Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Upper Woodlands Close
Centre ID:	OSV-0005313
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bernadette Donaghy
Lead inspector:	Christopher Regan-Rushe
Support inspector(s):	Anne Marie Byrne
Type of inspection	Unannounced
Number of residents on the date of inspection:	17
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 compliance with National Standards. 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:
28 June 2017 09:20	28 June 2017 19:00

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

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 the 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 the 13th 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:

Inspectors met with eight residents, six staff members, the clinical nurse manager and the person in charge during the inspection process. Although inspectors met with a number of residents, residents did not communicate with the inspectors. A number of practices and documents were reviewed as part of this inspection including six residents' files, four staff files, risk assessments, social care schedules, improvement plans, staff rosters and staff training records.

Description of the service:

This centre is managed by the Health Service Executive (HSE) and is part of a campus setting, located close to Sligo town. The centre comprised of three units providing residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service is nurse-led and can accommodate male and female residents, from the age of 18 years upwards. Two units provide accommodation for six residents and one unit provides residential accommodation for five residents. There were no vacancies at the time of inspection.

The person in charge has the overall responsibility for the centre and is based on the campus on a full-time basis. He was supported by a clinical nurse manager and the provider. The person in charge holds an administrative role and regularly visited each unit to meet with residents and staff. Each unit has a communal kitchen and dining area, sitting room area, bathroom facilities and bedroom spaces for residents.

Overall judgment of our findings:
This was a follow-up inspection to identify if the twenty actions the provider said they would do following the inspection on the 13th and 14th of February, 2017 were satisfactorily implemented. These twenty actions related to social care needs, health, safety and risk management, safeguarding and safety management, governance and management and workforce. Upon this inspection, inspectors found the provider had made significant improvements to the service being provided, with nineteen out of the twenty actions found to be satisfactorily completed. However improvements were required to staffing arrangements to ensure adequate staff were available at all times to meet the social care needs of residents.

The inspectors found that four outcomes in compliance and one outcome in substantial compliance.

The findings and their actions are further outlined in the body of the report and 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 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
All four actions required from the previous inspection were satisfactorily completed. Overall, inspectors found improvements were made to meet the assessed social needs of residents, to the monitoring and review of personal goals and to transitional planning.

Since the last inspection, an additional 39 hours social care support was provided to the centre. These additional social care hours are divided between the three units in the centre each week, with a schedule in place to let residents know when this additional support is available to them. Staff who spoke with inspectors said that since the introduction of these additional social care hours, residents are more involved in the planning of activities and have increased opportunities to engage in social activities. Inspectors reviewed a sample of residents' activity logs and found a variety of social outings were occurring to include cinema trips, day trips, shopping trips, individual social requests and personal appointments. The person in charge told inspectors that the provider had secured an additional bus for the centre which would be available for use in the coming weeks.

Significant improvements were made to the development and on-going review of personal plans since the last inspection. Personal goals were found to be varied and had detailed action plans in place that informed of what actions were required to achieve these goals. Action plans also named those responsible for supporting residents to achieve their goals and inspectors observed goals were regularly updated to show the progression made by residents to achieve their goals. Personal plans were now available to residents in a picture format within their bedrooms. On the day of inspection, one resident used their picture format personal plan to tell inspectors of upcoming actions he

was doing to achieve one of his personal goals.

Four residents transitioned from this centre to the community since the last inspection. The person in charge informed that he was still awaiting transition dates for other residents to be confirmed. Transition plans were in place for these residents which guided on the support required by them in preparation for their transition. Staff told inspectors that they were currently carrying out some activities with residents in preparation for their transition, including scheduling short visits to the community to familiarise residents with their new communities. The centre also had access to a conversation tool called "key messages" which supported residents who were still awaiting confirmation of their transition date to ask questions about their transition.

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

Findings:
The five actions required from the previous inspection were found to be satisfactorily implemented. Significant improvements were found to risk management and fire safety management within the centre.

Since the last inspection, the provider implemented a new heath and safety and risk management system into each unit within the centre. The management of this system was overseen by the clinical nurse manager and person in charge. This system broke down areas of risk into clinical, biological and environmental risks. Risk assessments for these areas were found to clearly demonstrate the control and additional controls in place to mitigate the risks identified.

Inspectors found significant improvements were made to the centre's fire safety systems since the last inspection. A sample of residents' personal emergency evacuation plans were reviewed by inspectors and these were found to now detail the arrangements in place where the centre's fire escape routes are not available to residents in the event of a fire. On the day of the inspection, the provider tested the bleep system within the centre, which is used to inform each unit of the location of a fire when the fire alarm is triggered. Some bleeps were found to require maintenance and this was brought to the attention of the person in charge who rectified this on the day of the inspection. Staff who spoke with inspectors were knowledgeable of the bleep system and of their responsibility to respond to this system in the event of a fire.

Quarterly and weekly checks of the fire system were occurring within the centre. Inspectors observed that any faults detected in this system were now being reported in a timely manner and a call out report was completed. The fire panel was serviced since the last inspection and was found by inspectors to be in working order. Fire drills were occurring regularly within the centre and staff confirmed with inspectors that these were conducted using the centre's fire alarm system. All staff had up-to-date fire safety training at the time of inspection.

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:
The five actions required from the previous inspection were satisfactorily completed.

Since the last inspection, a review of the restrictive practices in use had been completed by the provider. Restrictive practices now had up-to-date risk assessments and protocols in place to inform staff on the appropriate application of these restrictions. A restrictive practice audit had also been carried out in each unit and this report was available to inspectors on the day of the inspection.

Inspectors found the provider had introduced additional measures to safeguard residents from abuse. These additional measures included the allocation of one-to-one staff support for some residents. These had a positive impact for residents, with an overall reduction in the number of safeguarding incidents occurring. Staff informed inspectors that no such incidents had occurred since the introduction of these additional safeguarding measures. Staff also said that these measures created a safer living environment for residents.

A sample of behaviour support plans were reviewed by inspectors and these were found to now link with safeguarding plans in the management of abuse. Staff informed inspectors that although no active safeguarding plans were required at present to

manage such incidents. An additional document had been developed by the centre's psychologist and behaviour therapist to guide staff on how link behaviour support plans with safeguarding plans as required.

All staff were found to have up-to-date training in safeguarding and in the management of behaviours that challenge.

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

Findings:
The three actions required from the previous inspection were satisfactorily completed.

Since the last inspection, a new person nominated to act on behalf of the provider had been appointed to the service. The inspectors met with this person who identified a number of key developments since the last inspection including a revision of the person in charge's responsibilities. This had resulted in the division of the centre into two centres, each with its own person in charge, to enable them to have sufficient time to discharge their responsibilities. The provider informed inspectors that staffing rationalisation work was on-going to ensure the service remained responsive to residents' needs. The provider also told inspectors that a review and appointment of new senior nursing posts was in progress, to support the overall leadership and development of the service. Since the last inspection, the person in charge was now supported by a clinical nurse manager.

Inspectors found significant improvements were made to the monitoring and review of action plan deadlines. A further six monthly unannounced provider visit had occurred since the last inspection. The actions from this visit were in the process of being completed at the time of this inspection. A log of capital works was also in place, with some works in process and others awaiting sanctioning from senior managers. Where actions were overdue on the capital works plan, evidence was available to inspectors that the person in charge had escalated this. Actions required from the centre's quality

improvement plan were also in progress, with the remaining actions relating to the capital works plan. The person in charge told inspectors that meetings were held each week to review the progress of these actions and to address any other concerns.

Judgment:
Compliant

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Of the three actions required from the previous inspection, two of these actions were satisfactorily implemented. However, improvements were still required to ensure consistency in the availability of staff to meet the social care needs of residents.

A sample of staff files were reviewed by inspectors and these were found to contain all information as required of Schedule 2 of the regulations. All staff had received up-to-date training in manual handling at the time of this inspection.

Since the last inspection, and additional 39 social care hours was provided to the service. These hours were divided between the three units in the centre and were delivered by one staff member. Since the introduction of these additional social care hours, staff informed inspectors that they now had the capacity to schedule activities with residents and provide individualised social care to residents. Inspectors reviewed the timetable for these hours and noted this additional staff support was only available to residents five days a week. Staff who spoke with inspectors informed that on days where this additional staff support is not available, all efforts are made by the staff working in the centre to meet the social care needs of residents, but that they do not always have the capacity to do so.

Activity records reviewed by inspectors identified occasions where no social activities were conducted with residents on days where the additional social care hours were not available. Staff informed inspectors that this was because staff levels were not available to meet the social care needs of residents on those days. Inspectors found that there was no contingency plan in place to ensure staffing resources were in place for the

remaining two days each week.
Judgment: Substantially 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:

Christopher Regan-Rushe
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005313
Date of Inspection:	28 June 2017
Date of response:	26 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 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure adequate staffing levels were in place to consistently meet the social care needs of residents.

1. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and

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

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:
The service is currently partaking in a recruitment process for the establishment of a locum panel of staff. This will allow the allocation of a number of staff to Woodlands who can be called on a locum basis as the need arises within the centre. Staff will be consistent and familiar to residents. This panel will be in place by Sept 1st. This will alleviate the use of agency staff across Woodlands and assist in the assurance that the number, qualifications and skill mix of staff is appropriate to the needs of the residents at all times.

Proposed Timescale: 01/09/2017