Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005455
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Dervila Eyres
Lead inspector:	Raymond Lynch
Support inspector(s):	Michael Keating
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
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:	To:
07 June 2016 15:00	07 June 2016 20:30

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

Summary of findings from this inspection

Background to inspection

This centre was an autism specific centre for adults on the autistic spectrum. A number of previous inspections found that the entity was not fit for its stated purpose and residents were in receipt of unsafe services and poor quality outcomes. As a result of this, the Health Services Executive (HSE) has been acting as provider for the centre since 9 May 2016.

The HSE have a memorandum of understanding in operation with another autism specific service provider, Gheel Autism Services to manage the day-to-day operations of the centre and to put systems in place to improve outcomes for all residents living there. Gheel Autism Services are required to submit weekly risk reports to HIQA on the progress they have made in bringing the centre into compliance with regulations.

This was an unannounced inspection in order to assess how the centre was progressing with the actions identified by the Health Information and Quality Authority (HIQA) on previous inspections. It was also to provide assurances to HIQA that the weekly risk reports with related actions being submitted by the centre were being implemented and were bringing about improvements in service delivery to residents.

How we gathered evidence

The inspectors met and spoke with all eight residents, staff members, the team leader, the person in charge and a project management team from Gheel Autism Service over the course of the inspection. One resident spoke very highly of the service and in particular their assigned key worker.

Key policies and documents were also viewed as part of the process including a sample of rosters, the risk management policy, the safeguarding policy, training materials and a sample of care plans.

Description of the service

The service provided autism-specific 24 hour residential support for adults with a primary diagnosis of Autistic Spectrum Disorder. The centre comprised of two houses and three single-unit apartments across a large courtyard setting and supported both male and female residents. Although it was close to a large town, the location of the centre was rural and meant that transport was required to access amenities such as shops, restaurants, pubs, barbers, hairdressers and churches in that town.

Overall judgment of our findings

This was a follow-up inspection to assess how the centre was progressing with the actions identified by HIQA on previous inspections. It was also to provide assurances that the weekly risk reports being submitted by the centre to HIQA were being implemented and were bringing about improvements in service delivery to residents.

While some issues still remained, the inspectors were satisfied that the actions required from previous inspections were systematically being prioritized and addressed. The inspectors were also satisfied that Gheel Autism Services, along with the person in charge and team leader had commenced prioritizing and addressing the most pressing issues and concerns in the centre, thus bringing about improvements in the quality and safety of service delivered to residents.

For example, the centre now had regular access to allied healthcare professional supports, staff training had commenced in care planning and a specially trained nurse was made available to both staff and residents as and when required.

Of the seven outcomes assessed six were found to be compliant; including governance and management, medication management, healthcare needs, risk management, safeguarding and workforce. Moderate non-compliance was found in social care needs.

Gheel Autism Services were only in place for four weeks at the time of inspection however, the inspectors were reassured that they had already satisfactorily addressed some areas of non-compliance and had a robust plan of action drawn-up to improve the quality and safety of service delivered to the residents.

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:
Previous inspections found that residents' personal plans were not updated to reflect changes in residents' needs and lacked multidisciplinary input. This inspection found that Gheel Autism Services had a robust plan of action in place to address these issues and guidance had been provided to staff on how to populate and complete new and updated support plans.

The previous number of inspections found that social care plans were not being adequately maintained, reviewed, updated or populated. It was also found that they were not in a format suitable to residents' communication needs.

However, this inspection found that all staff had been provided with one-to-one guidance, training and support on how to complete and populate new and updated support plans and templates for each resident living in the centre. It was also observed that part one of this new template had been completed for all residents and part two was already in progress.

The inspectors viewed a guidance document titled 'How to Support Me', which formed part of the support plans for each resident. The purpose of this document was to help staff to be more informed in providing a consistent approach when supporting residents. It was also to provide staff with information on how best to support each resident. On reading this document the inspectors observed that it had been completed with the resident, who was supported by their key worker, location manager, family member and multidisciplinary input where required.

Some issues remained with regard to the provision of social care activities and the provision of transport to access local amenities. It was observed that the location of the centre was rural and transport would be required to access the nearest town. While a bus was currently provided for transport, the service was looking into different proposals to promote and sustain community inclusion for the residents living in the centre.

The inspectors were satisfied however, that given time, the new systems of governance and management had plans of action in place to address these issues.

Judgment:
Non Compliant - Moderate

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:
Previous inspections found that risk was not being managed effectively throughout the centre and adequate systems were not in place to manage, assess and review risk appropriately. This inspection found that the new systems of governance and management in place had systematically and proactively commenced the implementation of risk management strategies throughout the centre.

A health and safety audit had been recently completed in the centre and it highlighted issues that needed to be addressed. For example, the audit identified that there was a need for a new security gate in the centre, some trees needed to be cut back in the gardens and thermostats needed to be placed throughout the centre to regulate the temperature of the water.

There was one thermostat in place, but this was not sufficient. On the day of inspection, the inspectors observed that a maintenance person was on site progressing some of this work and was to return the following day.

The centre was also developing a risk register to focus on key areas such as health, wellbeing and safety, corporate risk and safety and care of residents. A proactive approach to reviewing incidents was in progress which involved the identification of risk and strategies to mitigate risk. It also involved staff support and supervision and the development of a risk register.

It was also observed that suitable fire equipment was in place throughout the centre, escape routes were clear and there were prominently displayed procedures in place for the evacuation of residents and staff in the event of a fire. All fire equipment in use in the centre was serviced and maintained as required and every resident had a personal evacuation emergency plan in place.

The inspectors were satisfied that within a reasonable timeframe, policies and procedures would be updated and implemented across the centre to manage risk effectively and to promote the health and safety of residents and staff. Since Gheel Autism Services took over the management of the centre the person in charge had also received training in health and safety as well as the management and use of restrictive practices.

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:
Previous inspections found that some improvements had taken place with regard to the safeguarding and safety of residents while at the same time there were still issues with regard to the management of challenging behaviour and use of restrictive practices.

This inspection found that measures were now in place to protect residents from abuse, the policy on safeguarding had been updated in line with current policy and training had been organized for all staff working in the centre on how to recognize and respond to allegations of abuse.

The policy on safeguarding 'Recognising and Responding to Allegations of Abuse' had been updated on 17 May 2016. The policy was to ensure each resident living in the centre would be protected from all forms of abuse and detailed staff responsibilities with regard to managing any incident or suspected incident of abuse.

A comprehensive training package on safeguarding was also developed for all staff working in the centre and dates for delivering this training had been prioritized. The principal social worker had also committed to providing training to designated officers for the site, once identified. Three candidates for role of designated officer had been identified by the time of this inspection.

Training for the person in charge and team leader had already taken place on restrictive practices. The inspectors saw the training materials and found that they covered areas for consideration such as human rights and promoting a restraint free environment. From speaking with some managers and team leaders the inspectors were assured that the training was beneficial and they spoke very positively of it. They had also shared the training materials with all staff in the centre. Dates were to be organized so as all staff would attend this training as well.

Staff had also been provided with training on understanding autism, the importance of promoting a low arousal person-centred approach to residents and the importance of relationship building when working with people with autism. Again the inspectors saw the training package and found that it was a comprehensive overview of the condition of autistic spectrum disorder and was informative of how best to promote a person-centred approach for the residents.

Strict protocols had also been developed on the use of chemical restraint and since the arrival of Gheel Autism Services the centre also had input and support from a highly trained and specialized nursing staff member as and when required. A team of psychologists were also available to provide on-going support to residents.

Where required positive behavioural support plans had been devised and implemented for residents in order to support them manage problematic behaviours. The inspectors saw one resident's behavioural support plan and found it to be a comprehensive assessment of the person and the strategies required to best support them in a pro-active low arousal manner.

Overall the inspectors were satisfied that where required residents would have support from allied healthcare professionals to manage behaviours of concern and that the current system of management and governance in place would put systems into place to protect residents from harm and abuse.

Judgment:
Compliant

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

Findings:
Previous inspections found some issues with regard to adequate support for the management of some residents' healthcare needs. This inspection found that residents' were being supported to achieve and enjoy best possible health.

The last inspection identified issues with regard to one resident in particular being underweight. This inspection found that all residents' weights were being monitored monthly and the resident of concern was having their weight monitored weekly. The resident also had regular input from their GP and was attending a dietician.

Visits to other allied healthcare professionals were organized as and when required. For example, on the day of inspection some residents were attending the dentist and hygienist. Input from other allied healthcare professionals such as dieticians and psychologist was also available to residents when and as required.

Specialist conditions were also being managed in the centre. For example, a resident with diabetes was being supported with a healthy diet with input from the dietician. Mental healthcare needs were being supported with input from psychologists and a psychiatrist.

The centre also had access to two specially trained nursing personal for advice and support if and when required for the healthcare needs of each resident living in the centre.

Mealtimes were seen to be a positive and social occasion for the residents. The inspectors observed staff chatting with residents during and after mealtimes.

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:
Previous inspections found issues with the guidelines and protocols for the administration of p.r.n. medication (a medicine only taken as the need arises). This inspection found that these issues had been addressed and each resident was protected by safe medicines management practices.

Previously there had been issues with lack of clarity and protocols in place for the use of p.r.n. medicines in the centre. It was found that there were no standard guidelines in place to guide staff on the use of p.r.n. medicines. This inspection found that all p.r.n. medicines now had strict protocols in place for their use and that training for all staff was to be rolled out for the safe administration of medicines.

Management and staff of the centre also had support as and when required from two specially trained and qualified nursing staff.

Audits on medication management practices, including the administration, storage and return of medicines to the pharmacy had also commenced. The last audit, carried out with the assistance of the local pharmacist, found that too much p.r.n. medicines were being kept in stock. By the time of this inspection that situation had been rectified.

Appropriate procedures were now in place for the ordering, handling, and disposal of all medications in use in the centre and a system had been developed for the reviewing and monitoring of safe medication 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The previous inspection found significant issues with regard to the governance and management of this centre which impacted negatively on residents. However, under the new governance arrangements the inspectors were satisfied that there were robust systems of management in place to promote the delivery of safe and effective care to

residents.

This centre was an autism specific centre for adults on the autistic spectrum. A number of previous inspections found that the centre was not fit for its stated purpose and residents were in receipt of unsafe services and poor quality outcomes. Because of this the Health Services Executive (HSE) has been acting as provider for the centre since 9 May 2016.

The HSE developed a memorandum of understanding with a project team from Gheel Autism Services (specialists in services for people on the autistic spectrum) to manage the day-to- day operations of the service. This project team immediately set about addressing the issues of non-compliance as identified in previous reports with the input, cooperation and support of the person in charge and the team leader.

Systems of staff supervision had been implemented and the inspectors viewed a sample of these. They were found to be informative and supportive to staff.

There was a general manager in place who was supported by a full-time person in charge. The person in charge was found to be responsive to and knowledgeable of her role and remit to the regulations. She was found to be supportive to her staff and welcomed the support and input being provided by Gheel Autism Services. Two nursing staff where available to the centre when and where required.

There was also a team leader in place who supported management in the day-to-day operations of the centre. One inspector spoke with the team leader during the course of the inspection and he was found to have an in-depth knowledge of each resident's support needs. He was also found to be very supportive and caring towards the residents and it was observed that the residents could speak with him in an open and friendly manner.

A new system of internal audits had commenced since the last inspection. They were found to be informative of where the centre was compliant regarding regulations and identified actions regarding areas of non-compliance. For example and as identified in medication management, the audits had highlighted issues with regard to the storage of p.r.n. medicines in the centre. This had been rectified by the time of this inspection. The inspectors were satisfied that given time the actions identified from the audits would be addressed.

Management also provided all staff with training on the Health Act and the Regulations as they pertain to disability services. Staff informed inspectors that this training was useful and provided them with important information on how they can work with the regulations in promoting a quality based and safe service. The inspectors examined the training pack and found it to be informative and supportive to the training needs of staff working in the centre.

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

Findings:
Issues with regard to the provision of continuity of care were highlighted in previous inspections. This inspection found that these issues had been addressed and there were appropriate staff in place to meet the assessed needs of the residents living in the centre.

The inspectors met with a number of staff throughout the inspection process and found them to be very supportive to the needs of the residents. Staff were observed to interact with residents in a warm and caring manner. Residents were also observed to speak with staff in a relaxed and comfortable way.

The person in charge was providing direct support and supervision to her staff and, from a sample of notes viewed, the inspectors observed that this process was very supportive to staff members. For example, through the process of supervision one staff member has identified that they would like to undertake a professional third level course relevant to their role. The inspectors observed that a course has been identified and the staff member was being supported to undertake it.

The inspectors also observed that the reliance on agency staff had declined and staffing resources in place were meeting the needs of the residents. Staff were also being provided with training relevant to their role, such as autism awareness training, refresher safeguarding training and training on the use of restrictive practices.

Management were also in the process of up skilling staff with regard to their remit to and knowledge of the Health Act (2007) and Regulations.

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:

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Health Information and Quality Authority
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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005455
Date of Inspection:	07 June 2016
Date of response:	11 July 2016

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 Registered Provider is failing to comply with a regulatory requirement in the following respect:
While a lot of work had been done to date in supporting and meeting the assessed needs of residents it was observed that this was a work in progress and was not completed by the time of this inspection.

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

1. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
1) The service user accessible version of the Support Plan has been distributed to all service users and are in the process of completing this, with support from Key Workers. 08/08/2016
2) Development of role of 'location coordinator' in each house. This is a designated person in the house to support the necessary administration work on a part-time basis. This person will support the ongoing development of social care plans and assessments in houses. 01/08/2016
3) Autism Awareness training for all staff to be delivered. This will support the understanding and improved practice for staff. 01/09/2016
4) All staff will receive Report Writing Training. This will support the development of high quality plans and assessments. 05/08/2016
5) Support from two assistant psychologists will support the team to further develop 'How to Support Me' guidelines for service users. These are guidelines to inform the understanding of how a person prefers to be supported. 01/09/2016
6) Annual review meeting for service user, with input from family and any allied health professional will be introduced. 01/09/2016
7) Support Plan document is being reviewed section by section. This is to allow sufficient time for staff to develop informative and factual assessments and plans to support these. Commenced 18/05/2016
8) The staff team receive training from an experienced social care worker in the development of each section, and are supported by the Team Leader and PIC in the development of same. Commenced 18/05/2016
9) Ongoing review of the staff requirements and configuration of working days to ensure adequate staff on site to support the needs of service users. Commenced 18/05/2016
10) Guidance document created for the Support Plan to guide keyworkers to develop plans in line with best practice. This is available in the office for support when writing plans and assessments. 08/07/2016

Proposed Timescale: 01/09/2016