

**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: | Adults Services Palmerstown Designated Centre 1 |
| Centre ID: | OSV-0003897 |
| Centre county: | Dublin 20 |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Stewarts Care Limited |
| Provider Nominee: | Brendan O'Connor |
| Lead inspector: | Caroline Vahey |
| Support inspector(s): | Conan O'Hara |
| 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 May 2017 07:55 To: 03 May 2017 14:45

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

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|---------------------------------------------------|
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 14: Governance and Management |

Summary of findings from this inspection

Background to the inspection.

This inspection was initiated following the receipt of information by the Health Information and Quality Authority, specifically in relation to safeguarding concerns in one unit of this designated centre. The centre had previously been inspected in January 2017. Three outcomes were inspected against on this inspection.

Description of the service.

The centre provided residential services to adults in a campus based setting for up to 21 residents and comprised five units.

How the inspectors gathered evidence.

The inspection took place in one unit in response to a reported safeguarding concern. The inspectors spent a number of hours observing practice on the morning of the inspection. The inspectors met with the chief executive officer, as the representative of the provider, and also with the person in charge. Four staff members were also interviewed. Following this recent safeguarding concern, HIQA had been provided with a written response of the actions the provider had taken, and these measures were also reviewed as part of this inspection. Documentation such as daily care notes, communication records and management notes were also reviewed.

Overall judgement of findings.

One major non compliance was identified in Outcome 14, governance and management. The inspectors found the management system did not ensure the services provided were appropriately monitored, specifically in relation to

safeguarding and direct supervision of practice to ensure residents were protected and appropriate support was provided. Two moderate non compliances were identified in Outcome 7 relating to risk management and infection control, and in Outcome 8, relating to the provider's failure to ensure all safeguarding measures to a recent concern were implemented.

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

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

Outcome 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):

Findings:

The inspectors found the health and safety of residents, visitors and staff were not consistently protected and promoted and improvement was required in infection control and in responding to hazards identified in the unit.

On the morning of the inspection, the inspectors observed areas of the unit to be unclean, for example, food debris was observed on the dining room table and on the floor. The inspectors also observed a resident was subsequently served their morning meal without this area being cleaned and the inspectors were not assured appropriate hygiene practices were in place in this unit. A number of chairs in the sitting room area had coverings damaged and the inspectors therefore found, given the needs of these residents, that appropriate infection control measures were not in place.

The use of environmental restrictive practice formed part of the reactive response in some residents' behaviour support plans however, the inspectors found these measures could not be consistently and safely implemented and staff had been exposed to risk resulting in injury. This had resulted from the fact that keys to internal doors were not always operational and the provider had failed to rectify this issue despite this issue being reported to the maintenance department. This issue also presented a fire hazard whereby safe evacuation of the unit could not be ensured. The maintenance department attended the unit by the end of the inspection, and new locks were fitted where required to doors.

The inspectors observed the relaxation room, used by residents in the unit was not appropriately maintained. The inspectors were not assured this room was safe to walk in as the room was untidy with significant clutter on the floor and around the room including a step ladder. The room was subsequently tidied to an acceptable standard by the end of the inspection.

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):

Findings:

The inspectors found most of the actions outlined in response to a recent safeguarding concern had been implemented however, observations on the day of inspection identified a measure to ensure residents were consistently safeguarded was not comprehensively implemented.

The inspectors completed observations of the care and support provided to residents on the morning of the inspection however, the inspectors found one measure initiated in response to a recent safeguarding concern had not been implemented in full. This was discussed with the provider nominee on the morning of the inspection who agreed this measure had not been implemented as per the provider's instructions and as such had not ensured residents were safeguarded at all times. The provider nominee took immediate action to rectify this situation and the inspectors were assured by the end of the inspection that these measures were in place and all relevant personnel were clear on these measures.

All other actions to this safeguarding concern were implemented or were progressing within the timeframes and detail set out in the provider's response.

The inspectors spoke with the person in charge and four 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.

The inspectors reviewed care records and communication records for the residents living in this unit as part of this inspection.

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):**Findings:**

The inspectors found the management systems in place did not ensure the service was appropriately monitored specifically in relation to safeguarding and supervision of practice.

The inspectors found the provider was not able to demonstrate how safeguarding measures and systems were monitored on a consistent and comprehensive basis. In addition, adequate and ongoing supervision of some staff members was not in place.

The person in charge visited the unit between one and three times a week and the person in charge confirmed this visit lasted approximately 20 to 30 minutes. Visits consisted of some communication with residents, observations of practice and also completing audits. The person in charge was assigned the responsibility of supervising the nursing staff practice. This arrangement was discussed with the person in charge however, the person in charge agreed that this was not sufficient time to adequately supervise practice. The staff nurses were identified as the person responsible for the daily management of the unit and were also responsible for supervising care staff practice.

The inspectors acknowledged that formal supervision meetings were completed on a quarterly basis for care staff by the staff nurses in the unit, and for staff nurses by the person in charge. The inspectors acknowledged the remit of the person in charge included managing two designated centres comprising ten units and their capacity to increase direct supervision of nursing practice in this unit was significantly limited.

There were some arrangements in place in relation to monitoring of safeguarding including six monthly unannounced visits by the provider, person in charge visits as previously outlined and incident reporting and analysis. The inspectors discussed with the provider representative, the systems in place to protect residents and how these systems are monitored on a regular and ongoing basis however, the provider representative was not able to comprehensively demonstrate how safeguarding was regularly monitored in practice. For example, while weekly auditing of aspects of care and support was completed regarding the unit, safeguarding did not form part of this

audit.

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:

Caroline Vahey
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 Stewarts Care Limited |
| Centre ID: | OSV-0003897 |
| Date of Inspection: | 03 May 2017 |
| Date of response: | 14 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 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 response to risks in the environment was not satisfactory to ensure the safety of residents and staff.

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:

A review of response to risk in this environment has been carried out to ensure that if required effective and immediate escalation process is in place.

New door locks fitted where required on day of inspection

Proposed Timescale: 16/06/2017

Theme: Effective Services

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

Appropriate procedures were not implemented to ensure residents were protected against infection.

2. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

A review has been undertaken by the Infection Control Officer and appropriate cleaning procedures are in place to ensure residents are protected against infection .

To ensure the appropriate procedures are adhered to, the Person in Charge has met with all staff including Household staff to ensure provided infection control measures are followed.

A cleaning checklist for household staff has been implemented to include a daily checklist for the entrance hall, kitchen, dining room, day room, corridor, bedrooms, toilets, office, sluice room/cleaning store, music/relaxation room. This is consistently monitored by the Clinical Nurse Manager and reviewed by the Person in Charge ensuring best practice is maintained.

The Clinical Nurse Manager, staff nurses and care staff are responsible for adhering to infection control measures and document same on the area specific cleaning schedule. This incorporates a mealtime monitoring checklist for infection control.

A mealtime monitoring checklist has been put in place to ensure that all areas identified in infection control audit are addressed and adhered to. The Person in charge ensures all actions are complete through monitoring of the checklist.

New furnishings and appropriate storage space created ensuring the relaxation room is appropriately maintained.

Proposed Timescale: 14/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A measure outlined as part of the provider's response to a safeguarding concern, had not been comprehensively implemented in order to ensure residents were protected.

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 measures outlined as part of the Provider's report have since been implemented and consistently monitored by the Person in Charge and Programme Manager . This has been achieved through ensuring a Clinical Nurse Manager is available onsite for supervision throughout the day in this location and that he/she accompanies staff and service users for social activities.

At times when the Clinical Nurse Manager is at break or on social activities the Person in Charge/ Senior Nurse Manager on call replaces the Clinical Nurse Manager to ensure continuous supervision and safeguarding in the area. Arrangements are organised on a daily basis to meet the service users needs.

A system of review and triage of all incidences has been undertaken by the Programme Managers and Risk Manager on a weekly basis to ensure safeguarding systems are being adhered to and appropriate safeguarding action are taken.

Proposed Timescale: 14/06/2017

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 responsibility assigned to the person in charge to supervise nursing staff in this unit could not be satisfactorily implemented due to the scope of the person in charge managing two designated centres comprising ten units.

4. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of

the designated centres concerned.

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

On each day a supernumery Clinical Nurse Manager has been assigned to this location to ensure supervision of nursing staff to support the Person In Charge in this Designated centre.

The Provider has appointed an external body to review of the scope of the Person In Charge commencing June 2017 and will be completed by September 2017.

Proposed Timescale: 30/09/2017

Theme: Leadership, Governance and Management

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

Safeguarding systems were not monitored on a consistent basis in order to assure the provider residents were safe.

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:

A system of review and triage of all incidences has been undertaken by the Programme managers and Risk manager on a weekly basis to ensure safeguarding systems are being adhered to and appropriate safeguarding actions are taken.

The Provider has commissioned an external body to conduct a review of safeguarding structures commencing in June 2017 to be completed by September 2017.

A Designated Social worker for safeguarding has been appointed for August 2017 to ensure safeguarding systems are monitored on a consistent basis.

Proposed Timescale: 30/09/2017

