**Health Information and Quality Authority Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Stranbeg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004909</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Sligo</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Lead inspector:</td>
<td>Anne Marie Byrne</td>
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<tr>
<td>Support inspector(s):</td>
<td>Ivan Cormican</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 January 2018 09:15
To: 04 January 2018 16:10

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

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<th>Outcome 07: Health and Safety and Risk Management</th>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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Summary of findings from this inspection

Background to inspection

This was a triggered inspection after the Health Information and Quality Authority (HIQA) received unsolicited information in November 2017, concerning the arrangements in place to safeguard residents from all forms of abuse. Information also received by HIQA expressed concerns about some de-escalation techniques used for residents who present with behaviours that challenge. Upon receipt of the unsolicited information, the provider was required to conduct an investigation into the concerns raised and provide assurances to the Chief Inspector as to the arrangements in place to safeguard residents.

How we gathered our evidence:

The inspectors met and spoke with six staff members and the person in charge. Inspectors also met with seven residents, one of whom spoke directly with the inspectors. As part of the inspection, inspectors also reviewed documentation including risk assessments, fire procedures, residents' personal plans, audits, staff training records and incidents.

Description of the service:

The centre comprised of three separate premises located in different locations in Co.Sligo and all units were visited by inspectors as part of this inspection. The centre
is registered to meet the needs of seven residents presenting with moderate to high support needs. The person in charge was responsible for managing of this centre and was supported by the director of nursing for the service and a person participating in management. Staff who spoke with inspectors were found to be very knowledgeable of residents’ needs and of their responsibility in safeguarding and supporting residents daily.

Overall judgment of our findings:

Overall, inspectors found the provider had adequate arrangements in place to safeguard residents from abuse. This inspection found that while the provider was responsive to managing safeguarding concerns raised, there was a continued failing to ensure the Chief Inspector was notified of these concerns within the required time frames. At the time of this inspection, the provider was still in the process of completing the investigation into the concerns raised about some de-escalation techniques used to manage behaviours that challenge. This investigation was scheduled to be completed by 10 January 2018.

During this inspection, it was identified that the provider was not operating this centre in line with the conditions of registration, with the number of residents living in the centre in excess of the bed number the centre was registered for. In addition, it was identified that the provider had reconfigured the centre without meeting the requirements of the Health Act 2007, which raised further concerns as to the overall governance and management arrangements in place for this centre. This was escalated to the provider on the day of inspection and the provider was requested to provide written assurances to the Office of the Chief Inspector setting out how it intended to bring this centre back into compliance with the regulations.

Of the five outcomes inspected as part of this inspection, one outcome was found to be in moderate non-compliance, with four outcomes found to be in major non-compliance. The rationale for these findings can be found in the body of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Effective Services

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

Findings:
On the day of inspection, inspectors found that the health and safety of residents, staff members and visitors was promoted in the designated centre; however, improvements were required to some fire arrangements in the centre. The actions from the previous inspection were not satisfactorily addressed as all risks in the centre had not been identified.

The person in charge maintained a risk register which identified risks in generic areas such as physical environment, biological agents and chemicals. All risk assessments in these areas such as fire, safeguarding and infection control were risk rated, regularly reviewed and had appropriate control measures in place to mitigate any identified issues. Residents also had independent risk assessments in place for issues such as visual impairment and behaviour that challenges. Again, these risk assessments were regularly reviewed and updated by the person in charge; however, not all risks for one resident had been identified and assessed.

The designated centre consisted of three separate premises. One of these premises had appropriate fire arrangements in place such as fire doors, emergency lighting, fire extinguishers and alarm system. Inspectors also found that fire equipment was serviced as required. Staff were also conducting regular checks of these arrangements and also conducting regular fire drills. However, the provider had not conducted a fire drill with minimum staffing following the admission of a new resident to the centre. This was brought to the attention of the provider and subsequent to the inspection, a fire drill was conducted which indicated that all residents could be evacuated in a prompt manner with minimum staffing.

In the other two premises, the inspector found that emergency lighting was not available throughout and that some fire doors were missing smoke seals. Furthermore, suitable arrangements were not in place to ensure that fire doors would be closed in the event of a fire. Each house in the designated centre had fire procedures on display;
however, fire procedures in one house did not sufficiently guide staff in supporting all residents to evacuate. This was brought to the attention of the provider and amended fire procedures were implemented following the inspection.

The provider had systems in place for identifying, reporting and responding to adverse events. The person in charge reviewed all recorded events on a regular basis and formally on a monthly basis with an associated action plan put in place.

Judgment:
Non Compliant - Major

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:
Inspectors found the action required from the previous inspection was completed. Where safeguarding concerns were identified, the provider had measures in place to protect residents. However, this inspection identified some improvements were required to the management of behaviour that challenges and to the management of restrictive practices.

The provider had conducted a provider-led investigation into the safeguarding concerns brought to the attention of HIQA in November 2017. Following the outcome of this investigation, additional safeguarding measures were implemented to protect residents living in the centre. Safeguarding plans were now in place and staff were found to be knowledgeable of these plans, knew the reasons why these plans were in place and were very aware of their responsibility to care for and protect residents. The person in charge told inspectors of the measures she had put in place to ensure residents were at all times safeguarded from abuse including regular unannounced visits to the centre, regular staff and resident meetings, and on-going supervision of staff in practice. Staff nurses who spoke with inspectors also told of their daily responsibility in reviewing care notes to monitor for any incidents which may require additional safeguarding interventions to be implemented. All staff had received up-to-date training in safeguarding.
Since the last inspection, all staff had received up-to-date training in the management of behaviour that challenges and staff who spoke with inspectors were aware of the types of behaviours that residents living in the centre may display. Behaviour support plans were also in place to guide staff on how to support these residents. Where residents engaged in self-injurious behaviour, the inspectors found specific interventions were place to support these residents and that these were regularly reviewed. However, inspectors observed a gap in the recording of incidents of behaviour that challenges, which was not in line with residents' behaviour support plans. For instance, a behaviour support plan reviewed by inspectors recommended that any incident of behaviour that challenges experienced by the resident was to be recorded in a behaviour log; however, this did not consistently occur.

There were restrictive practices in place in the centre at the time of inspection including chemical and environmental restraints. However, risk assessments were not in place for each restrictive practice. Although protocols were in place for the use of environmental restrictions, the protocol for the use of chemical restraint did not guide staff on its appropriate application.

**Judgment:**
Non Compliant - Moderate

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**Outcome 09: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A record of all incidents occurring in the centre was maintained and regularly reviewed by the person in charge. However, inspectors found an overall failure to notify HIQA of any allegation, suspected or confirmed, of abuse of any resident within the required time frame.

Following the provider-led investigation into the safeguarding concerns brought to the attention of HIQA in November 2017, the person in charge notified HIQA where allegations of safeguarding were upheld. However, these were not submitted within the required three working days of occurrence. In addition, inspectors identified two further safeguarding allegations which occurred in June 2017 and November 2017, which were also not notified to HIQA within the required time frame. When inspectors brought this to the attention of the person in charge and she identified that there is a reported level of confusion at an organisational level as to when these notifications are to occur. Subsequent to the inspection, these notifications were submitted to HIQA.
Judgment:
Non Compliant - Major

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

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:
On the day of inspection, inspectors found that the designated centre was not being operated in line with the conditions of registration and statement of purpose. The actions from the previous inspection had not been addressed, with deficits also found to the requirements in Schedule 1 of the regulations.

Inspectors reviewed the statement of purpose which was available in the designated centre and found that this statement of purpose was not in line with the conditions of registration. Inspectors found that the provider was operating this centre at a capacity which was above the number stated in the conditions of registration. The provider had also reconfigured the designated centre without submitting the relevant application to the Office of the Chief Inspector.

Upon further review of the statement of purpose, inspectors also found that the statement of purpose did not contain all the requirements of Schedule 1 of the regulations with deficits found in regards to:
- accuracy of floor plans
- total staffing complement
- fire precautions.

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):
No actions were required from the previous inspection.

Findings:
During this inspection, significant concerns were raised by inspectors as to the overall governance and management arrangements of this centre. One the day of inspection, inspectors were informed that the provider had separated the centre, with one premises now part of a centre that was not registered. This change had increased the bed capacity of the centre to eight, which was in excess of the bed number that the centre was registered for. In addition, the responsibility of this centre was now shared by two persons in charge, which had not been notified to the Office of the Chief Inspector. Inspectors were told that this arrangement had been in place since September 2017, and since this date, the premises which was separated was not subject to the governance and management arrangements for the service. The provider had carried out these changes without submitting the relevant application to the Office of the Chief Inspector. This was escalated to the provider on the day of inspection and the provider was requested to provide further information and assurances to the Chief Inspector.

Inspectors met with the person in charge for the centre, who was appointed to the role in May, 2017. She was found to be knowledgeable of the regulations and had completed a management course in 2017. She was very familiar with the residents living in the centre and of their assessed needs. She had the capacity to visit the centre frequently each week and was contactable to staff at times where she was not present in the centre. The person in charge told inspectors of the governance and management arrangements she had in place to increase her oversight of the centre including regular auditing, regular unannounced visits to the centre, governance checklists, regular staff meetings and regular residents' meeting. She also attended fortnightly management meetings which were chaired by the provider's representative. She was supported by a director of nursing and a person participating in managing the centre, however; inspectors identified that the provider failed to inform HIQA of a change to the persons participating in management which occurred in June 2017.

There were some quality improvement plans in place at the time of inspection and the provider had plans in place to address the improvements required. An audit schedule was also in place for the centre which identified a variety of audits to be conducted throughout 2018. An annual review of the service was recently completed by the provider, which identified a number of actions required for improvement and these had time bound action plans in place. However, the provider failed to ensure six-monthly unannounced visits by them were occurring within the centre, as per the regulations.

Judgment:
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:

Anne Marie Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004909</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>04 January 2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14 February 2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that all risks had been identified in the centre.

1. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system...
for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
The provider has ensured appropriate systems are in situ for the assessment, management and review of risks.
- Fire drill was carried out with minimum staff on duty and recorded.
- Fire procedures are now in situ which guide staff in supporting all residents to evacuate in the event of a fire.

**Proposed Timescale:** 31/01/2018  
**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that arrangements were in place to ensure that fire doors would be closed in the event of a fire occurring.  
The provider also failed to ensure that fire doors were appropriately maintained.

**2. Action Required:**  
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
The provider will ensure arrangements will be put in place to ensure all fire doors have self closing devices and appropriate seals applied and are appropriately maintained.

**Proposed Timescale:** 31/03/2018  
**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that emergency lighting was available throughout the designated centre.

**3. Action Required:**  
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
The provider has ensured that appropriate emergency lighting is in situ, in this designated centre.
**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the following was in place where restrictive practice were in use
- risk assessment of restrictive practices
- protocols for the use of chemical restraint to adequately guide staff on its appropriate application

4. **Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
The provider has ensured that all restrictive practices are risk assessed appropriately and reviewed 3 monthly.
Protocol for the use of chemical restraint are now in situ to adequately guide staff on its appropriate application.

**Proposed Timescale:** 31/01/2018

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure the recording of behaviour that challenges was occurring in line with residents' behaviour support plans.

5. **Action Required:**
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**
The PIC has ensured that staff have the appropriate knowledge and skills to respond and manage challenging behaviours. Staff have up to date studio111 training and behaviours are now documented on a behaviours analysis chart.

**Proposed Timescale:** 31/01/2018

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed ensure a system was in place to give notice to the Chief Inspector within 3 working days of the occurrence of any allegation, suspected or confirmed, abuse of any resident.

6. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
The PIC has ensured a system is in place to notify the chief inspector of any allegation of suspected or confirmed abuse within an adequate time frame.

Proposed Timescale: 31/01/2018

Outcome 13: Statement of Purpose
Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the designated centre was operated in line with the statement of purpose as cited at the time of registration of this centre.

The provider also failed to ensure that all requirements of Schedule 1 of the regulations was contained in the centre's statement of purpose.

7. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The provider has ensured that the designated centre now operates in line with the updated statement of purpose.
The provider has ensured the centres statement of purpose has been updated and now includes all requirements of schedule 1 of the regulations.

Proposed Timescale: 31/01/2018

Outcome 14: Governance and Management
Theme: Leadership, Governance and Management
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure unannounced six monthly provider visits were occurring within the centre

8. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The provider will ensure unannounced 6 monthly visits will occur within the centre accordingly going forward.

Proposed Timescale: 28/02/2018
Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to:
- put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability and responsibilities for all areas of service provision.
- inform the Chief Inspector of changes to the persons participating in management

9. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
The provider has put in place a clearly defined management structure which identifies the lines of authority and accountability with the service.
The provider has informed the chief inspector of the changes to the person participating in management; this is also included in the centre statement of purpose.

Proposed Timescale: 31/01/2018