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:	Dungloe Services 2
Centre ID:	OSV-0002506
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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:
13 June 2017 09:00	13 June 2017 15:00

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 the inspection:
Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 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:
During the inspection, the inspector met six residents who lived at the centre and four staff members. In addition, the inspector spoke with the centre's Area Coordinator as the person in charge was not available on the day of inspection. The inspector reviewed documents, which related to the previous inspection's findings such as, personal plans, risk assessments, safeguarding plans, rosters, training records and staff personnel files.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations and the inspector found that the service was being provided as described. The centre was part of services provided by the Health Service Executive (HSE) in Donegal. The centre comprised of a five-bedded bungalow close to a nearby town with access to local shops and other amenities. The centre provided a both full and part-time residential service to adults with a disability.

Overall Findings:
The inspection was unannounced and focused on actions taken by the provider and person in charge to address the findings of the previous inspection, which occurred on the 3 April 2017. The inspector did not look at all aspects of the service provided at the centre, with five outcomes inspected as part of the follow-up inspection.

The inspector found that the provider and person in charge had addressed the majority of actions identified from the previous inspection within agreed deadlines which related to residents' personal plans, risk management arrangements and staffing levels, training and supervision. However, the centre's governance arrangements had not ensured that previously agreed fire doors were installed and staff records were in accordance with regulatory requirements. The inspector found that the centre's premises continued to not meet residents' needs and regulatory requirements, however was assured that actions being taken by the provider to provide more appropriate building were progressing in-line with agreed timeframes.

The inspector found that the person in charge had ensured that personal plans had been subject to an annual review and were up-to-date. In addition, the inspector found that personal plans were now available to residents in an accessible format and they were further supported to access activities in-line with their personal goals and preferences. Furthermore, staffing levels at the centre following the previous inspection had been reviewed and were reflective of residents' assessed needs.

Summary of regulatory compliance:
The centre was inspected against five outcomes. The inspector found major non-compliance in two outcomes which related to fire doors not being installed at the centre and staff documentation not being in accordance with Schedule 2 of the regulations. Moderate non-compliance was found in two outcomes which related the suitability of the premises to meet residents' needs and governance arrangements at the centre in meeting previous agreed inspection and internal audit timeframes. Compliance was found in two outcomes which related to residents' personal plans

and safeguarding arrangements.

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

Findings:
The inspector found that the provider had addressed all findings from the previous inspection. The person in charge had ensured that residents' personal plans were reviewed and updated and that residents had access to activities which reflected their personal goals and preferences. In addition, the centre had developed accessible personal plans for residents which reflected their communication needs.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 1
The previous inspection had found that residents' personal plans were not available in an accessible format. The provider had told HIQA that by the 31 May 2017, the person in charge would ensure that accessible personal plans were available to residents.

The inspector found that personal plans were available in an accessible format to residents. Accessible plans were in an easy-to-read format which used a combination of words, pictures and symbols which reflected residents' communication needs. In addition, the inspector found that audio personal plans had been developed and made available to some residents due to their needs.

Action 2
The previous inspection had found that not all residents' personal plans had been subject to an annual review. The provider had told HIQA that by the 31 May 2017 that the person in charge would ensure that all resident's personal plans were reviewed.

The inspector found that all residents' personal plans had been subject to an annual review. In addition, the inspector examined review meeting minutes and found that meetings were attended by the resident and their representative as well as multi-disciplinary professionals such as social workers and psychiatrists.

Action 3
The previous inspection had found that when annual reviews had occurred, they had not assessed the effectiveness of all parts of their personal plans to meet residents' needs. The provider had told HIQA that by the 31 May 2017, the person in charge would ensure that residents' annual reviews looked at all aspects of their personal plan and that a new review meeting format would be introduced to facilitate this happening.

The inspector found that the new review format had been introduced for residents' annual reviews and staff had assessed all aspects of personal plans to meet residents' needs. The new template ensured that assessments occurred in areas of support such as healthcare, communication, independence skills and relationships. In addition, annual review minutes showed that residents' personal goals were discussed in relation to whether or not they had been achieved.

Action 4
The previous inspection had found that where residents' personal plans had been subject to an annual review, they had not been updated in-line with the review's recommendations. The provider had told HIQA that by the 31 May 2017, the person in charge would ensure that following annual review meetings, residents' personal plans would be updated in-line with recommended changes in supports provided.

The inspector reviewed both annual review meeting minutes and personal plans and found that residents' named nurses had ensured that personal plans and risk assessments had been updated in-line with the recommendations from annual reviews such as changes to medication and personal goals.

Action 5
The previous inspection found that residents' activities were not reflective of their personal plan and preferences. The provider told HIQA that by the 31 May 2017, the person in charge would ensure that residents' activities were in-line with their personal plan and preferences. In addition a weekly schedule would be developed for each resident which reflected their personal plan and preferences.

The inspector reviewed personal plans and annual goals and found that they were reflected in residents' activity records. In addition, where progress had been made by residents to achieve their personal goals this was reflected in goal progress records. The inspector found that residents had access to activities which reflected their personal preferences following the previous inspection such as attendance at GAA matches and religious services, going on visits to places of interest and meals out in local restaurants.

Judgment:
Compliant

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 the provider was continuing to progress actions to ensure that the centre's premises was in-line with residents' assessed needs and the requirements of regulation in-line with agreed timeframes.

The inspector did not look at all aspects of this outcome and focused on actions taken, by the person in charge, to address the findings of the centre's previous inspection.

Action 6
The previous inspection had found that the centre's design and layout did not meet residents' assessed needs and the requirements of Schedule 6 of the regulations. The provider had told HIQA that by the 28 February 2018, the person in charge and person participating in management (Area Coordinator) would make attempts to find alternative accommodation to meet residents' needs. In addition, by the 31 December 2018, the provider would have three purpose built homes available to meet residents' needs.

The provider updated the inspector on progress to date in relation to both agreed actions. The centre's Area Coordinator had viewed and was continuing to view houses in the local area, but to date these had not been suitable to meet residents' needs.

In addition, the inspector was told that funding and planning permission had been agreed for the three purpose built homes and a builder was about to be sought through tendering arrangements. The Area Coordinator confirmed to the inspector that progress on the new homes was in-line with the agreed timeframe of the 31 December 2018.

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

Findings:
The inspector found that the provider had not addressed all actions from the previous inspection. The provider had ensured that all risks were identified and managed and staff had received up-to-date training; however, fire doors had not been installed at the centre.

The inspector did not look at all aspects of this outcome and focused on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 7
The previous inspection found that the centre's risk management arrangements had not ensured that staffing levels met residents' needs, all risks were fully assessed and that risk control measures were implemented in accordance with agreed deadlines. The provider had told HIQA that by the 31 May 2017 the person in charge would ensure appropriate staffing arrangements were in place to meet residents' needs. In addition, the person in charge would review all risks at the centre and implement agreed risk controls within agreed timeframes.

The inspector reviewed the centre's roster and found that staffing levels following the previous inspection reflected residents' assessed needs and specifically the recommendations of manual handling risk assessments and safeguarding plans. In addition, the person in charge had reviewed and updated the centre's risk register and risk assessments. The inspector found that risk control measures identified in risk assessments sampled had been implemented within agreed deadlines and review dates to assess the ongoing effectiveness of risk controls were scheduled at regular intervals.

Action 8
The previous inspection had found that not all staff had received up-to-date fire safety training in-line with the provider's policy. The provider had told HIQA that by the 27 April 2017 all staff would have completed fire safety training.

The inspector reviewed training records and found that all staff had completed fire safety training following the previous inspection.

Action 9
The previous inspection had found that fire doors were not in place at the centre. The provider had told HIQA that by the 31 May 2017, fire doors would be in place at the centre.

The inspector found that the provider had not ensured that fire doors were in place on the day of inspection. However, the inspector received written assurances from the provider that funding was in place for the fire doors and they would be installed by the

13 August 2017.

Action 10
The previous inspection had found that an accessible version of the centre's fire evacuation plan was not displayed at the centre for residents to access. The provider had assured HIQA that by the 5 April 2017, an accessible fire evacuation plan would be displayed at the centre.

During the course of the inspection, the inspector observed that an accessible version of the centre's fire plan was prominently displayed and available to residents.

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:
The inspector found that the provider had addressed all actions from the previous inspection and ensured that residents were kept safe from harm.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 11
The previous inspection had found that not all staff had completed up-to-date training in positive behaviour managements. The provider had told HIQA that by the 31 May 2017, all staff would have received the required training.

The inspector reviewed training records and found that all staff had up-to-date training in positive behaviour management training on the day of inspection.

Action 12
The previous inspection had found that not all residents' behaviour support plans had been developed in conjunction with a behavioural specialist. The provider had told HIQA

that by the 31 May 2017 they would ensure that all residents' behaviour support plans were developed and reviewed by a behavioural specialist.

The inspector found that residents' behaviour support plans were up-to-date and had been reviewed and approved by the provider's clinical psychologist.

Action 13
The previous inspection had found that not all restrictive practices in use at the centre were recorded and reviewed regularly. The provider had told HIQA that by the 5 April 2017 that the person in charge would ensure all restrictive practices were recorded and local guidelines implemented on their use. In addition, all restrictive practices would be subject to review.

The inspector found that the person in charge had reviewed all restrictive practices and ensured a rationale was in place for the use of each restriction. For example, the centre used a half door to prevent entry at times to the kitchen. The inspector found that the practice's rationale clearly stated that the door was only to be used when staff were cooking due to health and safety risks to residents. In addition, records were maintained which showed when the door was used, which reflected the inspector's observations during the inspection. In addition, each restrictive practice had a scheduled review date to further assess its ongoing use and effectiveness.

Action 14
The previous inspection found that staffing arrangements in place at the centre did not reflect agreed safeguarding measures. The provider had told HIQA that by the 31 May 2017, staffing arrangements would in place which reflected agreed safeguarding measures at the centre.

The inspector reviewed the centre's roster and found that additional night-time staff had been put in place by the provider to address safeguarding concerns and had ensured residents were safe from harm, which was reflected in discussions with staff.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The provider had not ensured that all actions from the previous inspection were addressed. The inspector found that a previous inspection's finding, which related to the installation of fire doors remained outstanding. However, following the previous inspection the person in charge had commenced formal supervision arrangements with all staff at the centre.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 15
The previous inspection found that the provider had not ensured that the findings from the previous inspection in September 2016 and the provider's own internal audits had been addressed within agreed timeframes. The provider had told HIQA that by the 31 May 2017, they would have ensured that the outstanding inspection and audit finding on the installation of fire doors at the centre would be addressed.

The inspector found that fire doors had not been installed at the centre by the 31 May 2017. However, during the course of the inspection, the inspector received written assurances from the provider that funding had been agreed for the fire doors and they would be installed at the centre by the 13 August 2017.

Action 16
The previous inspection had found that staff did not receive formal supervision and proposed personal development plans for staff had not commenced. The provider had told HIQA that by the 31 May 2017 the person in charge would provide staff with formal supervision through the commencement of personal development plans.

The inspector reviewed records and found that the person in charge had completed personal development plans with all staff at the centre, which was further reflected in discussions with staff. The inspector reviewed a sample of personal development plans which showed discussion between the person in charge and staff members on their role and responsibilities and training needs.

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 the provider and person in charge had not addressed all actions from the previous inspection. The inspector found that following the previous inspection, staffing arrangements at the centre had been reviewed and reflected residents' assessed needs. However, staff personnel files continued to not contain all documents required under regulation.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 17
The previous inspection found that the centre's staffing arrangements did not meet both residents' manual handling needs and agreed safeguarding interventions. The provider told HIQA that by the 31 May 2017, staffing arrangements would be in place to meet both requirements.

The inspector reviewed the centre's roster and found that the person in charge had increased night-time staff support at the centre from two to three workers which ensured that both the manual handling and safeguarding needs of residents were met.

Action 18
The previous inspection found that not all documentation required under Schedule 2 of the regulations was present in staff personnel files. The provider told HIQA that by the 31 May 2017, all required documents would be present in staff files.

The inspector found that although the person in charge had ensured that the majority of documentation was in place in accordance with Schedule 2, the following documents were not available for all staff.

- Proof of date of birth
- Copies of qualifications
- Garda vetting disclosures

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:

Stevan Orme
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-0002506
Date of Inspection:	13 June 2017
Date of response:	4 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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of the centre did not meet residents' assessed needs and the requirements of Schedule 6 of the regulations.

1. 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.

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

Please state the actions you have taken or are planning to take:
Alternative more appropriate accommodation is being planned for the residents living in this designated Centre. This is due to be completed by December 2018.

Proposed Timescale: 31/12/2018

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 inspector found that fire doors were not in place at the centre.

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:
Contractors came onsite on the 21.06.17 and measured for fire doors to be installed in this site however, the fire doors required are not standard size therefore they need to be manufactured. When the doors are manufactured they will be installed immediately.

Proposed Timescale: 13/08/2017

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 not ensured that findings from the centre's previous inspections and internal audits were addressed within agreed timeframes.

3. 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:
This is related to fire doors and as mentioned contractors came onsite on the 21.06.17 and measured for fire doors to be installed however, the fire doors required are not standard size therefore they need to be manufactured. When they are complete they will be installed immediately.

Proposed Timescale: 13/08/2017

Outcome 17: Workforce
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The inspector found that staff personnel files did not contain all documents required under regulation. **4. 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:** Proof of date of birth of HCA and copy of qualifications for a staff nurse were not in personnel files however these have been submitted and filed. Garda vetting to be dealt with as per standard operating procedure policy. Proposed Timescale: Completed 23.06.2017
Proposed Timescale: 23/06/2017