

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	An Ghrianán
Centre ID:	OSV-0004656
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ann Gilmartin
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 February 2017 10:30 To: 06 February 2017 18:30

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

Outcome 05: Social Care Needs
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 resident 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 four residents, three staff members and the person in charge (PIC). The inspector reviewed practices and documentation, including three residents' personal plans, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service:

The centre is a bungalow dwelling located one mile from Sligo town. An Ghrianan provides residential services for up to four adults with learning disabilities. The service can accommodate male and female residents, from the age of 18 years upwards. The PIC had the overall responsibility for the centre. The centre had spacious communal areas for residents' use.

Four female residents were residing in the centre on the day of inspection. These residents' needs ranged from low to medium support needs. Some residents had employment identified and were actively participating in their local community. Other residents were attending day-care services and informed the inspector of all activities available to them. The centre was in close proximity to public transport services which were frequently used by some residents.

Residents were supported to access local attractions and to choose how they wished to spend their day. Each resident met with and informed the inspector of their involvement in the service and stated they were content in their home. Staff spoke respectfully of residents and were very knowledgeable of the residents' care and support needs. Overall, the inspector found the centre provided a warm, pleasant and homely environment for residents.

Overall Findings:

Although this centre provided very individualised and person-centred care to the residents, a number of improvements were identified as part of this inspection. In addition to the management of this centre, the PIC was also in charge of a number of other centres. This posed challenges to the consistency in her oversight of this service and significant failings have been identified during this inspection, in relation to governance and management and risk management. The provider had actions relating to the previous inspection report, which were not satisfactorily completed upon this inspection.

The findings of this five outcome inspection identified one outcome in compliance, one outcome substantially compliant and three major non-compliances with the regulations. These included social care needs, health and safety and risk management, governance and management and workforce.

All findings are detailed within this report under the relevant outcomes. All areas that require improvement are identified 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):

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

Findings:

Actions relating to this outcome from the centre's previous inspection report had been implemented, however, these actions had not been sustained. Similar findings were identified on this inspection in relation to the updating of residents' personal goals.

Personal plans were in place for residents which documented their assessed needs, interests and preferences. All residents were attending day services on the day of inspection. Residents informed the inspector of their involvement in local events and community games. Other residents informed the inspector that they attend employment schemes. Residents were supported to use public transport services, which were located close to the centre. Residents' had regular visits and overnight stays to their family homes. Weekly residents' team meetings were held, which informed the centre's weekly activity schedule.

The centre had arrangements in place for the development and review of residents' personal goals. Personal goals were found to be varied in nature and considered areas such as leisure, fun, family relationships and health promotion. Residents informed the inspector of their participation in this process and were able to identify to the inspector where records of their personal goals were located. Action plans were in place which identified those responsible to support the resident to achieve their goals and included timeframes for the review of progression and achievement of the goals. The centre had previously implemented a colour coding system to track residents' personal goal progression. However, the inspector found the centre had not sustained this practice.

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:

Actions from the centre's previous inspection report in relation to this outcome were found to be satisfactorily completed. However, the inspector found further non-compliances on this inspection in the areas of risk management and fire management.

The centre had arrangements in place for the assessment and review of residents' specific risks, which included the control measures in place to mitigate these risks. Staff were also able to inform the inspector of these measures. However, the inspector noted that not all residents' specific risks had been assessed. One resident was developing goals around their independence there were no risk assessments completed to support the resident to take positive risks. There was a risk register in place for the centre, however this was not available to the inspector on the day of inspection as it was in revision. The PIC did have a selection of organisational risk assessments in the centre on the day of inspection, however the inspector found that some of these had not been reviewed in accordance with their scheduled review dates.

The centre had conducted regular fire drills and the records of the drills demonstrated the centre could effectively evacuate all residents. All staff had received up-to-date fire training, at the time of inspection, and staff described to the inspector what they would do in the event of a fire. Findings from the last inspection identified residents' personal evacuation plans required updating. The inspector found three of these evacuation plans were updated, however, one evacuation plan was not available to the inspector as it was under review. The inspector identified significant improvements were required in the centre's overall fire management system to include:

- the centre's fire procedure was not available to staff in the centre
- adequate emergency lighting had not been provided
- staff were not guided on the fire zones in the centre, in accordance with the fire panel
- the back door fire escape route was obstructed
- the side gate providing access to the fire assembly point had a padlock in place
- no signage was provided from the back of the centre to guide residents and staff to the fire assembly point
- floor plans did not reflect the location of bedrooms in use

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):

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. No actions in relation to this outcome were identified in the centre's previous inspection report.

No residents were presenting with behaviours that challenge at the time of inspection. Training and support was available to staff in the management of behaviours that challenge. The centre was guided by policy and procedure on the management of behaviours that challenge.

No restrictive practices were in place at the time of inspection. The centre had a policy and procedure in place to guide staff on the appropriate application of restrictive practices should these be required. Staff spoken to demonstrated their understanding of the appropriate use and application of restraint as a last resort measure.

The centre had no safeguarding concerns at the time of inspection. All staff had received up-to-date safeguarding training and could demonstrate to the inspector their role in safeguarding vulnerable adults. Staff recognised the PIC as being the designated safeguarding officer for the centre. A procedure was in place to guide on the centre's response to safeguarding concerns of vulnerable adults.

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):

No actions were required from the previous inspection.

Findings:

No actions in relation to this outcome were identified in the centre's previous action report.

The inspector met with the PIC on the day of inspection. The PIC was found to be knowledgeable of the residents' care needs and in the operations of the centre. Resident care was delivered by a team of healthcare assistants, who were supported in their role by nursing staff. Nursing staff reported directly to the PIC. On-call arrangements were also in place to support staff at evenings and weekends.

The PIC was responsible for the management of a number of other centres as well as An Ghrianan. The PIC informed the inspector that she is, on average, present in An Ghrianan once a fortnight due, to the external demands and constraints of her role. The PIC informed the inspector that this has posed a challenge in allowing adequate time to identify and manage the areas of non-compliance in this centre. Staff meetings were held on a regular basis, however, the PIC informed the inspector that these are held in conjunction with other services. The PIC informed the inspector that this meeting structure does not allow for specific aspects of the centre to be discussed. Where centre-specific items for discussion do arise, the PIC informed the inspector that this is carried out by nursing staff on a one-to-one basis with healthcare assistants.

The annual review of the service had been completed at the time of inspection. A six monthly unannounced visit to the centre had been carried out in September 2016 which identified 35 areas for action. An action plan was put in place which identified those responsible for these actions and the timeframes for completion. The inspector found none of the actions that were due had been completed.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found there were appropriate staff numbers and skill-mix to meet the assessed needs of residents. No volunteers were working in the centre at the time of inspection. No actions in relation to this outcome were identified in the centres' previous inspection report.

The inspector observed that there was a planned and actual roster for the centre. The centre had full-time staff rostered in the centre and also used relief staff on a regular basis. The PIC informed the inspector efforts are made to ensure consistency in the relief staff rostered within the centre. The inspector met with a member of relief staff on the day of inspection who demonstrated good knowledge of the residents and of their needs. The roster included the name of the staff members and the days' they were rostered for duty, however upon review, inspectors found that the exact times of the shift were not recorded on the roster.

The staff training matrix was reviewed by the inspector. Staff were provided opportunities to attend training in areas of medication management, epilepsy management and management of behaviours that challenge. However, the inspector found not all staff had received up-to-date training in manual handling.

A sample of staff files were reviewed by the inspector. These did not contain all requirements as set out in schedule 2 of the regulations.

No arrangements were in place at the time of inspection for staff supervision.

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:

Anne Marie Byrne
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-0004656
Date of Inspection:	06 February 2017
Date of response:	05 April 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 05: Social Care Needs

Theme: Effective Services

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

The provider failed to ensure personal plans were amended to reflect the progression of residents' personal goals.

1. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is

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

amended in accordance with any changes recommended following a review.

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

All personal plans have been amended to reflect progress in resident's personal goals.

Proposed Timescale: 06/02/2017 Complete

Proposed Timescale: 06/02/2017

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 provider failed to ensure there were systems in place for the assessment, management and ongoing review of risk.

2. Action Required:

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

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

Health Safety and Risk Management systems have been reviewed and updated to ensure there are systems in place for the assessment, management and on-going review of risk.

Proposed Timescale: 20/03/2017 Complete

Proposed Timescale: 20/03/2017

Theme: Effective Services

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

The provider failed to put in place effective fire management systems to ensure:

- the development, implementation and display of the centres' fire procedure
- provision of adequate emergency lighting to the exterior of the building
- provision of a centre specific fire risk assessment
- arrangements to ensure all escape routes from the rear of the building are maintained unobstructed
- arrangements to ensure the centres' side gate did not pose a threat to residents' escape in the event of a fire.
- up-to-date floor plans of the centre are reflective of the number and location of bedrooms in the centre.
- adequate guidance is available to staff to identify zones in the centre in accordance

with the centres' fire panel

3. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

- A centre specific fire procedure is in place and is displayed at the control panel (completed).
- The housing agency have assessed the rear of the building for emergency lighting and the required upgrade work will be completed by the 4.4.2017
- Fire officer has been contacted to arrange a specific fire risk assessment which will be completed by the 03.04.2017
- All escape routes are clear and free of any obstruction (completed).
- Side gate to the centre is accessible to the residents and does not pose any threat to the resident's safe evacuation.
- Floor plans will be altered to show that one bedroom is now in use as a recreation/office, this will be completed by 10.04.2017.
- Fire officer has been asked to identify the fire zones in the centre (Due for completion by the 10.04.2017).

Proposed Timescale: 10/04/2017

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 failed to put in place sufficient systems to ensure the centre was consistently and effectively monitored.

4. 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:

A roster has been devised to ensure the PIC monitors this centre on a weekly basis.

A new Acting Assistant Director of Nursing is appointed with direct line management and oversight responsibility for the PIC of this designated centre. The PIC will be rostered in this Designated Centre on a weekly basis to provide further governance and oversight within the designated centre

A standardised set of audits to include Person Centred Planning, Medication Management, Hygiene, Health & Safety have been agreed and put in place in the Designated Centre to ensure the service provided is safe and meeting the needs of the

residents and being effectively monitored.

To reduce the number of houses that are assigned to the existing PIC a new PIC will be appointed to this Designated Centre on the 18th April 2017. HIQA will be notified through a NF30 prior to PIC taking up her position.

Proposed Timescale: 18/04/2017

Theme: Leadership, Governance and Management

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

The provider failed to ensure actions arising from the centres' unannounced six monthly audits regarding the standard of care and support were addressed.

5. Action Required:

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

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

- All actions from the six monthly unannounced audit are in the process of completion and will be monitored by the PIC / Provider nominee on a weekly basis to ensure progress and close out.
- Six monthly audits will continue to be carried out by the Provider Nominee.

Proposed Timescale: 10/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure the centre's roster clearly outlined shift commencement and finish times.

6. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The Provider has ensured that rosters have the commencement and finish times clearly documented.

Proposed Timescale: 29/03/2017 completed

Proposed Timescale: 29/03/2017

Theme: Responsive Workforce

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

The provider failed to ensure all information as required by schedule 2 of the regulations was maintained by the centre.

7. 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:

All information as required by schedule 2 regulations will be updated by 10/04/2017.

Proposed Timescale: 10/04/2017

Theme: Responsive Workforce

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

The provider failed to ensure arrangements were in place to facilitate staff supervision.

8. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The PIC has ensured that all staff have received staff supervision in the Designated Centre.

Proposed Timescale: 29/03/2017 Complete

Proposed Timescale: 29/03/2017

Theme: Responsive Workforce

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

The provider failed to ensure all staff had received up-to-date training in manual handling.

9. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The PIC will ensure that all training in manual handling will be addressed and updated by the below date.

Proposed Timescale: 17/04/2017