

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Earrach Services
Centre ID:	OSV-0005332
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bernadette Donaghy
Lead inspector:	Catherine Glynn
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:	1

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: 31 May 2017 09:35 To: 31 May 2017 15:10

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 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:

During this follow up inspection, the inspector met briefly with some residents, as they left the centre to attend their day services on the day of inspection. Earrach provides residential services for up to 12 adults with intellectual disabilities. The service can accommodate male and female residents, from the age of 18 years and upwards. The person in charge has worked in the centre since May 2016; she has responsibility for another centre in the same area.

Description of the service:

The centre comprises of two multi-storey dwelling houses, located in close proximity to a town on the outskirts of Sligo. Earrach services provides residential services for up to 12 adults with intellectual disabilities. On the day of inspection, there were six male residents and five female residents residing in the centre, there was one vacancy. The residents' support needs were assessed as low to medium. All the residents attended day services, based in their local community and in Sligo town. The centre had access to public transport and private transport, on a planned basis.

Overall judgment of our findings:

The inspection focused on actions the provider had put in place to address the findings from the previous inspection, which occurred on the 08 of March 2017. The inspector did not look at all aspects of the service, with five outcomes inspected as part of this follow-up inspection.

Since the last inspection, the inspector found that the provider had made positive improvements to the social care, risk management, workforce and governance arrangements in place in the centre. There was a newly appointed nurse manager, who assisted the person in charge in the monitoring and review of the service provided.

Of the five outcomes inspected three were found to be compliant and two outcomes were found to have moderate non-compliance.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of the 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):

Findings:

This outcome had three actions from the previous inspection, and the inspector found they were satisfactorily completed on this inspection. The provider told HIQA in their action plan response:

Action 1: Personal plans would reflect the residents assessed needs had been developed, would be completed on the 05 of the 04 2017.

The inspector was unable to review this personal plan as the resident had transferred to another area of service. However, there were no other admissions to the centre at this time. The inspector reviewed two personal plans during the day of inspection and found that they met the requirements of the regulations.

Action 2: A compatibility assessment would be completed for all residents when an admission occurs and that allocation of resources would be reviewed to assist the residents to achieve social goals. In addition, all resources had been ,reviewed regarding available transport.

The inspector found that the person in charge had completed compatibility assessments for all residents in the centre, as part of a comprehensive review of all residents suitability and consultation. The inspector found that the provider had reviewed the use of public transport and transport provided by the provider, to the centre. Evidence of social goals was recorded in personal plans in place and a weekly record of activities and social outings were maintained in the personal plans.

Action 3:

The provider stated that a review of staffing would be completed to determine the skill mix and number of staff to meet the assessed needs of all residents, in the centre.

The inspector found that this review had been completed and the rosters in place reflected the skill mix and supports in place. In addition, increased social care hours were provided to enhance opportunity for social goals. On review of personal plans, the inspector found that individual outings were being completed and group activities were also achieved.

Judgment:

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):

Findings:

This outcome had four actions required from the previous inspection. Since the last inspection, the inspector found that improvements were in place to address the gaps that were identified. In the action plan response from the last inspection the provider told HIQA that:

Action 4: A system was in place for the assessment, management and on-going review of risk and incidents in the centre.

The inspector found that management staff in the centre had attended meetings required by the organisation to review incidents that had occurred and a review of the risk identified had been completed. In addition, a trend analysis was being completed on a monthly basis and all risk was being regularly reviewed. Learning was also evident from recently reported incidents, such as from evacuation procedures and actions arising from residents' mobility needs.

The health and safety statement was reviewed and now included the current management structure listed. Emergency plans were now in place for flooding, power failure and accommodation issues.

Action 5: Measures were in place to address control measures were implemented in the centre in line with local and national policy.

The inspector found, that cleaning schedules were in place, which allocated daily,

weekly, monthly and annual tasks in the centre. The provider had also ensured that a cleaner completed some tasks on a weekly basis at times when this would not affect residents' social goals.

The person in charge also monitored all cleaning schedules. Audits were being completed and actions identified were addressed in a timely manner. Audits were shared and discussed in team meetings. In addition, the infection control nurse had attended and provided additional guidance and support regarding management and prevention of infection control in the centre. Infection control training was also provided and all staff had engaged with the training.

Action 6: Effective fire safety and management systems were now in place through the centre which had included:

- a review of the laundry facilities and guidance on systems in use.
- discontinuing the use of a whistle during fire drills.
- a review of the fire evacuation schedules in the centre and emergency evacuation documentation on display in the centre.
- the completion of fire safety training scheduled on 29/03/2017 and 13/04/2017.

The inspector found that the person in charge had ensured that the use of a whistle during fire drills had been discontinued and there was now no records of the use of a whistle during an emergency drill. The fire procedure displayed had been updated . Eight drills had been completed since the last inspection with examples of planned two stage evacuations documented. These stages included the ground floor evacuation and the first floor evacuation. Staff were aware of the evacuation procedures and had participated emergency drills. All residents were actively participating in the drills and learning from these drills was being recorded.

Action 7: All personal emergency evacuation plans (PEEPS) would be reviewed, to ensure that there is clear direction for staff in the event of a resident refusing to leave the centre.

The inspector reviewed four evacuation plans and found that there was now a clear plan in place to support and guide all of the residents during an evacuation. Learning was documented on review of the fire drill records including any issues with faulty equipment and the measures that had been put in place to address any maintenance required. The fire officer had also provided support and guidance on a number of fire drills in the centre.

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):

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

Findings:

One action required from the previous inspection, the inspector found this had been satisfactorily completed.

Action 8: Not all staff had completed safeguarding of vulnerable adults training.

The inspector reviewed training records and found that all staff had now completed this training.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

This outcome had five actions required from the previous inspection. The inspector found that four actions had been addressed within required timeframes with one action not satisfactorily completed.

Action 9: The provider was required to ensure that documentation was maintained regarding the person in charge, in line with the requirements of schedule two.

The inspector found that this remained outstanding on this inspection, however the

person in charge had corresponded with the relevant internal departments requesting the documentation.

Action 10: The provider had failed to ensure that the systems in place in the centre were effectively monitored and that the assessed needs of all residents were supported.

Since the last inspection, the provider had established a new management system. The provider had appointed a clinical nurse manager three to strengthen the governance and management of the centre. In the person in charge's absence a nominated staff member will submit the quality improvement plan to the provider on a weekly basis. An on-call out of hours system had been approved and commenced. The person in charge had put a system in place to ensure that all incidents and complaints were monitored and managed according to the organisations local policies. All staff members were now up to date with their mandatory safeguarding training and all other required staff training had been completed.

Action 11: The provider was required to ensure that the annual review of the quality and safety of care was complete which also reflected consultation with families or representatives.

The inspector found that the annual review of the quality and safety of care in the service had been completed which included evidence that residents and their families had been consulted about this..

Action 12: The provider was required to complete a six month unannounced visit to the centre and complete and provide a report of the service delivered.

The inspector found that this report had been completed and the person in charge and the clinical nurse manager had weekly meetings regarding all actions identified in this report, the annual review of the quality and safety of care and the actions required from the HIQA reports. At the time of inspection one action remained open.

Action 13: The provider had not ensured that residents and their family or representatives were able to access reports, such as, the six month unannounced visit and the annual review of the quality and safety of care.

On this inspection, the inspector found that all reports were completed and available for review by all residents and their family as required.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and

Theme:

Responsive Workforce

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

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

Findings:

Five actions were required from the previous inspection and the inspector found that four actions were addressed within the required time frame. One action remained outstanding at the time of inspection.

Action 14: The provider was required to complete an assessment of the overall staff required to meet the assessed needs of residents.

The inspector found that there assessment and review of the staffing requirements required was completed. Appropriate staffing arrangements were now in place.

Action 15: The provider had not ensured that staffing was provided in a consistent manner as found on the previous inspection.

The inspector found that appropriate staff numbers and skill mix were now allocated to meet the resident's assessed needs. The inspector found that this had ensured consistency in the care provided and that suitably skilled staff were being allocated on a daily basis

Action 16: The provider was required to ensure that effective resources were allocated within the centre.

The inspector found that suitable resources were in place to meet the needs of all residents in the designated centre. There was an improvement in the quality of the service provided to all residents.

Action 17: The person in charge had not ensured that supervision was in place for all staff working in the centre.

The inspector found that the person in charge had provided a schedule of supervision and this was being completed within the timeframes set out.

Action 18: The provider had failed to ensure that all staff files met the requirements of schedule two.

The inspector noted that while significant work had occurred with regard to ease of retrieving and accessing the required information as set out in schedule two, Garda vetting documentation was not on the staff files.

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:

Catherine Glynn
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-0005332
Date of Inspection:	31 May 2017
Date of response:	22 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 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 ensure that all required documentation was available regarding the person in charge, as required by the regulations.

1. Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

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

The Provider has put a system in place to ensure that all the required information and documents in relation to the Person in Charge are available.

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge had not ensured that Garda vetting was in place in all staff files, as required by schedule two.

2. 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:

The Provider has put a system in place to ensure that all the required information and documents for all staff are available. The required information will be held securely by the nominated data controller. A Standard Operating procedure has been developed and will be adhered to by the Person in Charge.

Proposed Timescale: 31/07/2017