# Report of an inspection of a Designated Centre for Disabilities (Adults)

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>The Arches (with Tonyglasson as a unit under this centre)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Monaghan</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05 April 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0002449</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0021054</td>
</tr>
</tbody>
</table>
About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre is made up of two houses. One house provides 24 hour nurse led care and accommodates five adults with an intellectual disability and is located close to a large town in Co. Monaghan. The house consists of a main kitchen, dining room, two sitting rooms, four bedrooms, all of which are ensuite. There is a main bathroom, utility room two staff office facilities and a staff toilet. There is a semi-independent apartment to the rear of the house. There is a large garden to the front and back of the house. The second house is located in a large town in Co. Monaghan. It is a two story semi-detached house and has a semi-independent apartment to the rear of the house. On the ground floor in the main house there are two sitting rooms, a main kitchen, and a utility room. On the first floor there are four bedrooms with one containing a shower unit. There is a main shower and toilet facility, a staff toilet and an office. There is a small garden area to the front of the house and a small patio area at the back of the house. Both houses have their own transport.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>05/10/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>10</td>
</tr>
</tbody>
</table>
To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**
   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**
   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 April 2018</td>
<td>09:30hrs to 17:00hrs</td>
<td>Jacqueline Joynt</td>
<td>Lead</td>
</tr>
<tr>
<td>05 April 2018</td>
<td>09:00hrs to 17:30hrs</td>
<td>Michael Keating</td>
<td>Lead</td>
</tr>
</tbody>
</table>
## Views of people who use the service

The two inspectors met with the residents in both houses on the day of the inspection and observed elements of their daily lives. The residents used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. In one of the houses the staff supported communication between three residents and the inspector so that their views could be known. Residents’ views were also taken from HIQA questionnaires, residents’ weekly meeting minutes, the designated centre’s annual review and various other records that endeavoured to voice the resident’s opinion.

Residents were supported to choose goals that encouraged their independence and personal development. One resident noted on a questionnaire that they were happy with the activities they engaged in and happy how they chose to spend their time. Another resident noted that they had ample choice around meals, day trips and daily living activities.

Resident felt safe and knew who to go to should they have a concern. Two of the residents showed one of the inspectors the accessible format of the complaints procedure on the notice board and talked about an advocacy officer who had visited their home to explain their rights to them.

Residents were involved in the running of the house through meaningful household roles and tasks. One of the residents informed the inspector that they enjoyed helping out with the weekly grocery shop in the local supermarket.

Residents were able to express themselves through their personalised living spaces. Four of the residents showed the inspectors around their bedrooms and seemed happy and proud to show the inspectors family photographs, memorabilia and personal items that were of interest and meaningful to them.

The inspectors observed that residents' needs were very well known to staff. The residents appeared very comfortable in their home and relaxed in the company of staff. The inspectors observed positive engagements between staff and residents through positive, mindful and caring interactions. All of the residents’ feedback questionnaires relayed positive comments about the staff and in particular how kind and helpful they were.

## Capacity and capability
The inspectors found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each residents’ needs, wishes and intrinsic value were taken into account.

The inspectors found that staff had the necessary competencies and skills to support the specific residents that lived in the centre and had developed therapeutic relationships with residents. The inspectors observed kind, caring and respectful interactions between staff and residents throughout the day.

The service used the necessary tools to assess and ensure that appropriate staffing levels and skill mix were in place so that each of the resident’s needs were met. The inspectors saw that staffing arrangements were flexible in order to meet the needs of residents in relation to healthcare appointments and day service holiday closures.

The inspectors found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A number of the workforce had worked in the centre since it opened. Agency staff were rarely used and when the need arose, staff from the current workforce would step in to support the continuity and consistency of care.

The inspectors found evidence that all staff had received mandatory training. Staff who spoke with the inspectors demonstrated good understanding of the residents’ needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents.

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service. The inspectors found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents. A newly designed quality improvement self-assessment tool had been implemented to assist the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery.

Staff informed the inspector that they felt supported by the person in charge and management and that they could approach them at any time in relation to concerns or matters that arose. A new format of staff supervision meetings had commenced in the centre however, the inspector found that improvements were required around the frequency of these meetings.

The person in charge was committed to continuous professional development. The person in charge was undergoing an academic course on advanced leadership, management and quality initiatives and told the inspector that this course supported him in his practice.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to
information which would support and encourage them express any concerns they had.

**Registration Regulation 5: Application for registration or renewal of registration**

Registration renewal application submission complete.

Judgment: Compliant

**Regulation 15: Staffing**

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

**Regulation 16: Training and staff development**

Staff supervision meetings were in place however, the inspector found that they were not occurring as frequent as proposed.

Judgment: Substantially compliant

**Regulation 22: Insurance**

The centre is insured against accidents and/or injury to residents.

Judgment: Compliant

**Regulation 23: Governance and management**
The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The inspectors found that the service being delivered in this centre was in line with the statement of purpose provided.

Judgment: Compliant

**Regulation 34: Complaints procedure**

There were complaint policies and procedures in place to ensure that the service was committed to the making, handling and investigation of complaints and that all residents and family members were aware of this.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

Overall, policies and procedures were adopted and implemented, made available to staff and reviewed every three years to reflect best practice.

Judgment: Compliant

**Quality and safety**

Overall, the inspectors found the centre was well run and the two houses provided a homely and friendly environment for residents. It was evident that the person in charge and staff were aware of residents’ needs and knowledgeable in the person-centred care practices to meet these needs. However, improvements were required to ensure all residents were appropriately safeguarded in one of the houses.

The registered provider and person in charge promoted a positive approach in
responding to behaviours that challenge and ensured specialist and therapeutic interventions were implemented. There were systems in place to ensure regular monitoring of the approach to behavioural supports and where incidents of behaviours that challenged occurred they were being documented and reviewed by the appropriate professionals involved in the assessment and intervention with the resident. However, the inspectors found that in one of the houses the interventions in place were not always keeping people safe and incidents continued to occur.

Residents had an up to date personal plan which was continuously developed and reviewed in consultation with the resident, relevant keyworker, allied health care professionals and family members. The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

The residents’ personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. A number of residents were engaged in employment, work experience and horticultural activities in the local town. One resident had completed a safety training course to support him in his job. Residents were supported to engage in goals that promoted community inclusion such as local walks, shopping, going to the cinema, football matches, and trips to restaurant and Cafés.

There were comprehensive policies and supporting procedures implemented which ensured residents were protected from all forms of abuse. Where feasible, residents were supported to develop their knowledge, self-awareness, understanding and skills required for self care and protection through accessible information and weekly residents' meetings where safeguarding information was promoted.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. Medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person’s life. The inspectors found that medication was reviewed at regular specified intervals as documented in resident’s personal plans. The inspectors found that the pharmacist in place was acceptable to the residents. Photographs of the pharmacy shop and pharmacist were on display in one of the houses affording the residents the opportunity to be familiar the person dispensing their medication.

Each of the premises were found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. Both houses included a semi-independent living unit to support two of the resident's enjoyment of personal space alongside supporting their autonomy and independence.

The inspectors found that there were good systems in place for the prevention and detection of fire. The mobility and and cognitive understanding of residents was adequately accounted for in the evacuation procedure. The inspectors saw that where concerns arose during fire drills, procedures had been updated in residents’ emergency and personal plans.
### Regulation 17: Premises

Both premises met the needs of the residents and the design and layout promoted residents' safety, dignity, independence and well-being.

**Judgment:** Compliant

### Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire. Audits ensured precautions implemented reflected current best practice.

**Judgment:** Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

**Judgment:** Compliant

### Regulation 6: Health care

The health and development of each resident was promoted and supported in a variety of ways. Residents had up to date health care plans which demonstrated appropriate access to a GP of their choice and allied health professionals when required.

**Judgment:** Compliant
### Regulation 7: Positive behavioural support

Current therapeutic interventions in place were not proving effective in reducing incidents of behaviours that challenge.

**Judgment:** Substantially compliant

### Regulation 8: Protection

Residents continued to experience a high number of incidents in one house.

**Judgment:** Not compliant
# Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 5: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Not compliant</td>
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Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action within a reasonable timeframe to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
</tr>
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</table>

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. A training need analysis is conducted annually which informs the training plan for the incoming year.

In March 2018 the provider introduced a staff training matrix to assist the person in charge manage and monitor staff training to ensure training and refreshers are completed within the required timeframes, the person in charge reviews and updates the training matrix on a monthly basis.

The person in charge has a schedule in place to complete formal supervision with staff on a six monthly basis.

The following information is made available to staff working in the centre;

- 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
- National Standards for Residential Services for Children and Adults with Disabilities,
- Recent guidance documents issued by HIQA in February 2018
  - Assessment-of-centres-DCD_Guidance
  - Assessment-Judgment-Framework-DCD_Guidance
  - Enhanced-Authority-Monitoring-Approach_Guidance
  - Statement-of-Purpose-for-designated-centres-for-Disabilities(DCD)_Guidance
  - Other relevant guidance issued by statutory and professional bodies.
In response to the area of non-compliance found under this regulation:

Formal supervision with staff scheduled on a six monthly will be strictly adhered to. The staff previously scheduled within this timeframe will be now be completed by 10.05.18.

<table>
<thead>
<tr>
<th>Regulation 7: Positive behavioural support</th>
<th>Substantially Compliant</th>
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</table>

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The provider has the following measures in place to ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with schedule 5 policies, evidence based practice and are used as therapeutic interventions within a multi-disciplinary approach which is reflective of minimising harm and reducing injury.

- A Multidisciplinary team which includes Psychology, Behaviour Therapy, Psychiatry, Physiotherapy and Occupational therapy.
- Registered Nurses trained in Intellectual Disability.
- Person Centred Care planning in place for each resident which is subject to a multidisciplinary review annually or should a change in need or circumstances arise.
- A schedule of mandatory staff training which includes Positive Behaviour Support and Safeguarding Awareness training in line with national policy.
- Regulatory notification to HIQA at the end of each quarter.
- A suite of policies and guidelines for staff which include:
  - The Restrictive Practices Policy.
  - Positive Behavioural Support Policy.
  - Risk Management Escalation Policy
  - Safeguarding Vulnerable Persons at Risk of Abuse.
  - Open Disclosure

The person in charge ensures that where a resident's behaviour necessitates intervention under this regulation every effort is made to identify and alleviate the cause of the residents behaviour of concern, this includes:

- An individual assessment of need with a corresponding person centred plan which are subject to review.
- Referral to other departments as appropriate such as Psychology, Behaviour Therapy, and the Mental Health team to ensure all alternative measures are considered before a restrictive procedure is used; and the least restrictive procedure, for the shortest duration necessary, is used.
- Residents are provided with information on advocacy services, the Confidential Recipient, the Safeguarding Team, Complaints Officer and HIQA and are supported to access these services if they so choose.
- Staff have up to date knowledge and skills, appropriate to their role, to respond to behaviours of concern and to support residents to manage their behaviour.
- Staff receive training including refresher training in the management of behaviour of concern including de-escalation and intervention techniques.
- Staff training records are monitored and training is maintained within the required
time frames.
• Routine audits to ensure compliance with this regulation which includes the audit of;
  • accidents and incidents,
  • complaints
  • Resident’s personal plans
  • Administration of PRN Medication

In response to the area of non-compliance found under this regulation 7(5)(a):
The person in charge shall ensure that, where a resident’s behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident’s challenging behaviour.

Therapeutic interventions reviewed. The importance of implementing these in full has been reinforced with individual meetings with staff.]

<table>
<thead>
<tr>
<th>Regulation 8: Protection</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 8: Protection:</td>
<td></td>
</tr>
</tbody>
</table>
  • All safe guarding incidents are investigated and managed in line with the National safe guarding policy and safe guarding procedures.
  • There are currently six designated officers actively involved in safe guarding within Cavan Monaghan Disability Services.
  • The service has one designated officer who is trained to deliver the safe guarding awareness training
  • All staff are training the implementation of the National Safe Guarding awareness policy.
  • All staff are trained in Open disclosure and Children’s First.
  • Information relating to safeguarding is available in accessible format.
  • Designated officer’s photographs are available in all Designated Centre’s.
  • A zero tolerance safety statement is displayed in all Designated Centre’s.
  • Relevant notifications are submitted to the authority in the event of any safe guarding concerns within the required timeframes.]
Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16(1)(b)</td>
<td>The person in charge shall ensure that staff are appropriately supervised.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>10 May 2018</td>
</tr>
<tr>
<td>Regulation 7(5)(a)</td>
<td>The person in charge shall ensure that, where a resident’s behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident’s challenging behaviour.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01 May 2018</td>
</tr>
<tr>
<td>Regulation 08(2)</td>
<td>The registered provider shall protect residents from all forms of abuse.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>04 May 2018</td>
</tr>
</tbody>
</table>