

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glenbow
Centre ID:	OSV-0003364
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joanna McMorrow
Lead inspector:	Christopher Regan-Rushe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 04 May 2017 08:00 To: 04 May 2017 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:

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

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

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for residents and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

How we gathered our evidence:

The inspector met with all of the residents during the course of the inspection and spoke with two residents and six members of staff, including the person in charge and a person participating in management. Residents told the inspector that they were very happy living in the centre and described a number of activities and events that they had both completed and were looking forward to. Staff described how positive the changes were to the lives of residents and were very happy with how life in the centre had improved. Staff were observed to be happy and engaged in fully supporting residents and were found to be both respectful and caring in all of their interactions.

The inspector reviewed documentation such as personal plans, policies and procedures, staff files, training records, internal management audits and rosters. The inspector found that staff were knowledgeable in the support required by the residents.

Description of the service:

The designated centre was part of the service provided by the Health Service Executive in Sligo. The centre comprised of two bungalows located on a campus setting which also comprised of three other designated centres. The centre was located close to a local town and amenities.

Overall findings:

The inspection did not look at all aspects of the centre and focused on actions the provider had put in place to address the findings from the previous inspection of the centre on the 6 and 7 of December 2016.

The inspector found that since the previous inspection, the provider had made improvements to the centre to meet residents needs and that these changes had a positive impact on the overall health and wellbeing of residents in the centre.

The centre was inspected against eleven outcomes and the inspector found that ten of the outcomes were now either compliant or substantially compliance, with the only area of moderate non compliance relating to review and updating of policies and procedures.

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

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The provider had two actions from the previous inspection. The inspector found that both of these actions had been completed.

Residents who shared bedrooms now had wrap around privacy curtains in their bedroom to ensure that their right to privacy and dignity was protected. The bedroom had been recently redecorated and soft furnishings had been selected to blend in with the overall décor of the room, and the new privacy curtains, giving a homely feel to the bedrooms. Each resident now had a clearly defined area in the bedroom, which they had begun to personalise.

Since the last inspection there had been two complaints made to the person in charge. Each of these complaints had been recorded and responded to in a timely manner. Records were maintained for the investigation and there was evidence that the outcome had been conveyed to the complainant and that they were satisfied with the investigation and where necessary, any actions taken by the person in charge to resolve their complaint.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions

are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The provider had one action from the previous inspection. The inspector found that while progress was being made towards this, that the action had not yet been completed.

The person in charge had ensured that each resident had been referred for assessment in the use of assistive technology communication aids. The inspector found that each referral included individualised information about each resident's communication needs. At the time of inspection an assessment had not been completed for each resident; however, the person in charge was in regular liaison with the assistive technology team to ensure that these assessments would be completed.

Judgment:

Substantially 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 provider had one action from the previous inspection. The inspector found that while the majority of work had been completed in the centre, staff areas remained located in the residents communal areas.

The provider had undertaken a significant number of tasks to improve the overall environment for residents, including new furniture and bedrooms and communal areas repainted. In one bungalow a new kitchen had been installed, while in the other all

dilapidations had been resolved.

The provider had ensured that cleaning routines were maintained effectively, with appropriate colour coding of mops. In addition, new equipment had been purchased and installed in the centre, including a new shower table due to concerns raised at the last inspection.

While the separate staff area had not been completed, work was commencing on providing this for staff in both bungalows by relocating the utility rooms to newly commissioned sheds and converting the utility areas to new staff offices.

Overall both buildings in the centre were fresh and clean and were meeting the assessed needs of the residents.

Judgment:

Substantially Compliant

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):

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

Findings:

The provider had one action from the previous inspection, the inspector found that this had been completed.

The provider had reviewed the process for the storage and stock control of medical supplies and now there was a clear process in place for the regular audit and removal of expired products from the centre.

The provider had reviewed the safety statement for the centre in March 2017. A risk register was in place which included a range of areas identified as a risk, these were rated appropriately with documented controls and mitigating actions in place. The risk register had been subject to regular review by the person in charge and the provider; however, the inspector found that the risk register did not include the date each risk would be next reviewed. This was brought to the attention of the person in charge who updated the risk register prior to the conclusion of the inspection.

Cleaning supplies were found to be stored in unlocked cupboards in the kitchen, while others were found to be stored in locked cupboards. The storage of these in unlocked cupboards had not been appropriately risk assessed and created a potential ingestion risk as they were stored adjacent to cupboards where food was stored.

The person in charge was completing regular reviews of the fire safety systems in the centre, including regular checks on emergency equipment; such as, fire extinguishers, emergency lighting and fire doors. There was also evidence that these were being regularly maintained and where necessary, serviced, by a suitably qualified person.

Fire drills were being conducted in the centre on a regular basis and included a simulated night time evacuation with minimum staffing. There was evidence that learning from these drills had been identified and included in discussions with staff and in the residents personal emergency evacuation plans.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

No actions were required from the previous inspection.

The inspector reviewed safeguarding concerns since the last inspection and found that there had been 3 safeguarding incidents. Each of these incidents had been appropriately responded to and actions taken to ensure that the resident would be safeguarded. The inspector found that each resident had a safeguarding plan in place which had been regularly review.

Learning from one incident identified the need for enhanced staff training and the inspector found that this had been arranged and completed.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

The provider had one action from the previous inspection. The inspector found that the provider had fully completed this action.

The inspector sampled a range of residents' health care plans and found that each resident who was at risk of developing pressure areas now had a pressure area plan in place that was subject to regular review. In addition, each resident was regularly monitored for the development of pressure areas and assessment scales were in use to assess the risk associated with each resident. Where necessary, consultation was held with the tissue viability nurse to ensure that residents were appropriately supported with tissue care. No resident had developed a pressure area in the service and staff who spoke with the inspector were able to clearly describe what actions they would take should this happen.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

The provider had one action from the previous inspection. The inspector found that while significant improvements had been made to the management of medication, further improvement was required.

On the day of the inspection the inspector found that the provider had reviewed their procedures and practice for the storage, control and destruction of medicine and expired medicinal products. However, while improvements had been made the inspector found

that in one case, the date a medication had been open had not been recorded on the bottle to ensure that the use of this medication could be controlled in line with recommended storage and use by timeframes. In another example two cartons of food thickener had been opened and were in use at the same time.

There was a separate temperature controlled medicines fridge in the centre, which was now used to store medication that required controlled temperatures. Stock control of controlled drugs and residents medication was clearer and there was a plan for the following weeks to move all residents to community prescribing and pharmacy.

Staff were observed to be now wearing a visible tabard which alerted residents and other staff that they were completing a medication round.

Judgment:

Substantially Compliant

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):

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

Findings:

The provider had one action from the previous inspection. The inspector found that this action had been fully addressed.

The statement of purpose had been reviewed and updated by the person in charge and now included the majority of information as required by schedule 1 of the regulations. The inspector found that further information was required in relation to the admission and discharge criteria for the centre.

The provider had now included the measurements of each residents bedrooms.

Judgment:

Substantially 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):

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

Findings:

The provider had three actions from the last inspection. The inspector found that each of these actions had now been completed.

The person in charge had now developed regular supervision sessions for each member of staff working in the unit. There was evidence of both completed and planned sessions documented.

Both the annual review and the six monthly unannounced visit had been completed and reports were available for review. These reports were informative and descriptive of the areas reviewed and focussed on the quality and safety of the service. Actions arising from both of these reports were been implemented and overseen by the person in charge.

The provider had developed a quality improvement plan for the service, and all actions from this were completed, with the exception of three actions relating to medicines management. While these actions were overdue the inspector found that the arrangements to resolve these were being put in place in the centre and related to a change from centre based pharmacy to community based pharmacy for each resident.

Judgment:

Compliant

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):

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

Findings:

The provider had one action from the previous inspection. The inspector found that this action had been completed.

Four staff files were reviewed by the inspector all required schedule 2 documents were now in place.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The provider had two actions from the previous inspection, the inspector found that one of these actions remained outstanding.

The provider had ensured that copies of all schedule 5 policies and procedures were held in the centre. However, upon review, the inspector found that the admissions policy and the missing residents policy had been due for review by 1 May 2017 and that revised copies were not held in the centre.

The safeguarding policy had been last reviewed in December 2014. The author of this national policy had identified that the policy should be reviewed on at least an annual basis. However, this had not occurred.

The provider had reviewed and updated the directory of residents which now included all the required information.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Christopher Regan-Rushe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003364
Date of Inspection:	04 May 2017
Date of response:	14 June 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 02: Communication

Theme: Individualised Supports and Care

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

Assessments for the use of assistive technology had not been completed for all residents.

1. Action Required:

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents

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

are supported to use assistive technology and aids and appliances.

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

Two residents are currently being assessed and this will complete all the assessments in the centre

Person responsible: PIC

Proposed Timescale: 07/07/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The work on the new staff areas had not been completed.

2. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

One area has now been complete and used as a new staff area, one remaining area is undergoing works to facilitate the new staff area

Person responsible: PIC

Proposed Timescale: 31/07/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The date medication was opened was not recorded on all medicines.
Multiple packets of the same medication were open and in use at the same time.

3. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

All bottles that are opened now have clearly marked open dates; this is continually monitored by the PIC. The PIC has put in place a checklist system to ensure compliance

The PIC has ensured that there is a robust stock control system in place which is overseen by the providing community pharmacy. There is a stock review every 28 days with all existing medications are replaced with a fresh supply for each resident. Medications are individualised for sole use.

Person responsible-PIC

Proposed Timescale: Complete

Proposed Timescale: 14/06/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Information on the admission and discharge criteria for the centre was not in the statement of purpose.

4. 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 centre Statement of Purpose has been updated to reflect the admission and discharge criteria.

Proposed Timescale: Complete

Proposed Timescale: 14/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies and procedures had not been reviewed in accordance with the agreed timeframes.

5. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All Schedule 5 Policies have been reviewed and revised accordingly and are currently in date.

Proposed Timescale: Complete

Proposed Timescale: 14/06/2017