

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ocean Crescent
<b>Centre ID:</b>	OSV-0005383
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Bernadette Donaghy
<b>Lead inspector:</b>	Anne Marie Byrne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	29
<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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 29 June 2017 09:20 To: 29 July 2017 17:45

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 the 13th 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 residents 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:

The inspector met with six residents, seven staff members, two clinical nurse managers and the person in charge during the inspection process. Two residents spoke with the inspector during the inspection process. A number of practices and documents were reviewed as part of this inspection including seven residents' files, three staff files, risk assessments, social care schedules, activity logs, restrictive practice protocols, improvement plans, staff rosters and staff training records.

Description of the service:

This centre is managed by the Health Service Executive (HSE) and is part of a campus setting, located close to Sligo town. The centre comprised of five chalets providing residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service is nurse-led and can accommodate male and female residents, from the age of 18 years upwards. At the time of inspection, all residents residing in the service were female. Two of the chalets provide accommodation for seven female residents, two of the chalets provide accommodation for five female residents and one chalet provides accommodation for four female residents. There were no vacancies at the time of inspection.

The person in charge has the overall responsibility for the centre and is based in the campus on a full-time basis. He was supported by two clinical nurse managers and the provider. The person in charge holds an administrative role and regularly visited each chalet to meet with residents and staff. Each chalet has a communal kitchen and dining area, sitting room area, bathroom facilities and bedroom spaces for residents.

Overall judgment of our findings:

This was a follow-up inspection to identify if the twenty actions the provider said they would do following the inspection on the 3rd and 4th of April, 2017 were satisfactorily completed. These twenty actions related to social care needs, health, safety and risk management, safeguarding and safety management, governance and management and workforce. Upon this inspection, the inspector found the provider had made significant improvements to the service being provided to residents. Nineteen out of the twenty actions were found to be satisfactorily completed. However further improvements were still required to ensure adequate staffing arrangements were in place at all times to meet the social care needs of residents.

Inspectors found that four outcomes were in compliance and one outcome in substantial compliance with the regulations.

The findings and their actions are further outlined in the body of the report and the action plan at the end.



**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):**

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

**Findings:**

All four actions required from the previous inspection were satisfactorily completed. Since the last inspection, the inspector found the provider had significant improvements to meet the assessed social needs of residents, to the development of personal plans and to transitional planning.

An additional 39 hours social care support was provided to the centre since the last inspection which were allocated between the five chalets in the centre. A schedule was developed on a fortnightly basis with residents which demonstrated the dates and times this additional support was available to them. A review of activity logs by the inspector demonstrated that residents' activities were occurring in line with the fortnightly schedule. Some residents in the centre had neurological healthcare needs, and required one-to-one nursing support when engaging in social activities. Staff who spoke with the inspector stated that since the introduction of these additional hours, staff nurses now had the capacity to go on social outings with these residents to provide the one-to-one nursing support that these residents require to engage in social activities. The inspector reviewed a number of activity related documents for these residents, which demonstrated that these residents now had regular opportunities to go on outings and attend personal appointments.

Since the last inspection, significant improvements had been made to the social care arrangements for residents with cognitive impairments. Sensory activity schedules were developed for residents with dementia, which detailed the types of activities suitable to meet these residents' needs. These schedules clearly informed staff on the level of engagement they were required to provide to residents during these activities. A log of

residents' participation in these activities was maintained and where residents repeatedly declined an activity, this was also recorded. Staff told the inspector that this allowed them to identify trends in the activities that residents with dementia no longer wanted to engage in. Staff also informed the inspector that since the last inspection, a large emphasis has been placed on ensuring this new schedule is not process led, but is driven by resident enjoyment and engagement.

A revision of the personal planning system has been completed since the last inspection of this centre. Personal plans were in place for each resident and these were found to all be within their review dates. Personal goals were found to have action plans in place, which detailed the actions to be completed to meet these goals. Those responsible for supporting residents to achieve their goals were named. Action plans were updated regularly with the progress made by residents to achieve their goals. Personal plans were now available to residents in a picture format. Staff informed the inspector, that where residents were unable to understand these, staff would ensure they regularly discussed them with residents to determine their preferred way to meet their goals.

No residents transitioned from this centre to the community since the last inspection. The person in charge informed that he was still awaiting transition dates to be confirmed. The inspector found residents now had 'Live in a Different Way' documents in place which described the support required by the residents in preparation for transition. Transition meetings were also occurring within the centre. Minutes of these meetings were reviewed by the inspector and were found to give consideration to the transition needs of residents with cognitive impairments residing in the centre.

**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):**

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

**Findings:**

The five actions required from the previous inspection were found to be satisfactorily implemented. The inspector found significant improvements had been made to the risk management and fire safety management systems within the centre.

Since the last inspection, the provider had implemented a new health and safety and risk management system into each chalet within the centre. The management of this system was overseen by the clinical nurse managers and person in charge. The inspector reviewed a sample of organisational risk assessments and these were found to clearly

identify the hazard being risk assessed, and the control in place to mitigate this risk. Where risks were rated as high, the clinical nurse manager informed the inspector that these were now being escalated to senior managers for immediate review. The inspector observed that a risk assessment was now in place for the management of overcrowding in one of the chalets. The clinical nurse manager informed the inspector of the new controls in place and of their effectiveness since their implementation. The inspector found further improvements were also made to the risk assessment of residents with specific neurological healthcare needs, with these assessments clearly identifying the controls in place to ensure the welfare and safety of these residents was maintained at all times. The inspector spoke with staff who had the responsibility for health and safety in the centre and these staff members told the inspector of the responsibilities and duties associated with their role.

Significant improvements had also been made to the centre's fire safety systems since the last inspection. Clear and concise fire procedures were now displayed within each chalet and staff demonstrated to the inspector how these procedures guided their practice in the event of a fire. The inspector spoke to a number of staff during the inspection, who all were aware of the location of the fire assembly point and of their responsibility to contact the emergency services in the event of a fire. Staff also informed the inspector that fire drills now incorporated the use of the centre's fire alarm system. A sample of residents' personal emergency evacuation plans were reviewed and these were found to now detail the arrangements in place where the centre's fire escape routes are not available to residents in the event of a fire. All staff had up-to-date fire safety training at the time of inspection.

**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 four actions required from the previous inspection were satisfactorily completed.

The provider has completed a self-audit of the restrictive practices in use within each



chalet since the last inspection and this report was available to the inspector. Risk assessments and protocols were in place for environmental restrictions and staff who spoke with the inspector demonstrated their understanding of the appropriate application of these restrictions. The inspector found these risk assessments also gave consideration to the impact of environmental restrictions on other residents living in the chalet. Restrictive practice logs were maintained to record all occasions where restrictions were applied and these logs were regularly reviewed by the clinical nurse managers for trending purposes.

Since the last inspection, a preliminary screening was carried out on a safeguarding concern which was identified during the last inspection. A safeguarding plan was put in place following this screening and was used by staff to guide on the safeguarding measures to be implemented. Staff told the inspector that since the implementation of this safeguarding plan, no further safeguarding incidents had occurred.

All staff were found to have up-to-date training in safeguarding and in the management of behaviours that challenge.

**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 two actions required from the previous inspection were satisfactorily completed.

Since the last inspection, arrangements had been put in place to support the person in charge in the management of the centre. A person had been identified to represent the provider and the person in charge was now supported by two clinical nurse managers, who work in a supernumerary capacity in the centre. The person in charge meets regularly with the clinical nurse managers to review action plans and discuss any areas of concern. The inspector met with one of the clinical nurse managers who identified a number of developments since the last inspection including a revision of the risk management process, governance arrangements and social care support. The person in

charge told the inspector that this additional management support resulted in him having sufficient time to discharge his duties and responsibilities.

The inspector found significant improvements had been made to the monitoring and review of action plan deadlines. A number of action plans were reviewed by the inspector including the six monthly unannounced provider visit, quality improvement plan and capital works. All actions from the six monthly unannounced provider visit had been completed; however, some actions remained overdue on the capital works plan and quality improvement plan. The clinical nurse manager and person in charge informed the inspector that these overdue actions were escalated to senior management and that they were being reviewed each week with senior management and the person in charge.

**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:**

Of the four actions required from the previous inspection, three were satisfactorily implemented. However, improvements were still required to ensure sufficient staffing arrangements were in place to consistently meet the social care needs of residents.

An additional 39 hours social care support was provided to the service since the last inspection. These hours are allocated between the five chalets in the centre and are delivered by one staff member. Staff informed the inspector that on the days where these additional social care hours are scheduled there were more opportunities available to meet the social care needs of residents. Staff also told the inspector that this new staffing arrangement has allowed for social activities to go ahead as scheduled, and that residents' planned activities are no longer cancelled due to staffing shortages. However, the inspector observed that due to the limitations of the staff delivering these hours, this additional staff support was only available to residents five days a week, with no contingency plan in place to ensure staffing resources were in place for the remaining two days each week. Staff told the inspector that on days where this additional staff

support is not available, staff working in the chalets do not always have the capacity to meet residents' social care needs. Activity logs reviewed by the inspector identified occasions where no social activities were conducted with residents on days where the additional social care hours were not available. Staff informed inspectors that this was because staff levels were not available to meet the social care needs of residents on those days.

A sample of staff files were reviewed by inspectors and these were found to contain all information as required of Schedule 2 of the regulations.

Staff supervision was on-going at the time of this inspection and this was overseen by the clinical nurse managers. The inspector observed a schedule was in place for the remaining staff requiring supervision, with all supervision due to be completed in July 2017.

The inspector reviewed the roster for the centre and found no gaps in the recording of start and finish times of those working in the centre. All staff had received up-to-date training in manual handling at the time of this inspection.

**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:***

Anne Marie Byrne  
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 Health Service Executive
<b>Centre ID:</b>	OSV-0005383
<b>Date of Inspection:</b>	29 June 2017
<b>Date of response:</b>	27 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 17: Workforce

**Theme:** Responsive Workforce

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

The provider failed to ensure that the number of staff working in the centre was appropriate to the assessed social care needs of residents.

**1. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and

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

skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The service is currently partaking in a recruitment process for the establishment of a locum panel of staff. This will allow the allocation of a number of staff to Ocean Crescent who can be called on a locum basis as the need arises within the centre. Staff will be consistent and familiar to residents. This panel will be in place by Sept 1st. This will alleviate the use of agency staff across Ocean Crescent and assist in the assurance that the number, qualifications and skill mix of staff is appropriate to the needs of the residents at all times.

**Proposed Timescale:** 01/09/2017