

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Gahan House
Centre ID:	OSV-0000545
Centre address:	High Street, Graiguenamanagh, Kilkenny.
Telephone number:	059 972 4404
Email address:	mmulligangahanhouse@eircom.net
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Graiguenamanagh Elderly Association Limited
Provider Nominee:	Val Lonergan
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
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
- to carry out thematic inspections in respect of specific outcomes
- 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 wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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: 26 July 2017 09:15 To: 26 July 2017 13:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a monitoring compliance inspection carried out on 14 March 2017 and to monitor progress on the actions required. The inspection at that time evidenced a number of failings to adequately meet the requirements of the regulations. As part of the inspection, the inspector met with residents and the person in charge, observed practices and reviewed documentation such as policies and procedures, governance arrangements and medicines management practices.

This inspection evidenced an improvement in management and operational systems. The collective feedback from residents and a visitor on the day of inspection was satisfactory in relation to care and the service provided. There was evidence of progress in areas by the registered provider in implementing the required improvements identified at the last inspection. In particular improvements were noted in auditing systems, staff training and Garda vetting procedures for volunteers.

Further improvements are still required in some areas although it is acknowledged that the timeframe for completion of one action arising from the last inspection had not expired when this inspection took place. The Action Plan at the end of this report identifies two areas where improvements are still required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People)

Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

Only the components of the previous inspection were considered as part of this inspection. On the previous inspection it was found that the management structure was not defined in terms of roles, responsibility and clear lines of authority and accountability. It was not clear to the inspector that the governance systems in place demonstrated that the management team working within the service were aware of their responsibilities under the legislation. These findings were supported by the repeated non-compliances identified in some outcomes and it was not demonstrated that there was a clear commitment by the management team to promote and strengthen a culture of quality and safety.

On this inspection the inspector found that there was a defined management structure. The roles and responsibilities had been divided with specific responsibilities allocated to the person in charge, the assistant manager and the board of management. The person in charge outlined to the inspector the designated responsibilities of all persons participating in the management of the centre. The inspector did not review the minutes of board meetings as they were still not held in the centre. On four separate occasions the inspector had requested that the provider retains records of board meetings on-site and available for inspection to inform an evaluation of strategic operations from an overall governance perspective. This is actioned under Outcome 5.

The system for reviewing quality and safety of care had improved. An audit program was in place and the inspector saw that a schedule of audits had been undertaken and was planned to ensure clinical indicators were regularly reviewed. The inspector reviewed audits completed by the management team. Some areas reviewed included medicines management, health and safety, infection control, hygiene, nutrition and care planning.

Some of the audits viewed included some learning and actions required to improve practice. However, the audits did not always include the actions taken to address the problem identified, when the action was implemented or checked to determine effectiveness. This would ensure that deficits had been completed therefore ensuring positive outcomes for residents.

An annual review of the quality and safety of care delivered to residents was completed for 2016. The 2015 annual review was also available to residents in a folder as observed by the inspector.

The inspector saw that regular management meetings took place between the person in charge and senior team. Staff meetings had been held since the last inspection. Documentary evidence of consultation with residents and/or their representatives was available. The most recent residents' meeting had been held in May 2017 and residents told the inspector that they were very happy in the centre.

Judgment:

Substantially Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was found that information governance required improvement. The inspector found that some records were not available on site for inspection purposes. This had not been addressed. Minutes of board meetings were not available in the centre. The inspector had requested these minutes on four separate occasions within the last 12 months from the registered provider. Following the inspection, the provider was requested to submit records of the board meetings for the previous 12 months to HIQA's head office.

A line of enquiry in relation to medicines management was also reviewed as part of this

inspection. Medicines listed under Schedule 5 of the Misuse of Drugs Regulations were in use in the centre at the time of the inspection. The medicines management policy described that the centre had implemented a number of controls to ensure the safe storage and management of this medicine including independent checks of the stock balance following administration of the medicine and a stock check at the changeover of each shift. However, the policy did not support the consistent implementation of these controls and the inspector noted that the controls were inconsistently implemented in practice by staff. This posed the potential risk of misappropriation or inappropriate management of medicines which are, by virtue of legislation, required to have additional security controls.

Medicines requiring refrigeration were in use in the centre at the time of the inspection. The inspector observed that medicines requiring refrigeration were stored in accordance with their individual product license requirements. The refrigerator was noted to be maintained at an appropriate temperature on the day of inspection. There was a process to monitor the reliability of the refrigerator but this was not consistently implemented by staff and was not included in the centre's policy. This posed the potential risk of medicines losing their potency or the formation of harmful by-products.

Judgment:

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

Only the components of the previous action plan were considered as part of this inspection. On the previous inspection it was found that due to the lack of a hazard identification process, hazards were not being identified nor was there evidence of sufficient formal processes in place to address any risks arising. The inspector did not observe an effective system in place for investigating and learning from incidents. Training in moving and handling of residents remained outstanding for some staff.

On this inspection the inspector found that these issues had been addressed. The inspector saw that an external consultant had assisted the service with health and safety management. The assistant manager had completed a health and safety course and was in the process of rolling out this training to staff. All staff had up-to-date manual handling training completed.

There was information on general hazard identification and a risk register that outlined

general and clinical risk areas now in place. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. There was an up-to-date health and safety statement in place. The inspector saw that accidents/incidents were recorded. Learning from any incidents that had occurred and any changes to practice was documented in a corrective action plan in the health and safety folder as observed by the inspector.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. 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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

Only the components of the previous action plan were considered as part of this inspection. On the previous inspection it was found that in a sample of four staff files reviewed by the inspector there was no photographic identification in a file and in another file there were no references present as required by the regulations. Staff told the inspector that they did not have access to relevant guidance from Government or other statutory agencies in relation to older people

On the previous inspection all staff did not have up-to-date mandatory training as required by the regulations. Garda vetting disclosures had not been provided for all volunteers. Volunteers did not have their roles and responsibilities set out and agreed in writing. On this inspection the inspector saw that these action plans had been addressed with the exception of mandatory training. The inspector acknowledges that the time frame had not yet elapsed for this action plan.

The inspector reviewed a sample of four staff files and found that they were in accordance with Schedule 2 of the regulations. The person in charge said that all staff members had Garda vetting in place. There were three volunteers working in the centre. The inspector reviewed three files and found that Garda vetting was in place for all volunteers and their roles and responsibilities were set out and agreed in writing. There

was a volunteer policy in place dated April 2017.

The inspector saw that all staff had access to relevant statutory instruments, guidance published by HIQA and other statutory agencies in relation to designated centres for older people. The inspector saw that these documents were kept in a folder in the office for all staff.

Seven staff still require up-to-date training in detection and prevention of and responses to abuse. The person in charge said that the training will take place in September but no date had been scheduled yet as observed by the inspector. All other mandatory training as required by the regulations was up-to-date.

Judgment:

Substantially Compliant

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:

Ide Cronin
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:	Gahan House
Centre ID:	OSV-0000545
Date of inspection:	26/07/2017
Date of response:	14/08/2017

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The audits did not always include the actions taken to address the problem identified, when the action was implemented or checked to determine effectiveness.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

The audit process will be reviewed to include the actions taken and the time and date of implementation before completion.

Proposed Timescale: 01/10/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Ensure that policies are adapted, implemented and reflect practices in the centre.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

All documentation involved in the medication procedure has been reviewed and issues identified will be addressed with staff

Proposed Timescale: 18/08/2017

Theme:

Governance, Leadership and Management

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

Ensure that all requested records are available for inspection.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Regular checks will be carried out to ensure that the minutes of the Board of Management meetings are maintained on the premises.

Proposed Timescale: 31/07/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Seven staff still require up-to-date training in safeguarding vulnerable persons at risk of abuse.

4. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Staff training is scheduled across the twelve months of each year. All mandatory training will be completed within the timescale originally given.

Proposed Timescale: 31/10/2017