

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Gweedore Service
Centre ID:	OSV-0005331
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bernadette Donaghy
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 April 2017 09:59 To: 27 April 2017 00:00

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

Outcome 05: Social Care Needs
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 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 13 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:

The inspector met with 10 residents, two staff members and the person in charge (PIC) during the inspection process. The inspector met with residents in a group setting and individually when requested. Not all residents were able to communicate with inspectors. The centre is situated on a campus setting and consists of three units and all units were visited by the inspector.

The inspector reviewed practices and documentation, including three residents' files, four staff files, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This centre is managed by the Health Service Executive (HSE) and is located outside Sligo town. The centre provides residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service can accommodate male and female residents, from the age of 18 years upwards. The centre comprised of three units in close proximity to each other. Each house was a two storey dwelling; however, the layout and facilities provided, were not meeting the needs for all of the residents.

The inspector interviewed the person in charge as part of the inspection and found them to be suitably qualified and knowledgeable on both the needs of residents and their requirements under regulation. The person in charge had overall responsibility for the centre. The person in charge is supported in her role by the provider. The person in charge works directly on the campus in an administrative capacity and regularly visits each centre to meet with staff and residents.

Overall judgment of our findings:

The inspector found that the centre had made some improvements since the last inspection in August 2016. Six outcomes were inspected during this inspection. Of the six inspected, three were found to have major non-compliance; social care needs, premises and safeguarding, two were found to have moderate non-compliance with regard to: health and safety, governance and management and workforce and one was compliant .

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 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):

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

Findings:

Residents' assessed needs were reflected in their personal plans, although the inspector found that one resident's plan had not been updated in-line with their current needs.

The inspector looked at a sample of residents' personal plans which included information on support needs such as communication, family inclusion, intimate personal care and mobility. The inspector found that staff practices and knowledge reflected personal plans sampled; however, one resident's personal plan had not been updated to reflect a recent admission to the centre. The inspector found that there were gaps evident in the documentation and assessments were not updated to reflect the new supports in place. In addition, the person in charge had not ensured that compatibility assessments were completed for all residents as part of the admission process.

Personal plans included residents' goals, which reflected their likes and the development of new skills; such as, involvement in personal shopping. The inspector found that resident's goals included supports required, named staff support and the expected date of achievement. The inspector found that progress towards achieving goals by residents was regularly updated.

The inspector found that the effectiveness of residents' personal plans was reviewed annually with the resident, family members and centre staff as well as multi-disciplinary professionals involved in the residents' care and support. The inspector found that the aging needs of residents' were not supported by the provider and assessments that had been completed and the actions identified were not addressed in a timely manner.

The inspector reviewed activity records and found that they reflected both residents' personal goals and preferences. Residents were supported to access a wide range of community activities such as sports, holidays, visits to places of interest and meals out in local restaurants.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector found that aspects of the centre's premises were not compliant with schedule 6 of the regulations. In all three houses, actions had been identified in the last inspection report which were not completed, with regard to bathroom facilities, accessibility and layout. The provider had failed to address these deficits within agreed time frames, as detailed in the centre's quality improvement plan.

In addition, the inspector noted that two of the houses were fitted with external handrails to the front and rear of the premises; however, the third house had not.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector found that actions from the previous inspection were fully completed. A fire risk report had been completed and correspondence received from the engineer confirmed that there were no outstanding actions from this report.

The centre was equipped with suitable fire equipment including fire extinguishers, fire alarms, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire equipment was regularly serviced by an external contractor. The inspector reviewed in-house fire equipment checks completed by staff and found that checks were completed in-line with the provider's policy.

The inspector reviewed fire drill records which showed that regular simulated drills had been conducted using minimal staffing levels at the centre. The inspector noted that fire drill records outlined learning from each event to improve or ensure residents were supported in a safe manner.

The centre had up-to-date site specific risk assessments which included control measures and reflected staff knowledge. The person in charge conducted regular management audits on the centre which included health and safety and participated in the incident review meetings as required by her organisation. A schedule of audits was provided on the day of inspection.

The inspector observed that hand hygiene and infection control information was displayed at the centre. In addition, hand sanitizers and segregated waste disposal facilities were provided. In addition, the inspector reviewed training records that showed staff had received hand hygiene training in-line with the provider's policy.

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):

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

Findings:

The inspector found that residents at the centre were protected from harm.

The inspector found that residents who required support with behaviours that concern were provided with support from a behaviour support therapist, plans were implemented and reviewed as required or more frequent should a change in need arise. Training records showed that not all staff had received positive behaviour management training; however, the provider's behaviour management policy was up-to-date and reflected staff knowledge.

The inspector found that residents did not require support with safeguarding concerns on the day of inspection. The inspector observed that information on the provider's safeguarding of vulnerable adults policy was prominently displayed in the centre. This included photographs of the centre's designated safeguarding officers and arrangements for the reporting of safeguarding concerns. The inspector reviewed training records which showed that staff at the centre had received up-to-date safeguarding training in-line with the provider's policy.

The inspector observed that no restrictive practices were used at the centre on the day of inspection.

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):

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

Findings:

The inspector found that since the last inspection, there was improvement in the management structure of the centre. There was a person in charge appointed with the sole responsibility of the centre.

There was a clear management structure in place to support the person in charge and monitor the service. As reflected in recent audits conducted by the provider and staff

allocated with the responsibility of completing the quality improvement plans. The person in charge conducted regular audits at the centre including medication, residents' finances, and personal plans. However the inspector found that actions identified in the quality improvement plan, were not addressed within the timeframes outlined.

The inspector found that an up-to-date annual review of care and support provided by the centre was available on the day of inspection. In addition, the inspector reviewed the centre's six monthly unannounced provider visits reports. The inspector noted that actions remained outstanding in both reports, at the time of inspection which were overdue. For example, in the six monthly unannounced audit, 10 actions were completed out of 22 and in the annual review, 22 actions were completed out of 34. In addition, there was no clear timeframe regarding completion of these outstanding actions.

The inspector found that the person in charge's staff file did not meet the requirements of schedule two

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):

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

Findings:

The centre had both an actual and planned roster in place which reflected documentation reviewed by inspectors such as residents' personal plans and daily activity records.

During the inspection, the inspector observed residents receiving timely support from staff in a respectful manner in-line with their needs. Residents told the inspector that they were happy with the support they received and were assisted to achieve their goals. Furthermore, the inspector found that staff knowledge reflected residents' personal plans.

The inspector noted that additional nursing staff was required in the designated centre

due to the aging needs of the residents, as reflected in their personal plans.

The inspector reviewed staff training records which showed that staff had accessed mandatory training such as fire safety, manual handling and the safeguarding of vulnerable adults. In addition, staff had attended training specific to residents' healthcare needs.

Staff told the inspector that they had regular supervision from the centre's management team, which was reflected in records sampled. Supervision minutes showed that staff were supported in areas such as residents' needs and access training opportunities. In addition, staff attended regular team meetings, which were facilitated by person in charge, where they were able to discuss residents' needs and the centre's operational management.

The inspector reviewed a sample of four staff personnel files and found that they did not contain all documents required under schedule 2 of the regulations.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Catherine Glynn
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 Health Service Executive
Centre ID:	OSV-0005331
Date of Inspection:	27 April 2017
Date of response:	02 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 05: Social Care Needs

Theme: Effective Services

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

The person in charge had failed to ensure a comprehensive personal plan was in place for a recent admission, which included a complete outline of the assessed needs.

1. Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed

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

through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The PIC has ensured a comprehensive personal plan has been developed with the resident who was recently admitted.

Proposed Timescale: 11/05/17 Completed

Proposed Timescale: 11/05/2017

Theme: Effective Services

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

The provider was failing to address the support needs of all residents in the designated centre.

2. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The provider will ensure the support needs of all residents are met in the designated centre. The PIC will ensure that all assessments that had been completed, the actions identified will be addressed.

Proposed Timescale: 02/06/2017

Theme: Effective Services

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

The provider had failed to ensure compatibility assessments were completed in line with admissions to the designated centre.

3. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The Provider has ensured that compatibility assessments are completed in line with admissions to the designated centre.

Proposed Timescale: 11/05/17 completed

Proposed Timescale: 11/05/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises were not designed or laid out to meet the needs of all residents residing in the designated centre.

4. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The PIC has been in contact with the maintenance department and we are progressing level access showers in 2 houses. With regard to the other house, further to a recent inspection by HSE estates department, a meeting with senior management within Social Care CHO1 inclusive of the registered nominee and estates will be held on 13/06/17 and an emergency contingency plan is to be agreed with regard to the viability of this property being compliant with both HIQA and environmental standards (structural standards)

Level access showers installed in 2 houses by: 30/06/17

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The provider had failed to ensure that the designated centre was modified to meet all assessed needs in line with best practice.

5. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The PIC has been in contact with the maintenance department and we are progressing level access showers in 2 houses. With regard to the other house, further to a recent inspection by HSE estates department, a meeting with senior management within Social Care CHO1 inclusive of the registered nominee and estates will be held on 13/06/17 and an emergency contingency plan is to be agreed with regard to the

viability of this property being compliant with both HIQA and environmental standards (structural standards)

Level access showers installed in 2 houses by: 30/06/17

One residents bedroom is being relocated downstairs this will be redecorated to residents needs. To be completed by the 2-6-2017 (complete)

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The provider had failed ensure that adequate bathroom facilities, were provided in a timely manner to meet the assessed needs of all residents in the designated centre.

6. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The PIC has been in contact with the maintenance department and we are progressing level access showers in 2 houses. With regard to the other house, further to a recent inspection by HSE estates department, a meeting with senior management within Social Care CHO1 inclusive of the registered nominee and estates will be held on 13/06/17 and an emergency contingency plan is to be agreed with regard to the viability of this property being compliant with both HIQA and environmental standards (structural standards)

Level access showers installed in 2 houses by: 30/06/17

Proposed Timescale: 30/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The person in charge had failed to ensure that all staff were trained in behaviours that challenge.

7. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The PIC will ensure that all staff that requires full training or refresher training in management of behaviour that is challenging has been booked onto training course. All staff will be trained by 29/06/17.

Proposed Timescale: 29/06/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider had failed to provide documentary evidence that the requirements of schedule two were met in the staff file of the person in charge.

8. Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

The provider will ensure that all the required documentation is obtained, submitted to authority and a record held in the designated centre for the person in charge. The provider has requested outstanding Schedule two documentation by writing to the HSE National department requesting that they deal with the request for this PIC's Garda Vetting documentation as an urgent requirement.

Proposed Timescale: 26/07/2017

Theme: Leadership, Governance and Management

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

The provider had not ensured that the management systems in place were effective and did not ensure that actions identified in internal and external reports, were completed within the required time frames.

9. 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 new acting assistant director of nursing is appointed with direct line management, oversight and responsibility of the PIC of this designated centre. The PIC is rostered in this designated on a weekly basis to provide further governance in this designated centre. A standardised set of audit tools to include person centred planning, medication management hygiene and health and safety have been agreed and put in place in the

designated centre to ensure that the service provided is safe, appropriate to the residents needs, consistent and effectively monitored.

Proposed Timescale: 22/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge had failed to ensure that all staff files were in line with requirements of schedule two.

10. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The PIC will ensure that all staff files are in line with the requirements of schedule two.

Proposed Timescale: 31/07/2017

Theme: Responsive Workforce

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

The provider had failed to address the number and skill mix of staff required to meet the assessed needs of all residents in the designated centre.

11. Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

A nurse has been reassigned to this service to provide nursing care for all the residents

Proposed Timescale: 12/06/2017