and there was evidence that the incident had been followed up appropriately in accordance with the service policy on safeguarding residents.

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:

A new person in charge had been appointed to this centre in July 2016 and was found to have the qualifications, skills and experience necessary to manage the centre. The nominated person in charge had a bachelor of arts in social science degree and had completed a management course. She had previously worked for ten years with another service provider.

However, her current responsibilities included being person in charge of the designated centre and the manager of the day service. The person in charge told the inspector that her contracted hours were Monday to Friday between 9:00 hrs and 17:00hrs. The person in charge further outlined that she was in the houses that formed part of the designated centre "one or two days a week". She also said that any multidisciplinary meetings in relation to residents took place mainly during the day and she attended all these meetings. She also attended to other management duties during the day. There was a vacant team leader position in the centre that was to be filled over the next few weeks.

Due to the absence of the support of the social care leader position and the fact that the time spent in the designated centre was not during the hours that residents were present, the current management arrangements did not provide the required oversight of the service.

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):

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

Findings:

The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

There was evidence that an additional staff member was available each Saturday and Sunday to ensure that residents had the opportunity to undertake individual activities outside the centre.

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:

Kieran Murphy
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 CoAction West Cork CLG
Centre ID:	OSV-0003857
Date of Inspection:	26 April 2017
Date of response:	22 June 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 09: Notification of Incidents

Theme: Safe Services

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

It is a requirement that all serious adverse events are reported to the Chief Inspector within three working days of the incident. However, this requirement had not been complied with.

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 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The non-reporting of the serious adverse event was a misunderstanding of the requirements regarding notification of an incident occurred in the community. The matter was being appropriately dealt with by the Person in Charge and the Designated Officer and the Gardaí. The incident was notified to the Authority immediately after the Inspection.

Proposed Timescale: 22/06/2017

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:

Due to the absence of the support of the team leader position and the fact that the time spent in the designated centre was not during the hours that residents were present, the current management arrangements did not provide the required oversight of the service.

2. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

Interviews for the position of Social Care Leader have taken place and the successful candidate is due to be in position by the end of June 2017. The Social Care Leader will be registered as a PPIM. In the interim there are appropriately qualified staff covering this position.

The person in charge is full time and has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose and the needs of residents.

The working hours of the person in charge have been significantly reconfigured to ensure they have a minimum of 20hours presence in the Designated Centre per month. This presence will be 'off-roster' and will include unannounced and unscheduled visits. When present, the person in charge will spend time engaging with the residents and supervising staff practices. The person in charge will review relevant records and files including individual support and risk profiles, individual healthcare management plans, person centred plans and care plans (called how you can support me plans), reported

incidents and accidents and ensure the risk register is maintained and up to date.

The person in charge maintains very regular contact with families of the residents, both by telephone and face to face. The person in charge attends person centred planning review meetings that require their direct input.

The person in charge regularly engages with the multi-disciplinary team and the designated officer both at formal quarterly meetings and on a referral basis as required. The person in charge ensures that residents who require individualised guidelines for example, behaviour, safeguarding, eating & drinking, are in place and regularly reviewed.

The person in charge will increase the frequency of team meetings and once appointed, they will increase the frequency of meetings with the Social Care Leader (PPIM) in addition to maintaining the formal supervision structure.

In line with Regulation 23(1)(d), the person in charge recently completed the annual review of the designated centre in conjunction with the provider nominee. An action plan for areas of improvement has been identified.

The person in charge works closely with the lead staff in both houses and the Financial Controller to ensure that all personal possessions and finances of the residents are properly managed and accounted for.

The person in charge ensures that all staff have training in line with organisational policy and as required by the regulations.

Proposed Timescale: 30/06/2017