Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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| Name of designated centre: | The Grove |
| Name of provider: | Health Service Executive |
| Address of centre: | Mayo |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 02 July 2020 |
| Centre ID: | OSV-0004911 |
| Fieldwork ID: | MON-0029740 |

## About the designated centre

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

The Grove is a residential service, which is run by Health service Executive. The centre provides accommodation and support for 16 male and female adults over the age of 18 years, with an intellectual disability. The centre comprises of four bungalows which are located on the outskirts of a rural town in Co. Mayo. All bungalows comprise of residents' bedrooms and en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. Staff are on duty both day and night to support residents availing of this service.

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

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| Number of residents on the date of inspection: | 7 |

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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 |
|---|---|---|---|
| Thursday 2 July 2020 | 11:00hrs to 17:00hrs | Anne Marie Byrne | Lead |

## What residents told us and what inspectors observed

The inspector met with two residents who live at this centre. One of these residents was being supported by staff to prepare to attend an appointment, while the other resident spoke briefly with the inspector.

This resident told the inspector that she had moved to this centre from another centre located on the campus and that she was very happy in her new home. She spoke briefly about the recently introduced pubic safety guidelines and of how she was looking forward to resuming her normal social activities in the future.

While the inspector was present in one of the bungalows, one resident displayed behaviour that challenges and the staff supporting him at this time, reacted positively to this by using recommended de-escalation techniques. At the time of inspection, only three out of the four bungalows in this centre were occupied by residents and these were found to be clean, tastefully decorated, spacious and had a homely and welcoming feel.

## Capacity and capability

Overall, the inspector found that this centre was well-resourced. However, this inspection did identify a number of improvements required to the effectiveness of the centre's monitoring systems.

The person in charge held the overall responsibility for the service and he was supported in his role by his line manager and staff team. He was regularly present at the centre to meet with residents and staff and he knew the residents and their assessed needs very well. This was was the only centre operated by the provider in which he was responsible for, which gave him the capacity fulfill his role as person in charge of this service.

Regular meetings were occurring between the person in charge and staff to discuss any areas of concern regarding the delivery of care to residents. The person in charge also met with his line manager on a monthly basis to discuss operational issues arising within the service. The provider had systems in place to monitor care practices within the centre and for the most part, the inspector found these did provide assurances that many areas of care were maintained to a good standard. However, the inspector found that these monitoring systems failed to identify deficits in two significant areas of care. For example, the records pertaining to the last three fire drills indicated that not all residents could be evacuated in a prompt manner. Even though this issue was rectified by the provider subsequent to the inspection, monitoring systems had failed to identify this issue and ensure it was

brought to the attention of senior management. Furthermore, two separate reviews of restrictive practices failed to identify deficits in the administration of chemical interventions in response to behaviours of concern. The overall failure of these systems to identify where such improvements were required, negatively impacted on the provider's ability to drive specific improvements relating to the quality and safety of care for residents.

Staffing levels were subject to regular review, ensuring that sufficient number and skill-mix of staff were at all times on duty. Nursing support was also available to residents, as and when required. On-call arrangements were in place for weekends and out-of-hours and planned and actual rosters identified the names, start and finish times worked by staff at the centre.

## Regulation 15: Staffing

The provider had ensured an adequate number and skill-mix of staff were at all times available to meet residents' assessed needs. Planned and actual rosters were in place, which clearly identified the names, start and finish times worked by staff at the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to meet residents' assessed needs. Meetings were occurring between staff and members of management on a regular basis to discuss operational issues and to review resident's care and welfare needs. However, significant improvements were required to the centre's monitoring systems to allow for specific areas of improvement within the service to be identified.

Judgment: Not compliant

## Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, response and review of incidents occurring at the centre, ensuring all incidents were notified to the Chief Inspector, as required by the regulations

Judgment: Compliant

## Quality and safety

The inspector found that residents received an individualised service and were supported by staff that knew them very well. This allowed for considerate and meaningful staff and resident interactions in terms of social care and personal development.

There were some environmental and chemical restrictive practices in place and the protocols reviewed by the inspector were found to provide staff with very clear guidance on rationales for their use. All restrictive practices were also reviewed on a regular basis by the multi-disciplinary team. However, the inspector observed significant improvements were required to the oversight, monitoring and recording of the use of some chemical restraints. For example, one protocol reviewed by the inspector, clearly guided that the administration of chemical restraint was only to occur where the resident presented with specific behaviours within a specific time frame. Although there was a significant decline in the number of times this chemical restraint was used in the three months prior to this inspection, the protocol did require the specific rationale for all administrations to be recorded. However, from the records available, it was unclear what behaviours the resident displayed and within what time frame, to ensure each decision to administer the restraint was in line with the protocol. The lack of clarity in these records didn't support the provider's oversight and ability to demonstrate that the restraint was at all times appropriately applied.

The centre comprised of four bungalows, however; following the successful transition of residents from this service to the community, only three of these bungalows were occupied by residents at the time of inspection. Each bungalow provided residents with their own bedroom, shared bathrooms, kitchen and dining area, sitting room and utility. All bungalows were located within close proximity to one another and residents had access to various outdoor spaces located outside their homes and around the campus setting. Similar to their peers, the person in charge informed the inspector that a number of these residents were also preparing to transition to the community over the coming year.

Since the introduction of public health guidelines, the provider implemented a number of infection prevention and control measures in the centre to safeguard all residents and staff. Hand hygiene, safe cough etiquette, appropriate use of personal protective equipment and social distancing was routinely practiced. The provider also had contingency plans in place should an outbreak of infection occur at the centre and these were subject to very regular review by senior management.

The provider had fire safety systems in place, including, fire detection and containment arrangements, clear fire procedures and up-to-date staff training. Fire drills were regularly occurring, however; records from the post recent fire

drills indicated that some residents could not be evacuated in a timely manner. This was brought to the attention of the provider who subsequent to this inspection, provided assurances to the inspector that additional control measures were now in place to ensure the timely evacuation of all residents. The inspector also observed that some personal evacuation plans required review to ensure staff were adequately guided on how to support residents to evacuate, particularly those who may require behavioural support during an evacuation. Subsequent to the inspection, the provider assured the inspector that these plans were updated with this information.

The provider had a system in place for the identification, assessment, response and monitoring of risk at the centre. The identification of risk in this centre was mainly attributed to the centre's incident reporting system and communication systems between staff and members of management. However, some improvement was required to the assessment of risk to ensure risk assessments accurately identified specific control measures that the provider had put in place to mitigate against the re-occurrence of certain risks. In addition, the risk rating of some risks required review to ensure ratings accurately reflected the effectiveness of measures put in place by the provider in response to risk at the centre.

Where residents required behavioural support, the provider ensured that these residents received the care they required. Very clear behavioural support plans were in place to guide staff on the various de-escalation techniques required to support these residents. During the course of the inspection, the inspector observed one staff member implement such techniques to support a resident who was preparing to attend an appointment. In response to one residents' behavioural support needs, the provider reviewed the current living environment in the centre and this resident now lives in his own bungalow. This resident now receives a very individualised service which had a positive impact on his quality of life and improved the type of service that he receives.

## Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of risk at the centre. However, some improvement was required to the assessment of risk to ensure risk assessments accurately identified specific control measures that the provider had put in place to mitigate against the re-occurrence of certain risks. For example, the fire safety risk assessment did not demonstrate what measures the provider had put in place to continue to monitor the timely evacuation of all residents. In addition, the risk rating of some risks required review to ensure ratings accurately reflected the effectiveness of measures put in place by the provider in response to risk at the centre.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

Following the introduction of public health safety guidelines, the provider had implemented a number of infection prevention and control measures to ensure the safety of all residents and staff. Furthermore, contingency plans to respond to an outbreak of infection at the centre were maintained under very regular review by senior management.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had fire safety systems in place, including, fire detection and containment arrangements, clear fire procedures and up-to-date staff training. Fire drills were regularly occurring and on the day of inspection, members of senior management told the inspector of additional measures that they were planning on putting in place to monitor the timely evacuation of all residents. Subsequent to the inspection, the provider informed the inspector that personal evacuation plans for residents who presented with challenging behaviour, had been updated to adequately guide staff on how to support these residents in the event of fire at the centre.

Judgment: Compliant

## Regulation 6: Health care

Where residents presented with assessed health care needs, the provider had ensured that these residents received the care and support they required. Clear personal plans were in place to guide staff on how they were required to support these residents, particularly in the area of nutritional care. All residents had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had systems in place to support residents who required behavioural management support. Clear behavioural support plans were in place, which described behaviour types and the de-escalation techniques to be implemented by

staff, as and when required. Although the management of restraints were subject to very regular review by the person in charge, significant improvement was required to the oversight and recording of the administration of chemical restraints, to ensure these were at times administered in accordance with residents' protocols.

Judgment: Not compliant

## Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. The provider had systems in place to support staff in the identification, reporting of, response to and monitoring of any concerns relating to the safety and welfare of residents.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Compliant |
| **Quality and safety** | |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Not compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for The Grove OSV-0004911

## Inspection ID: MON-0029740

## Date of inspection: 02/07/2020

**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 23: Governance and management | Not Compliant |

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Specific To ensure that Management systems are in place in the Grove so that the service provided is safe, appropriate to residents needs consistent and effectively monitored and can be escalated if required.

Measurable • The Audit tool has been revised in the areas of Fire Safety.
• The person in charge will oversee the monitoring of Fire drills and completion of the actions identified through the fire evacuation process.
• Immediate areas of concern in a fire drill will be escalated to the Area Manager in writing.
• Following fire evacuations, staff will be mentored by the relevant line manager to ensure that the PEEPs are completed correctly.
• Monthly PIC/Area Manger operational template revised to enhance oversight in Fire safety.

• The Audit tool has been revised in the area of PRN Administration.
• The Clinical Nurse Manager 1 conducts monthly PRN administration audits and reports in writing to the PIC .
• Immediate areas of concern identified in the Audit will be escalated to the Area Manager in writing.
• Weekly support meeting between Area Manger and PIC.
• Monthly operational meeting between PIC/Area Manager, operational template revised to enhance oversight in the use of chemical restraints.
• The Person in Charge will email the CNS a record of the administrations within the Centre weekly in order to identify any potential trends or patterns in administrations which may in turn require onward referral/review by MHID
• Staff to contact line manager/PIC prior to administration of chemical restraint to ensure compliance with protocol.

• Quarterly NF39 completed
• Future Regulation 23 inspections will have a specific emphasis on the areas of non compliance identified
Achievable • A robust governance and management system will be in place in the Grove to ensure that the service provided is safe, appropriate to residents needs and in compliance with regulations

Realistic Implementation of the enhanced measures outlined in this action plan will ensure compliance with Regulations
Time bound 20.07.20

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| Regulation 26: Risk management procedures | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Ensure that systems are in place in The Grove for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
• The Risk Register was reviewed immediately and will be reviewed quarterly by the Person in Charge and in response to an incident that may affects the risk rating, ie Fire evacuation.. This review will focus on ensuring that risk assessments contain the specific controls measures that are required to be in place to mitigate against the re-occurrence of the risk

• PEEPS reviewed and updated following fire evacuations or as required.
• A comprehensive system is in place in the Grove for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
• Implementation of the enhanced measures outlined in this action plan will ensure compliance with Regulations

23.07.20

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| Regulation 7: Positive behavioural support | Not Compliant |

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Where restrictive procedures including physical, chemical or environmental restraint are utilized for the people we support in the Grove, the procedures that are applied are in

accordance with national policy and evidence based practice

• The use of chemical restraints within the Grove is being reviewed by the Person in Charge. Monthly audits are in place conducted by the CNM1 and reported to the PIC in writing. Any area of immediate concern will be escalated to the Area Manager also. Any actions identified by the auditing process that have not been completed will be escalated to the Area Manager to action immediately
• Monthly PIC/Area Manager operational template revised to enhance oversight in the use of chemical restraints
• Staff to contact line manager/PIC prior to administration of chemical restraint to ensure compliance with protocol.

• Weekly report in writing by PIC to CNS of PRN administration
to identify any trends or patterns and escalated to MHID team as required

• PRN protocols are read and signed off by all staff members so they understand criteria for administration.
• Revised recording sheets have been developed to ensure criteria for administration as per protocol are met before administration. All staff inducted on same.
• Behavior support plans continue to be read signed of by all staff members

• All administration of PRN medication is administered in accordance with national policy and evidence based practice
• Implementation of the enhanced measures outlined in this action plan will ensure compliance with regulations.

20.07.2020

## 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 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Not Compliant | Yellow | 20/07/2020 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 23/07/2020 |
| Regulation 07(4) | The registered provider shall ensure that, where restrictive | Not Compliant | Orange | 20/07/2020 |

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| | procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice. | | | |