

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cashelgarron
Centre ID:	OSV-0005508
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ann Gilmartin
Lead inspector:	Catherine Glynn
Support inspector(s):	Anne Marie Byrne
Type of inspection	Announced
Number of residents on the date of inspection:	0
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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 January 2017 11:30 To: 17 January 2017 14:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:

This was an eight outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This was a new designated centre which had not previously been registered or inspected by the Health Information and Quality Authority.

How we gathered our evidence:

As part of the inspection, the inspectors met with the person in charge, viewed the building and building plans and reviewed documentation such as personal plans, medical records, health and safety documentation, policies and procedures and staff files. An interview was carried out with the person in charge.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This service provides a full-time residential service to four female residents, who are diagnosed with both an autistic spectrum disorder and an intellectual disability. The centre is a refurbished bungalow which was well laid out with adequate living space. Refurbishment is almost complete and four residents have been identified for admission to this service.

Overall judgment of our findings:

The inspectors found that overall the premises and systems were in place to facilitate the transitions of four residents. Further improvements were required with regard to written agreements, statement of purpose, workforce and documentation. The provider was required to amend some of this documentation prior to the registration decision being finalised.

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 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

There was a policy to guide the admission process. The planned admission assessments that were currently in progress were being undertaken in line with the policy. The inspectors found that a range of assessments had been undertaken, multidisciplinary input had been sought and aspects of the refurbishment of the building had been tailored to meet the needs of the residents.

The written agreements for the provision of services had been completed by the person in charge, who was awaiting the return of signed service agreements, at the time of inspection.

The inspector reviewed the written agreements and found that they were informative, however the outline of the total charges for care and support, did not detail all the costs that would be incurred. For example, utilities, groceries and social outings. In addition, the written agreements did not state what expenses were not included in the total charge, for example medical treatments or costs.

The designated centre plans upon registration to admit four residents to the centre.

Judgment:

Substantially Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found the centre had arrangements in place to meet the assessed needs of each resident who was planning to transition into the centre. Personal plans were developed in advance of residents' transition and were developed to help guide staff on residents' wishes, preferences and daily routines.

Four residents were planning to transition to the centre. The inspectors observed that transition plans were in place for each of the four residents. Multi-disciplinary input had been sought to aid in the development of these plans, which focused on supporting the residents in areas such as communication, personal outcomes and natural support networks. The centre had identified various additional supports and skill based activities required to support residents undergoing transition. Action plans were in place which the centre planned to use to oversee residents' progression and performance level on activities completed. Various compatibility assessments had been completed by the centre. These assessments were reviewed by the inspectors, no concerns regarding the compatibility of residents were identified during the assessment process. The centre had involved residents and their families in the development of transition plans and evidence of these meetings were available on the day of inspection.

A new personal plan recording system was being implemented at the time of inspection. The inspectors observed that some residents personal plans had already transferred over to this system. The PIC informed the inspectors that plans were in place to ensure the new personal plan recording system would be fully implemented, by the time residents had transitioned into the centre. A sample of residents' personal goals were reviewed by the inspectors and were found to be person focused and resident led. Residents' personal goals had action plans in place which outlined the nature of each goal, the person responsible to support the resident to achieve their goals and the timeframe for review. The inspectors observed these goals were developed with each resident and their key worker, as part of transitioning plans. Residents' personal goals were found to consider goals residents may have surrounding leisure and fun, home skills, family relationships, money management, employment and health and wellbeing.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The design and layout of the centre is suitable for its stated purpose.

This centre is a large dwelling, set in a residential area close to a town. The bungalow had four bedrooms, which were allocated to individual residents. The inspectors found that there were adequate facilities such as bathrooms, kitchens with dining areas and laundry facilities. In addition there was adequate communal space to facilitate recreation and visitors to the centre. The house had been refurbished and decorated with the consultation of the residents and their families.

While the refurbishment work was still in progress at the time of inspection, the rooms which had been furnished were bright and well-maintained. The building had been finished to a high standard to promote residents' safety, dignity, independence and well-being. All accommodation was on the ground floor.

Residents will have access to separate enclosed gardens at the rear of the house. There is a large mature garden at the front of the building.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff.

There was an up-to-date health and safety statement and a risk management policy which included a risk register. The person in charge stated that the risk register would be reviewed and updated following residents moving into the centre.

Adequate precautions against the risk of fire were in place. The person in charge told inspectors that, as part of the recent refurbishment of the building, new fire alarms, extinguishers, fire doors and self-closing mechanisms had been provided and were fitted to all internal doors. The person in charge planned to hold a staff induction for fire safety and evacuation in the house within the following week. All staff had already received fire safety training within the organisation. Personal evacuation plans were in place for all residents. Staff already knew and worked with the residents and were familiar with their needs.

There were systems to ensure robust measures were in place with regard to fire management and health and safety:

- internal checks of fire alarms to monitor effectiveness of equipment.
- daily checks of all fire doors, to ensure no issues or concerns evident.
- emergency plan had been developed for the centre to guide staff in the event of an emergency.

The person in charge outlined the infection control policy and procedures for the centre and the facilities and systems that would be implemented throughout the centre in line with best practice.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

A statement of purpose had recently been developed to reflect the service to be provided in the new centre. An inspector reviewed the statement of purpose and found that it complied with the requirements of the regulations and detailed the services to be provided.

The person in charge stated that the statement of purpose would be reviewed annually.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that there were effective management systems in place to govern the centre. There was a clearly defined management structure that identified the lines of authority and accountability.

Inspectors met with the person in charge who was found to be suitably qualified and experienced. The person in charge was appropriately supported by the provider. She was suitably qualified for her role and had extensive experience in nursing. She was knowledgeable regarding the requirements of the regulations and standards and had a very good overview of the health and support needs and personal plan of the pending residents. The role of the person in charge was full-time and she would be based in the centre. The inspector found that the person in charge did not have a contract finalised, with an outline of protected-time to carry out management responsibilities in her working week.

The provider had established a management structure, and the roles of managers and staff were clearly set out and understood. The person in charge understood her role and responsibilities and the management and reporting structure within the organisation. She told the inspectors that she felt supported in her role. She stated that she had access to her line manager and the provider when required. She received formal support meetings from her line manager and could contact him at any time, should she have a concern or issue in relation to any aspect of the service.

Arrangements were in place to cover the absence of the person in charge. In addition, an out of hours on-call rota was to be developed as was the practice in this organisation.

Support services were available within the organisation, including behaviour support services, a social worker, physiotherapist, financial controller and a health and safety

officer.

There were systems in the organisation for monitoring the quality and safety of care and these systems were to be implemented in this centre. All accidents, incidents and complaints were to be recorded and kept under review within the centre for the purpose of identifying trends. Members of a management team planned to carry out unannounced visits to all centres in the organisation every six months, on behalf of the provider, to review the quality of service and compliance with legislation. Arrangements were also in place for an annual report on the quality of service to be undertaken.

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):

Findings:

On the day of inspection inspectors found there were appropriate staff numbers and skill mix planned to meet the assessed needs of residents.

There was a planned roster available to inspectors on the day of inspection. This roster indicated the name and role of the staff members rostered for duty, however upon review, the inspectors found the roster did not differentiate between the operational and administrative duties of the PIC. The PIC informed inspectors of the planned arrangements in place for staff supervision within the centre. The PIC was currently awaiting supervision training to facilitate her to fulfil this part of her management role

Training records reviewed demonstrated the type of staff training conducted within the centre. Staff had received training and refresher training in areas such as behavioural support techniques, safeguarding, fire safety and manual handling. However, the training matrix did not provide a training history on all staff who were planned to work in the centre. For example, the inspectors observed staff members who were identified on the roster but were not identified on the centre's training matrix.

Inspectors also reviewed a sample of staff files and these were found to not contain the requirements of schedule 2 of the regulations.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had effective systems in place for the recording of residents' information. Personal plans and assessments were accessible and well-documented. While policies and procedures were available within the centre, some of these required review. Further improvements were also required in relation to the information required of schedule 3 of the regulations.

The inspector reviewed the Schedule 5 of policies and procedures maintained in the centre. It was found that some of these procedures had fallen outside the three year review timeframe to include:

- Policy and procedure on recruitment and Garda vetting
- Policy and procedure on health care records

Furthermore, on the day of inspection, the centres' policy and procedure on complaints management was not available for inspectors to review.

The centre maintained a directory of residents within the centre. However, upon review by the inspector, it was found that the directory of residents did not include all information as required by schedule 3 of the regulations.

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:

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005508
Date of Inspection:	17 January 2017
Date of response:	15 February 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The written agreements for the care and support of residents did not provide the required detail and breakdown of the costs incurred by the residents.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

A revised contract of care has been issued to all families and are due for return by Friday 24th February 2017 These contracts clearly outline the costs that are included in the residents care, and state the costs which must be paid directly by the resident or their families from their contribution to the service. Medical treatment expenses that are not included in the cost incurred by the residents is also documented.

Proposed Timescale: 23/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure the roster was reflective of the administrative and operational hours allocated to the Person in Charge.

2. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

We have allocated additional staffing to this service permanently to facilitate the person in charge protected hours to carry out necessary duties associated with their role. This is now reflective in the staff duty roster

Proposed Timescale: 20/01/2017

Theme: Responsive Workforce

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

The provider failed to ensure all information outlined in Schedule 2 was maintained for all staff.

3. 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:

All staff working within this designated centre now have all required documentation on file in accordance with Schedule 2.

Proposed Timescale: 10/02/2017

Theme: Responsive Workforce

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

The provider failed to ensure a record of all staff training was maintained by the centre.

4. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A record of all staff training is now maintained in the centre. All employees have received protection & safeguarding training and fire training. 2 employees require training in Managing Behaviours that Challenge and this has been scheduled for 15th & 16th February 2017. One employee requires training in manual handling training and will receive this training on the 7th March 2017.

Proposed Timescale: 07/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider failed to ensure all policies and procedures were reviewed within three year intervals.

5. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

We have undertaken to review all policies included required under regulation 4 (3) to date we have updated 20 of the 21 policies required with review latest review dates of Jan 2019. The remaining policy around Recruitment, selection and Garda Vetting has been referred to the national policy group for review. We have also included the updated Garda vetting process developed by HSE GVLO on the 3rd May 2016 as a addendum to this policy.

Proposed Timescale: 23/01/2017

Theme: Use of Information

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

The provider failed to ensure a copy of the centres complaints management policy was available within the centre for staff reference.

6. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

A copy of the designated centre complaints policy is now available within the centre for staff reference

Proposed Timescale: 24/01/2017

Theme: Use of Information

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

The provider failed to ensure all requirements of Schedule 3 were set out in the centres' directory of residents.

7. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The directory of residents for this designated centre now includes all of the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 13/02/2017

