Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Glendalough Service
Centre ID:	OSV-0005553
Centre county:	
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ann Gilmartin
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	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:	To:
21 February 2017 15:00	21 February 2017 22:00

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 service

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 resident 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 six residents, six staff inclusive of the person in charge (PIC) during the inspection process. One resident spoke briefly to the inspector during the inspection process. Not all residents were able to communicate with the inspector. The inspector visited two units in the designated centre.

Description of the service
The centre is managed by the Health Service Executive (HSE) and is located in Sligo town. The centre provides residential service to people with an intellectual disability, who have been identified as requiring high levels of supports. The service accommodates female residents from the age of eighteen years upwards. The centre comprised of three units. Two units were bungalows which were connected via an internal hallway and accommodated eight residents. The third unit was a two storey house located in close proximity to the first two units and provided accommodation to three residents.

The PIC had overall responsibility for the designated centre. The PIC was supported in her role by the provider and the person participating in management.

Overall Judgment of our findings
The provider had made some improvements to the centre since the last inspection in August 2016. However, the inspector found non-compliance across this centre. This was a five outcome inspection which identified moderate non-compliance in three outcomes and major non-compliance in two outcomes. These outcomes relate to social care needs, health and safety and risk management, safeguarding and safety, governance and management and workforce.

The findings and their actions are further outlined in the body of the report with 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:
The inspector found that actions required from the last inspection had not been addressed on this inspection. Personal plans were not reviewed and updated on an annual basis or more frequently as required.

The inspector found that one residents' personal plan had not been comprehensively reviewed on an annual basis or more frequently as required by the regulations. On review of the personal plan, there was information held on the file dating back to 2015. The residents' care needs had not been updated in the personal plan which included all aspects of social care goals. The person in charge
acknowledged that this file had not been reviewed and that this was required since her arrival.

The inspector reviewed the remaining files and found that the personal plans in place for the residents' identified their assessed needs, interests and preferences. A number of residents attended programmes as set out in their weekly schedule. Daily notes were reviewed as part of this inspection and the inspector found that the residents' were supported through individualised programmes.

Residents were allocated or provided with transport to attend day services and to have regular visits to their home. Weekly residents' meetings were held which set out a schedule of activities as directed by the residents.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the actions since the last inspection had been addressed in relation to risk management and fire safety.

The inspector found that there were gaps evident in the reporting of incidents and the effectiveness of the support put in place for residents affected by incidents. The information outlined in an incident form was not detailed and did not adhere to the behaviour support plan in place, regarding the need to seek medical review when required. On review of the notes, the inspector found that the person in charge had not ensured procedures were followed and that support was provided to the resident affected, in a timely manner.

The training records did not reflect all staff identified on the roster, therefore, the inspector found that there was no comprehensive list maintained by the person in charge. The inspector was unable to ascertain whether all staff were trained in fire safety.
The centre had systems in place to monitor and maintain the prevention and control of infection, however on review of training records there were gaps evident with regard to completion of hand hygiene training. Six staff had completed the hand hygiene training, however there were a further eleven staff had not. Agency staff were not listed on the training records and the inspector found that there was no comprehensive training record for all staff working in the centre.

There were regular fire drills completed at the centre and the records of fire drills demonstrated the centre could effectively evacuate all residents. A log of fire management checks were in place, which had been completed up to February 2017. The inspector was advised that the PIC was awaiting further guidance regarding a new system of fire management checks. Fire risk reports were completed for the designated centre. Personal emergency evacuation plans (PEEPS) were in place for the residents, which outlined how the resident was supported, and responded in the event of a fire alarm.

The inspector found that the centre had arrangements in place for the assessment and review of residents' specific risks. Where residents presented with specific risks, the centre had implemented an overall summary page, which outlined these risks and their

associated risk ratings. The centre had arrangements in place for the reporting of incidents. Incidents were collectively reviewed on a monthly basis.

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

Findings:
Actions from the previous inspection were not completed at the time of inspection, such as outstanding training requirements relating to safeguarding and positive behaviour support.

The inspector was aware of five notifications of abuse in the centre. On review of the concerns reported, the inspector found that there were inconsistencies with the reporting systems, such as, not all residents affected were include in the safeguarding investigation. The PIC had failed to complete a compatibility assessment as required by the safeguarding team. In addition, the safeguarding actions were not implemented for all residents affected by the incidents.

Training in positive behaviour support had not been completed by all staff. The inspector also found that the training records did not include all staff working in the centre. Behaviour support plans were in place, where required. The inspector met with the clinical nurse specialist (CNS) and found that she had developed a plan that was appropriate to the needs of the residents, and this was subject to review as required.

There were policies and procedures in place to guide and inform staff in the prevention and protection from abuse as required by the regulations. The inspector found that while there were measures in place to ensure all staff were guided in their practice; the inspector found that not all staff had completed training in safeguarding as required by the organisation.

There were no restrictive practices in place in the designated centre. On review of

personal plans there were guidelines in place where required, for medication administered for behaviours that challenge.

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

Findings:
The inspector found that there was a person in charge (PIC) in place at the centre but this had not been notified to HIQA as required. The person in charge was asked to submit a notification the day after the inspection.

The PIC was working full time and informed the inspector that she was supernumerary to the staff. The person in charge had not recorded her hours on all three rosters, to identify how she allocated her hours or prioritised her work among the three houses in the designated centre. The person in charge did not have clear oversight of all aspects of management in the designated centre and was new to this centre, as well as to the position of person in charge.

There was a six monthly unannounced audit completed on the 17 of February 2017 and an annual review of the quality of care in the designated centre on the 25 of January 2017; however, this document had not been returned to the centre and was not available for review. Actions and timeframes for completion of tasks were set out in both reports, with persons responsible identified for the completion of tasks. Both of these documents were completed by the provider. The inspector found actions that remained open which were unclear if completed. The person in charge had failed to ensure that updates were maintained or that a date for an action was completed.

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 inspector found that not all actions identified from the previous report had been completed on this inspection.

The staffing rosters were reviewed; the inspector found that for one week, there were 17 agency staff allocated in the centre. The inspector found that the largest numbers of agency staff were allocated within one unit of the designated centre and some staff had worked there consistently for a period of time. The inspector was advised of a staff meeting that was held due to staffing concerns. This had been completed by the management of the designated centre. The inspector also found that supervision was not in place for all staff and this reflected the requirement for the management meeting due to the lack of consultation with staff.

The inspector requested the planned and actual roster from the PIC and was advised that she had only kept an actual roster which she updated daily if required. Copies were not available to reflect all changes that had occurred. This was not in line with the requirements of the regulations.

The inspector reviewed five staffing files including the person in charge. The inspector found that improvement had occurred with the presentation and outline of required information; however, the files did not meet the requirements of schedule 2 of the regulations.
Training records were reviewed and the inspector noted that the compliance statistics remained inconsistent with the regulations. On review of the staff roster, there was a total of 31 staff; only 15 staff were included in the training records as 16 staff were agency staff. The compliance rating for training completed included: manual handling 40%, positive behaviour support 60%, protection and safeguarding 100%, hand hygiene 40%.

In addition the staffing needs of the centre continued to be inconsistent. The residents in one unit were found to be adequately supported in their daily lives; however, staffing needs in the remaining units remained limited. The provider had commissioned an external report which would provide an outline of the required staffing levels and skill mix required to support the residents' needs.The inspector found that the report still

remained outstanding and had been identified in June 2016 as an urgent need.
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:

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 report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005553
Date of Inspection:	21 February 2017
Date of response:	28 March 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 that personal plans were reviewed comprehensively on an annual basis.

1. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
The PIC for this Designated Centre will ensure all personal plans will have an annual review by the below date.

Proposed Timescale: 27/04/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that all staff working in the designated centre, had completed training in hand hygiene.

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:
The PIC will ensure that all staff working within the Designated Centre will have completed hand hygiene by the below date.

Proposed Timescale: 27/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The training records did not outline if all staff had completed fire training.

3. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
The PIC will ensure the training matrix for this Designated Centre outlines the current status of staffs' completion of fire training.

Proposed Timescale: 31/03/2017

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 not ensured that all staff had completed training in positive behaviour support as required by the regulations.

4. 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 working within the Designated Centre will complete positive behaviour support training by the below date.

Proposed Timescale: 27/04/2017

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 not maintained records for staff who had completed training in safeguarding and protection of residents, including agency staff.

5. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
The PIC has now ensured that records relating to safeguarding are now held in the Designated Centre. Further Safeguarding Training has been scheduled for the 13th April and 11th May.

Proposed Timescale: 11/05/2017

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 not ensured that actions arising from investigations were

implemented for all residents affected.

6. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
The PIC has ensured that compatibility assessments have now been completed for all residents affected from the safeguarding investigation.

Proposed Timescale: 23/02/2017

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 ensure there were appropriate management systems in place in the designated centre, which were consistent and effectively monitored.

7. 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 and oversight responsibility for the PIC of this designated centre. The PIC will be rostered in all 3 houses under this Designated Centre. A standardised set of audits to include Person Centred Planning, Medication Management, Hygiene, Health & Safety have been agreed and put in place in the Designated Centre to ensure the service provided is safe and meeting the needs of the residents and effectively monitored.

Proposed Timescale: 28/03/2017

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 ensure that the annual review document was available for review by HIQA or the residents.

8. Action Required:
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made

available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
The Registered Provider has ensured that a copy of the Annual Review is now available on site in the Designated Centre.

Proposed Timescale: 28/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff files did not contain the all information required by schedule two of the regulations.

9. 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 information and documents as specified in Schedule 2 of the Regulations are obtained for all staff working in this Designated Centre by the below date.

Proposed Timescale: 27/04/2017

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 maintain an actual and planned rota as required by the regulations.

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

Please state the actions you have taken or are planning to take:
The PIC has ensured that an actual and planned roster detailing staff on duty day and night is in place in all 3 houses in this Designated Centre.

Proposed Timescale: 28/03/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Supervision was not in place for all staff in the designated centre.

11. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
The PIC will ensure staff are appropriately supervised on a regular basis and record of this supervision will be maintained within the Designated Centre.

Proposed Timescale: 24/04/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The training records did not reflect all staff working in the designated centre.

12. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
The PIC has now ensured that the training matrix now reflects all staff working within this Designated Centre.

Proposed Timescale: 28/03/2017