

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Pilgrim House Community Ltd
<b>Centre ID:</b>	OSV-0001916
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Pilgrim House Community Ltd
<b>Provider Nominee:</b>	Ben Hogan
<b>Lead inspector:</b>	Michael Keating
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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: 20 March 2015 09:30 To: 20 March 2015 12:10

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This inspection was the fifth inspection of this centre by the Authority since June 2015. The last inspection took place on the 30 and 31 January 2014 which focused on 12 Outcomes. During that inspection six outcomes were found to be non compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Subsequent to the January inspection, the nominee provider notified the Chief Inspector of their intention to close the centre.

The main focus of this inspection was to to monitor the safe transition and discharge planning for the residents however, the inseptor also assessed progress in relation to the non compliances identified on the previous inspection.

During this inspection it was found that significant progress had been made in relation to the residents planned discharge and the needs of the residents remained the priority for the provider and person in charge during this time of transition. Major noncompliances remained under outcomes of safeguarding & safety and workforce. Other outcomes such as governance and management, medication management, health care and Health and safety and risk management were found to be in compliance with the regulations and standards.

Detailed findings across all areas are discussed under eight outcome headings within the body of the report and 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):**

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

**Findings:**

In general it was found that meeting residents' identified social care needs remained a priority within the centre. The activity programme in place was being followed to ensure continuity in the care provided to residents. Routine's residents were familiar with were maintained, such as regular walks, shopping trips and house based domestic tasks.

A significant focus on each residents social care needs now revolved around the providers decision to close the centre. In this regard, a priority of this inspection was to establish if the provider and person in charge were meeting the needs of residents during the discharge process as required under Regulations.

The inspector found that plans were at an advanced stage regarding identifying appropriate alternative accommodation for each of the residents and the person in charge was submitting a report to the authority on a fortnightly basis updating on the progress being made.

The inspector found that residents were involvement and consulted in the discharge planning. As there has yet to be a definitive agreement with the proposed new centre, discussion with residents were at a tentative stage as staff did not want to add to the confusion at this time of transition. However, residents had visited the proposed new centre, and met with the person in charge, staff, and residents. One of the residents spoke to the inspector about this visit and stated how much he enjoyed his visit and made reference to farm animals he seen at the centre.

The resident's representatives had been fully involved in the planned discharge of

residents to date. The inspector read records of meetings with individual family members accommodated in Pilgrim house or within the home of the family member. The written plan for ongoing engagement with family recognised the wishes and needs of family to be involved in every detail as the process developed. For example, one resident's mother asked the group to visit her in her family home following the groups visit to the proposed new centre. The person in charge stated it was her intention to document a detailed written transition plan, at an individual level, once it had been agreed that the residents were to be accommodated in the proposed centre.

The provider and the person in charge had arranged for psychological assessments of each of the residents to support decision making in relation to each residents identified needs. This report had been provided to the proposed new centre and was reported to have been part of the discussion during the visit to the centre. In addition, personal plans, routines and preferences were discussed. As a result, it was reported that specific day service requirements that had not been offered to the residents to date, would be offered by the proposed provider such as farming activity or working in the bakery.

A priority need had been voiced by the families of the residents and supported by the staff of Pilgrim house to try to ensure the residents remained in close contact as they had been living together in excess of twenty years and plans were in progress to accommodate this.

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was found to be complaint on the last inspection and was found to have remained compliant on this inspection. Overall it was found that the health and safety of residents' visitors and staff was protected and promoted. Associated policies were in place to guide practice such as a relevant safety statement, accident and incident recording, a policy on the response to emergencies and an infection control policy. In the main, these policies were found to be concise and centre specific. There were no accidents, incidents or near misses reported or recorded since the previous inspection.

Staff had completed fire safety training and there was a procedure identified for the safe evacuation of all residents and staff. Fire drills were taking place on a regular basis, and personal emergency evacuation plans (PEEP)'s had been developed for each of the

residents.

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome had been found to be compliant on the last inspection, as staff who required training in safeguarding vulnerable adults had been booked in to complete this course in January/February 2015. One staff member also required training in positive behaviour support and this training had also been booked for February 2015. However, since the providers decision to cease operating, they had taken a decision to cease all training requirements. This posed a risk to residents safety and did not provide adequate assurances that residents were safeguarded in the interim.

Individual guidelines relating to positive behaviour support were in place as required and were found to be steering practice in relation to care provision. Individual care plans had been completed, which provided clear guidance on the personal care support requirements of each individual.

**Judgment:**

Non Compliant - Major

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that each resident was supported to achieve and enjoy best possible health as medical appointments were met and followed up residents as required. For example on the day of the inspection one resident was supported to attend an appointment with a consultant in an acute hospital for an ongoing skin condition.

Specific health care plans were also in place as required for each resident. For example, one resident required daily glucose monitoring and there were records of these reading maintained. In addition, there were records of two weekly phone calls between the provider nominee and a diabetes nurse specialist in an acute hospital where his medication was under review. These information handover from these phone calls were now supported by follow up letters provided from the nurse specialist outlining changes, if any, to medication and related care interventions.

Residents had also been provided with psychological assessments in January 2015 to assist the provider to be able to identify specific needs required for each resident as part of the discharge process. As referred to under Outcome 5; this assessment was being used to provide an assessment of need to the proposed new centres.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

The actions as outlined in the previous inspection reports' action plan were found to have been implemented. Prescriptions on file were now all in date and the medications prescribed had all been recently reviewed by the General Practitioner (GP).

Staff responsible for administering medication, were trained in the safe administration of medication. Staff spoken with also had a good knowledge of each residents medications and the reason why they were prescribed these medications. Staff were also found to be knowledgeable in relation to glucose readings and related medication dosage. In general it was found that each resident was now protected by safe medication management



practices.

**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:**

Since the previous inspection the provider had taken the decision to cease operation and had submitted a notification of this intention to the chief inspector.

While the non compliances identified in the last inspection remain, they are not actioned again within this report as it was accepted that the plan of transition and discharge residents will address these governance issues. The Authority continues to closely monitor progress in relation to the discharge of all residents.

It was recognised on this inspection that the person in charge and nominee provider were providing effective leadership in managing the planned discharge and closure of the centre. This process has been set out in detail under Outcome 5: Social Care 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:**

This centre operates as a community and did not refer to themselves as staff, with residents and support staff living together for more than twenty years. However, as was highlighted during the previous inspections, this is a designated centre and therefore subject to all of the conditions of the Regulations.

As referred to previously, the centre continued to operate without basic safeguarding procedures such as Gardá vetting which was a major concern to the Authority. During this inspection it was found that vetting disclosures were now in place for 4 of the 5 staff members. The provider nominee's Gardá vetting has still not been obtained. The provider nominee stated that he had contacted the relevant authorities several times regarding this issue and was informed the vetting process was being processed.

There was a staff rota operating which identified who was in charge at any given time. There was no record of any supervision of staff based upon their community ethos however, this has contributed to a lack of accountability for care and did not identify areas where staff could improve practice.

Staff knowledge of residents was demonstrated as all staff had an intimate knowledge of each one of the residents. It was also determined that there was consistency within the care provided to residents, as three staff were on duty at all times from a pool of five and they were all well known to residents.

**Judgment:**

Non Compliant - Major

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) 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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

The inspector only considered the specific actions required from the previous inspection in relation to this outcome during this inspection. It was found that these actions had been addressed.

For example, there was evidence that the policy on medication management was now found to be guiding practice in areas such as the transcribing of medication. The inaccuracies identified in the admissions policy previously had also been addressed.

**Judgment:**

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:**

Michael Keating  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Pilgrim House Community Ltd
<b>Centre ID:</b>	OSV-0001916
<b>Date of Inspection:</b>	20 March 2015
<b>Date of response:</b>	20 April 2015

### 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 08: Safeguarding and Safety

**Theme:** Safe Services

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

All staff had not been provided training in safeguarding vulnerable adults.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

<sup>1</sup> 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:**

As stated in the body of this report the reason that we did not go ahead with this training was due to our decision to close. However all 'staff' are knowledgeable on safeguarding requirements, what constitutes abuse etc. (as outlined in a previous report) and there is a safeguarding and safety policy in place. All 'staff' are familiar with this policy and actions are measured and evaluated against this policy. 'Staff' , and the family members of the people in our care are confident that all 'residents' are safe, healthy and protected and will continue to be so as we go through the transition process.

**Proposed Timescale:** 31/07/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was no vetting disclosure on file for the provider nominee.

**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 nominee has spoken with the Garda Vetting Liaison office again since the last inspection, the last time on Friday last, April 17th with regard to his outstanding clearance (four others now in place). He was told that there is a 'huge backlog' and that his application is 'in process.' The officer said that if he had not received word in two weeks, he should call again.

**Proposed Timescale:** 18/05/2015

**Theme:** Responsive Workforce

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

There were no supervision in place which resulted in a lack of accountability and authority within the centre.

**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:**

While we do not have supervision systems in place which are comparative with larger

settings with paid staff, for over twenty years, the five 'staff' have provided a high standard of care commended by both the HSE and the families of people in our care. Central to our voluntary ethos is a commitment to the highest levels of accountability to one another, the families and the HSE and this will continue to the point of closure.

**Proposed Timescale:** 31/07/2015