

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Edencrest & Riverside
Centre ID:	OSV-0005487
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 22 June 2017 08:55 To: 22 June 2017 14:30

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:

During the inspection, the inspector met seven residents who lived at the centre and five staff members. In addition, the inspector spoke with the person in charge and Acting Clinical Nurse Manager - Grade 2 (ACMN2) and reviewed documents which related to the previous inspection's findings such as personal plans, risk assessments, rosters, training records and staff personnel files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations and the inspector found that the service was being provided as described. The centre was part of services provided by the Health Service Executive (HSE) in Donegal. The centre comprised of two bungalows and was located within a campus containing a further three designated centres. The campus was located close to local shops and other amenities. The centre provided a full-time seven day residential service for both adults with a disability.

Overall Findings:

The inspection was unannounced and focused on actions taken by the provider and person in charge to address the findings of the previous inspection, which occurred on the 28 March 2017. The inspector did not look at all aspects of the service provided at the centre, with five outcomes inspected as part of the follow-up inspection.

The inspector found that the provider had ensured through the centre's governance and management arrangements that the majority of actions from the previous inspection had been addressed within agreed timeframes. The provider had ensured that a suitably qualified person in charge had been appointed to the centre following the previous inspection, and that monitoring systems were in place to ensure areas for improvement at the centre were progressed.

The inspector found that the provider had ensured that residents' personal plans, risk assessments and behaviour support plans were up-to-date and reflected assessed needs, although the progress made by residents to achieve their agreed goals was not consistently recorded. Furthermore, the provider had increased staffing levels at the centre following the previous inspection to meet residents' assessed needs which had led to an increase in social activities. However, the inspector found that the centre continued to be reliant on temporary workers to meet residents' needs, although was assured that the provider was progressing measures to ensure that consistent staffing was available.

Summary of regulatory compliance:

The centre was inspected against five outcomes. The inspector found major non-compliance in one outcome relating to the centre's staffing arrangements and personnel documentation as required under Schedule 2 of the regulations. Substantial compliance was found in one outcome in relation to the maintenance of residents' personal plans. Compliance was found in three outcomes which related to risk management, safeguarding and governance and management at the centre.

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 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:

The inspector found that following the previous inspection, residents' support needs had been reviewed which lead to increased staffing. This had a positive impact on meeting residents' assessed needs. Residents' personal plans had been updated in-line with assessed needs and supports were recorded to meet residents' annual goals. However, the inspector found that goal progress records had not been updated for all residents in-line with the provider's policy.

The inspector did not look at all aspects of this outcome and focused on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 1

The previous inspection had found that the provider had not ensured that there were adequate staffing arrangements in place to met residents' assessed needs. In addition, the inspection found the provider had not ensured that assessment and planning was in place to meet residents' needs. The provider assured HIQA that by the 30 June 2017, that the ACNM2 would establish a meaningful activity timetable for residents and complete a risk assessment on required staffing levels at the centre.

The inspector found that personal plans and assessments had been updated following the previous inspection and reflected residents' assessed needs and staff knowledge. Furthermore, the ACNM2 and Acting Assistant Director of Nursing for the centre had assessed residents' support needs following the inspection and increased staffing levels in the centre's two bungalows from three to four staff during the day. The inspector was

told by staff that the increase in staffing had a positive impact on residents' access to community activities, which was reflected in records examined.

Action 2

The previous inspection had found that residents' personal goals were not updated to reflect progress made towards their achievement. The provider assured HIQA that by the 30 May 2017, that they would introduce a new annual review template which would include an assessment of the effectiveness of residents' personal plans. In addition, the residents' progress towards achieving their goals would be recorded on a quarterly basis or more frequently if appropriate.

The inspector found that the provider had introduced a new annual review template which ensured that all aspects of a resident's personal plan were assessed including achievement of personal goals. The inspector also sampled residents' personal plans and found that the effectiveness of the plan to meet residents' goals was not recorded consistently in-line with the provider's policy

Action 3

The previous inspection had found that residents' personal goals did not include those people responsible for ensuring their achievement within agreed timeframes. The provider assured HIQA that by the 30 May 2017, resident's personal goals would include names of those staff responsible for supporting residents to achieve their goals.

The inspector reviewed a sample of personal plans and found that records on personal goals clearly showed the names of staff responsible for supporting the resident. Furthermore, the inspector noted that some residents' goal planning records were available in an accessible format including photos which related to the goal and named staff supports.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector found that following the previous inspection, the provider had addressed all findings and ensured that risk was managed at the centre.

The inspector did not look at all aspects of this outcome and centred on actions taken

by the person in charge to address the findings of the centre's previous inspection.

Action 4

The previous inspection found that the provider had not ensured that risk management arrangements were in place for residents with an identified risk of absconding. In addition, risk assessments were not in place for residents who wished to smoke and for restrictive practices in use at the centre.

The provider assured HIQA that by the 4 May 2017, preliminary risk screening and assessments would be updated for residents with a risk of absconding and who wished to smoke. In addition, the provider would review assessments in place for all restrictive practices in use at the centre.

The inspector found that preliminary risk screening and assessments had been updated following the previous inspection for residents who smoked or had an identified risk of absconding. The inspector also found that restrictive practices in use at the centre such as door locks and lap straps had been reviewed and assessments updated. The inspector found that the restrictive practices register clearly indicated the rationale for the practice, which reflected staff knowledge.

Action 5

The previous inspection found that the provider had failed to ensure that keys were accessible for the bungalow's enclosed garden fence gates. The provider assured HIQA that by the 30 June 2017, a keypad system would be installed on each fence gate to ensure means of escape in the event of an evacuation.

The inspector was told quotations for works to install gate keypads had been gained and submitted to line management. In the interim period the inspector found that means of escape from the garden fence was ensured by a key being located in break glass units which were located next to all garden fence gates at the centre, with a further key for each gate in the bungalows' offices.

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:

The inspector found that following the previous inspection, the provider had addressed all findings and ensured that residents' behaviour support plans were updated and reflected staff knowledge. In addition, restrictive practices at the centre were reviewed and used in accordance with national policy and evidence based practice.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 6

The previous inspection found that the provider had not ensured that staff had up-to-date guidance on the management of residents' behaviours of concern. The provider assured HIQA that by the 31 July 2017, all residents' behaviour support plans would be reviewed by a clinical psychologist and staff would be inducted on residents' assessed needs.

The inspector sampled residents' behaviour support plans and found that they had been reviewed and updated by the provider's clinical psychologist and reflected staff knowledge and observed practices on the day of inspection.

Action 7

The previous inspection found that the provider had not ensured that physical restrictions in place at the centre were applied in accordance with national policy and evidence based practice. The provider assured HIQA that by the 20 June 2017, all restrictive practices at the centre would be assessed and residents' behaviour support plans would be updated and that staff would be familiar with them.

The inspector found that restrictive practices in use at the centre such as locked doors and kitchens had been reviewed and assessments updated. The inspector found that assessments included rationales for each practice and reflected both residents' risk assessments and staff knowledge. Furthermore, the inspector found that records maintained on the practice included each time it was implemented, the reason why and duration used.

Following the previous inspection, the inspector also found that residents' behaviour support plans had been reviewed by the provider's clinical psychologist and that staff were aware of the revised plans.

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):

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

Findings:

The inspection found that following the previous inspection a suitably qualified person in charge had been appointed and the centre's management systems ensured that agreed actions from audits were monitored and progressed to completion.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 8

The previous inspection had found that the provider had failed to appoint a person in charge to the centre. The provider assured HIQA that by the 30 September 2017, a person in charge would be appointed.

The inspector found that that provider had appointed a person in charge who was full-time and qualified in-line with regulatory requirements.

Action 9

The previous inspection had found that governance and management systems were not in place to monitor the achievement of agreed actions from an internal improvement audit and the provider's unannounced six monthly visits to the centre. The provider assured HIQA that by the 31 December 2017, all outstanding actions from the provider's visits and internal improvement audit would be addressed. The provider further stated that they would review staffing arrangements to ensure they met residents' assessed needs.

The inspector found that the provider had introduced monitoring systems which assessed progress in achieving agreed actions from unannounced provider visits. The inspector reviewed actions undertaken to address the findings of the most recent provider visit in February 2017, and found that all actions were now completed.

In addition, monitoring systems showed that the findings from the provider's improvement audit had been completed except for one outstanding action which related to staff personnel files.

Furthermore, the inspector found that following the previous inspection, a review of the centre's staffing arrangements had occurred, and staffing in both bungalows had been increased in order to meet residents' assessed needs.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that although the provider had not ensured that all actions from the previous inspection were addressed; however, they had made progress towards their achievement. The provider had ensured that staffing levels at the centre reflected residents' needs and was putting arrangements in place to ensure the use of consistent staff.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 10

The previous inspection had found that the provider had not ensured continuity of care for residents in relation to temporary workers employed at the centre. The provider had assured HIQA that by the 30 June 2017, that staffing arrangements at the centre would be assessed to meet residents' needs. In addition, the ACMN2 would attempt to ensure that familiar temporary workers were employed at the centre.

The inspector found that staffing levels at the centre had been reviewed and increased to meet residents assessed needs. However the centre was still reliance on temporary workers to met residents assessed needs. For example, 14 different temporary workers had been used on 22 occasions in one bungalow over an 18 day period from the 5 - 22 June 2017.

The person in charge and ACNM2 confirmed the centre's reliance on temporary workers and furthermore staff told the inspector that the use of agency had an impact on the continuity of care for residents. The person in charge and ACNM2 told the inspector about actions taken to date to reduce this situation. The inspector was told that recruitment had occurred at the centre, which had lead to one health care assistant

being employed and also further recruitment requests had been submitted to the provider's human resources department.

In addition, six month contracts were to be given to four new workers with two staff starting in July 2017 and the other two subject to receipt of garda vetting. The inspector was also told that cleaning staff had been employed at the centre, which enabled support staff to meet residents assessed needs as they were no longer engaged in housekeeping tasks.

Action 11

The previous inspection found that the number of staff at the centre was not appropriate to residents' assessed needs. The provider assured HIQA that by the 30 June 2017, that a review of staffing levels would be carried out and temporary workers to be used to ensure adequate staffing levels were in place if necessary.

The inspector found that a review of residents needs had occurred and had resulted in an increase in staffing during the day, which had increased from three to four staff in both of the centre's bungalows which was reflected in rosters examined. Rosters examined further reflected the provider's action plan and staff knowledge, that temporary workers were used as an interim measure until recruitment of permanent staff had occurred.

Action 12

The previous inspection found that the provider had not ensured that all documentation required on staff was in place in accordance with Schedule 2 of the regulations. The provider assured HIQA that by the 31 August 2017, all documentation required by regulation for staff would be in place.

The inspector reviewed a sample of staff files and found that the provider had ensured that all required documentation was in place apart from evidence of garda vetting disclosures.

Action 13

The previous inspection had found that not all staff had received up-to-date manual handling training. The provider assured HIQA that by the 29 May 2017 all staff would have received up-to-date training.

The inspector reviewed training records and found that all staff at the centre had received up-to-date manual handling training in-line with the provider's policy.

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:

Stevan Orme
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-0005487
Date of Inspection:	22 June 2017
Date of response:	21 July 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 inspector found that personal plans did not consistently record their effectiveness to achieve residents' personal goals in-line with the provider's policy.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

- 1) All Person Centred Plan evaluations will be completed.
- 2) The Person in Charge will complete an audit to ensure all are completed.

Proposed Timescale: 01/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The inspector found that staff files did not contain all documents and information required under Schedule 2 of the regulations.

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:

Staff Garda Vetting is ongoing in conjunction with Human Resource Department.

Proposed Timescale: 01/12/2017

Theme: Responsive Workforce

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

The inspector found that staffing arrangements at the centre were still reliant on temporary workers.

3. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The Provider has recruited 4 additional Health Care Assistants. 2 of these staff have commenced employment and the remaining 2 will be in post by the end of July 2017.

Proposed Timescale: 31/07/2017

