



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

Name of designated centre:	Cluain Farm
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	08 March 2018
Centre ID:	OSV-0005455
Fieldwork ID:	MON-0021065

## About the designated centre

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

Cluain Farm provides 24 hour residential care and currently accommodates seven adults with a disability. The centre highlights in its statement of purpose that it can cater for various complex support needs including Autism. The centre highlights an ethos that puts the person with the disability at the centre of all decisions made about the support service they receive. Cluain Farm was being operated by the Health Service Executive (HSE) Meath Disability Services at the time of this inspection.

**The following information outlines some additional data on this centre.**

Current registration end date:	31/10/2018
Number of residents on the date of inspection:	7

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
08 March 2018	09:00hrs to 14:00hrs	Conor Brady	Lead

## Views of people who use the service

The inspector had the opportunity to meet all of the residents who lived in this centre. Residents appeared to be relaxed, content and well cared for. Residents were observed to be up, dressed and having their breakfast when the inspector arrived on this unannounced inspection. There was a warm homely atmosphere observed in the centre.

Residents spoken with told the inspector they were happy and felt safe living in the centre. The residents identified the staff who supported them as very important in their lives and highlighted the person in charge as responsive and approachable.

The inspector observed residents pursuing activities in line with their personal plans and many residents were going on outings and activities over the course of the day. Other residents were observed having care planning meetings with their support staff and were clearly being consulted with and were very involved in their care.

In discussing the registered provider governance changes that have occurred/are still occurring in this centre with residents, staff, management and also considering family feedback, the inspector found that there was a lot of confusion, ambiguity and disappointment with these issues. However from a resident care and support perspective, the inspector found consistent care and support had largely been maintained as result of very good local governance and a very dedicated staffing team.

## Capacity and capability

Overall the inspector found that the service provided to residents was good in terms of care and support provision. The residents were being provided with a good front line service based on the findings of this inspection.

The person in charge demonstrated high levels of competence and a strong aptitude to manage the centre. The person in charge had good reporting mechanisms and oversight over the standard of care being delivered in the designated centre. A very good standard of local governance was found to be in place on this inspection.

Residents were very comfortable with the person in charge and identified the person in charge as who they would go to if they had any problems. The person in charge had very good knowledge of resident's needs and the requirements of the regulations.

The inspector found an appropriate number of appropriately experienced staff on duty who demonstrated a good knowledge of the assessed needs of residents. Staffing rosters, training records and supervision appraisals were reviewed. While there was a lot of change in this centre, the person in charge maintained a relatively consistent staff team and regular agency relief panel. This was found to be providing consistent care to residents.

Limited personnel files were available on this inspection. No Garda clearance was available on staff files at the time of inspection but immediate written assurances were provided to HIQA following the inspection in this regard.

The written policies in place were found to meet the requirements of the regulations. There was a complaints procedure in place and a complaints log was reviewed.

While good local governance was demonstrated on this inspection, the level of change in the service from a registered provider perspective was not found to be effectively managed. At time of inspection there were four different governance entities involved in this designated centre. These different entities had different levels of governance responsibilities for the centre. This was not conducive to the consistent delivery of all aspects of care delivery and governance and management of the designated centre. Residents did not have written agreements in place with the provider regarding the service that they received. Some residents records and documents required updating and review. For example, health and social care planning documentation.

#### Regulation 14: Persons in charge

There was a competent, qualified and experienced person in charge of this designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing numbers and skill mix was found to be appropriate to the needs of residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff supervision, performance development and mandatory training was found to be in place.

Judgment: Compliant

## Regulation 19: Directory of residents

A directory of residents was in place that reflected the residents residing in the centre.

Judgment: Compliant

## Regulation 21: Records

Some Schedule 3 records, assessments and documentation required review and updating.

Judgment: Substantially compliant

## Regulation 23: Governance and management

While local governance at person in charge level was found to be effective, there was not clear and consistent lines of operational accountability and authority at registered provider level.

Judgment: Not compliant

## Regulation 24: Admissions and contract for the provision of services

There were not up to date contracts for the provision of services in place for all residents with the current registered provider.

Judgment: Not compliant

## Quality and safety

Overall a good quality service was found on this inspection however improvements were required in the areas of resident finances and oversight of same.

Personal planning was found to be in place for residents. Residents were spoken with and observed completing parts of their own personal planning information over the course of this inspection. While comprehensive planning was in place there were some gaps identified regarding some personal planning information. For example, follow up in relation to goals, updating records and resident documentation. However it became apparent through discussions with staff and management that the centres documentation and personal planning templates had been subject to extensive change due to multiple provider and governance input in the centre.

Risk management procedures and oversight in the centre were appropriate with risks and potential risks suitably assessed and control measures in place. For example, behavioural and environmental risks were found to be well managed.

From a safeguarding perspective residents told the inspector that they felt safe in the centre. Residents were protected by organisational policy and procedures regarding the protection of vulnerable adults in most areas inspected. However the inspector was not satisfied with safeguarding arrangements in place regarding residents finance. This inspection found that residents had been continuing to pay monies for services to the previous registered provider who was found to be unfit to operate this service. The provider sent evidence post inspection to show this practice was ceased in December 2017 once discovered. However the resident's bank statements were not available to residents or the current provider at the time of this inspection as these were still overseen by the previous registered provider. This arrangement was found to be completely inappropriate in terms of the oversight and protection of resident's finances.

## Regulation 12: Personal possessions

Residents had their own individually decorated bedrooms and showed the inspector their homes and possessions.

Judgment: Compliant



### Regulation 13: General welfare and development

Residents described active lives and plenty of social and recreational activities. Residents were observed as very content, relaxed and well supported over the duration of this inspection.

Judgment: Compliant

### Regulation 17: Premises

The premises was found clean, spacious and substantive in terms of interior and exterior space for residents. Residents were observed walking around the rural grounds and having ample living space.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were observed enjoying a nutritious breakfast and having a pleasant mealtime experience. There was sufficient menu planning, choice and food and drinks available to residents. Residents were observed going to the presses and fridge for food and refreshments over the course of the inspection. Modified and healthy dietary needs were catered for and supervised where required.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management policy, protocols and oversight were found to be in place in the designated centre. A risk register was reviewed and risk assessments and control measures were in place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive and consultative personal planning was found to be in place.

Judgment: Compliant

### Regulation 8: Protection

Protective measures regarding the provider's oversight of resident's finances was not appropriately robust .

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Cluain Farm OSV-0005455

Inspection ID: MON-0021065

Date of inspection: 08/03/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>All residents' records and documentation have been reviewed and a plan was developed and implemented delivering a comprehensive &amp; consistent system of recording and filing now in place in Cluain Farm. Completed 27<sup>th</sup> April 2018</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management</p> <ul style="list-style-type: none"> <li>The HSE has commissioned Positive Futures as the provider for the centre.</li> <li>Positive Futures who will assume the role of Registered Provider has commenced direct engagement on site in the centre since mid April 2018 with the residents, staff, relatives and the HSE Head of Social Care.</li> <li>The HSE Head of Social Care &amp; Positive Futures have commenced a transitioning plan with the ISA.</li> <li>Positive Futures have advertised for a frontline PIC, Operations Manager and frontline staff for the centre.</li> <li>The HSE Head of Social Care and Positive Futures are developing a memorandum of understanding to support the transition phase. The memorandum of understanding will provide for Positive Futures as the incoming Service Provider to manage and govern all aspects of service delivery and HR management in the centre whilst the timeframe set out within the memorandum enables the resolution of the legal issues for staff contracts to be addressed.</li> </ul>	
<p>Overall Timeframe : 31<sup>st</sup> Jan 2019.</p>	

Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• All residents in the centre have been provided with an interim contract of care since the beginning of April 2018.</li> <li>• Positive Futures plan under the memorandum of understanding to offer all residents in the centre a revised contract of care specific to the service they will deliver.</li> <li>• Timeframe for completion of revised contract of care following discussion with residents, relatives and staff is 30<sup>th</sup> November 2018  </li> </ul>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• The provider has advised all residents in the centre to cease contributions to the ISA since Dec 2017 and supported residents with implementing same until confirmation that all outstanding issues are resolved so that the ISA as landlords are remunerated in accordance with the relevant regulations.</li> <li>• The provider has since 10<sup>th</sup> March 2018 supported residents to access their account statements and each resident at the centre has same on file in the centre.</li> <li>• One resident has been supported to transition to managing his own finances in their entirety since the inspection.</li> <li>• All other residents have been supported to access their financial statements via ISA so as to ensure safeguarding for their finances through audit by supporting staff in the centre pending account address and other relevant details transfer with residents, banks, relatives and new provider. Timeframe: Current &amp; ongoing.</li> <li>• The memorandum of understanding with Positive Futures will provide for the service to support remaining residents at the centre to choose to change their financial accounts and be supported by relatives or staff as per their choice. This process is anticipated to take six months or longer due to legal issues and individual capacity and decisions regarding changing bank account addresses and named support persons whilst ensuring safeguarding throughout. Timeframe: 31<sup>st</sup> Jan 2019.  </li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	27 <sup>th</sup> April 2018
Regulation 23(1)(b)	The registered provider shall ensure that there is 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.	Not Compliant	Yellow	31 <sup>st</sup> Jan 2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their	Not Compliant	Yellow	30 <sup>th</sup> November 2018

	representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31 <sup>st</sup> Jan 2019.