

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Drumboe Respite House
Centre ID:	OSV-0002531
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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: 08 March 2017 08:45 To: 08 March 2017 18:30

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 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 13 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 resident 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:

During the inspection, the inspector met and spoke with five residents and interviewed three staff members. In addition, the inspector reviewed documents such as personal plans, risk assessments, policies and procedures and staff personnel files.

The inspector interviewed the centre's person in charge who was full-time and a qualified nurse with experience working with adults and children with a disability. The person in charge demonstrated knowledge of the residents' needs and the requirements of their role within the regulations.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations. Inspectors found that the service was being provided as it was described in that document. The designated centre was part of the service provided by the Health Service Executive in Donegal.

The centre provided a full-time six day a week respite service to adults and children with a disability. The centre is located in a town with access to local shops and other amenities. The centre is a bungalow comprising of five resident bedrooms and was adapted in line with the needs of residents, including suitable play facilities for children. The inspector observed staff practices at the centre and found that staff supported residents in a timely and sensitive manner throughout the inspection.

Overall Findings:

The inspector found that the centre provided care and support in-line with resident's needs and staff knowledge was reflective of residents' personal plans. Residents told the inspector that they enjoyed coming to the centre for respite care and that staff supported them to access a variety of community activities such as meals in local restaurants, bowling and cinema trips.

The inspector was assured that the centre had undertaken actions to move towards regulatory compliance and had addressed the majority of actions identified in the previous inspection conducted on the 14 July 2016. However, as described in the main body of the report, governance and management arrangements at the centre had not ensured that all findings from the previous inspection had been completed. In addition, actions from the provider's own internal quality assurance systems were overdue and not completed within agreed timeframes.

Summary of regulatory compliance:

The centre was inspected against five outcomes. The inspector found moderate non-compliance in four outcomes inspected in relation to resident's personal plans, risk management, governance and management, staff records and training. Substantial compliance was found in one outcome relating to positive behaviour management training by staff.

The reasons for these findings are explained under each outcome and the

regulations that are not being met are included in the Action Plan at the end of this 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:

The inspector found residents were supported in-line with their assessed needs, although personal plans were not reviewed annually.

The inspector reviewed a sample of residents' personal plans, which included information on residents needs in areas such as safe environments, mobility, behaviours of concern, personal care and medication management. The inspector found that staff knowledge and practice on the day reflected the sampled personal plans.

The inspector found that although personal plans were regularly updated and reflected residents' needs they were not reviewed annually to assess their effectiveness. Furthermore, the inspector found that personal plans were not available to residents in an accessible format

The inspector found that in addition to residents' personal plans, on each admission to the centre, residents completed a 'Respite Personal Plan' which showed their goals from the stay in relation to community activities. The inspector reviewed daily records and spoke with residents and found that residents were supported to meet their recorded activity goals, while at the centre, such as accessing ten pin bowling, cinema trips and meals in local restaurants and cafes.

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):

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

Findings:

The centre's risk management arrangements ensured that, in the main, residents were kept safe, although not all residents had participated in the centre's emergency evacuation drills.

Regular fire drills were carried out with minimal staffing levels, but records maintained by the centre showed that not all residents accessing the centre for respite care had participated in a simulated drill.

The centre had an up-to-date risk management policy and centre-specific safety statement which showed risks relating to residents, staff and the centre's premises. Risk assessments were up-to-date and included actions to mitigate risks, although the inspector found that expected dates for actions to be achieved such as installation of fire door self closure devices and staff training in the management of behaviour were not specified.

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre, with hand sanitisers and segregated waste disposal being further available.

The centre's fire evacuation plans were prominently displayed and reflected both resident and staff knowledge. The inspector observed that an accessible fire plan was available to residents and the fire safety arrangements were discussed in the centre's regular resident meetings.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

Residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and reflected staff knowledge. PEEPs further included supports required for both day and night-time evacuation including the use of evacuation aids.

Training records showed that all staff at the centre had completed fire safety training.

The centre maintained accident and incident records which were discussed in staff meetings and related learning being reflected in residents' personal plans and risk assessments.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Residents were protected from harm and supported with the management of behaviours of concern, although up-to-date training was required.

The inspector reviewed training records and found that not all staff had received positive behaviour management training. However, residents' behaviour support plans were up-to-date and developed with a behavioural specialist. In addition, behaviour support plans included both proactive and reactive support strategies and reflected staff knowledge.

The centre had an up-to-date policy on the prevention, detection and response to abuse which reflected staff knowledge. All staff had received training on the safeguarding of vulnerable adults and Children First. Furthermore, staff were able to tell the inspector what might constitute abuse and the actions they would take if suspected.

Information on the provider's 'Safeguarding of vulnerable adults' policy and Children First was prominently displayed on the centre's notice boards. Information displayed included photographs of the centre's Designated Safeguarding Officers and Designated Children's Liaison Person and reflected staff knowledge.

Restrictive practices used at the centre such as the locking of the front door and side gates were risk assessed and regularly reviewed. Furthermore, records clearly showed when the restriction was used and its purpose which related to residents' awareness of road safety.

The inspector reviewed residents' safeguarding plans which were up-to-date and showed supports provided to reduce risk to residents. In addition, the inspector found that staff knowledge reflected safeguarding plans examined.

Judgment:

Substantially 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 governance and management arrangements ensured the delivery of safe, quality care services, but had not addressed areas for improvement identified by the previous inspection and the provider's own internal quality assurance systems.

The inspector found that an up-to-date annual review of care and support provided at the centre had not been completed for 2016.

The inspector reviewed actions undertaken by the centre to address the findings of the previous inspection in July 2016, although the centre had addressed a significant number of findings, actions relating to annual personal plan reviews and staff training in behaviour management had not been completed within agreed timeframes.

The inspector reviewed copies of the unannounced provider six monthly visits which were available at the centre, however not all identified actions had been achieved within agreed timeframes such as staff training and the signing of residents' written agreements.

In addition, the inspector reviewed the centre's internal quality improvement plan and found that actions were overdue and had not been addressed in line with agreed timeframes in areas such as:

- Decoration of the centre
- Installation of fire door self closure devices

- Access to Dietician
- Review of personal plan format

The inspector found that the centre's management structure reflected the centre's statement of purpose and staff knowledge. The person in charge was full-time and was regularly present at the centre, which was reflected in discussions with staff and meeting minutes reviewed by the inspector.

Staff told the inspector that they found the person in charge to be approachable and responsive to their needs. In addition, staff told the inspector that they would have no reservations in bring concerns about the centre to the person in charge's attention and had done so in the past. The person in charge was a qualified nurse with experience of working with adults and children with disabilities.

The inspector reviewed audit systems in place at the centre which included medication management, fire safety, financial records and residents' personal plans. Audits were conducted at frequent intervals and in-line with the provider's policy. Furthermore, findings from audits were discussed with staff and evident in team meeting minutes reviewed.

Judgment:

Non Compliant - Moderate

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:

Staffing levels at the centre reflected residents' assessed needs, although staff personnel records did not comply with the requirements of Schedule 2 of the regulations.

The inspector reviewed four staff members' personnel files and found that they did not contain all documents required under Schedule 2 of the regulations such as:

- Employment histories
- Proof of Garda vetting

Training records showed that staff had access to mandatory training such as fire safety and manual handling, however records showed that not all staff had up-to-date training in hand hygiene and food hygiene.

The centre had both an actual and planned roster in place which reflected staff knowledge and the inspector's observations. The roster further reflected the needs of residents accessing the centre for respite care including changes to staffing levels, provision of nursing staff and staff working times to facilitate community activities.

The inspector observed residents receiving support from staff in a timely and respectful manner in-line with personal plans. Residents told the inspector that they enjoyed coming to the centre and were able to do activities of their choice. In addition, residents told the inspector that they liked all of the staff at the centre.

Records showed that staff attended regular team meeting facilitated by the person in charge. Meeting minutes showed discussions on areas such as resident needs, staffing levels and training. Staff told the inspector that they received support from the person in charge and nursing staff when required. In addition, staff told the inspector that the person in charge had completed 'Personal Development Plans' (PDPs) with them. The inspector reviewed a sample of staff PDPs which assessed the staff members' performance and their work related goals for the year.

Staff were knowledgeable about the regulations proportionate to their roles and responsibilities. Staff were able to tell the inspector that they would inform the person in charge about incidents such as an allegation of abuse, injury to residents and loss of utilities so they could notify the Health Information and Quality Authority (HIQA).

Judgment:

Non Compliant - Moderate

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:

Stevan Orme
Inspector of Social Services
Regulation Directorate

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-0002531
Date of Inspection:	08 March 2017
Date of response:	24 March 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 05: Social Care Needs

Theme: Effective Services

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

Personal plans were not available to residents in an accessible format.

1. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their

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

representatives.

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

The PIC will update personal plan template to include picture format ensuring it is accessible for all residents / their representatives.

Proposed Timescale: 24/03/2017

Theme: Effective Services

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

Residents' personal plans were not reviewed annually.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The PIC will devise a schedule for Annual Reviews to ensure that Personal plans are updated on an Annual basis.

Proposed Timescale: 31/03/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Risk assessments did not include the expected dates that risk control measures would be completed.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The PIC will ensure expected dates are included in Action plans and Additional control measures required.

Proposed Timescale: 23/03/2017

Theme: Effective Services

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

Records showed that not all residents accessing the centre had participated in a simulated fire evacuation drill.

4. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Person in Charge has compiled a list of residents who have yet to participate in a fire drill and a schedule has been devised to ensure these residents participate in a fire drill on their next admission.

Proposed Timescale: 15/04/2017

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:

Not all staff had received training in positive behaviour management.

5. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The Person in Charge will ensure that all staff receive training in 'Managing Challenging Behaviours.

Proposed Timescale: Completed 14th March 2017

Proposed Timescale: 14/03/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An up-to-date annual review of the care and support provided at the centre was not available.

6. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Person in Charge will complete an annual review of Quality and Safety of Care and Support.

Proposed Timescale: 27/03/2017

Theme: Leadership, Governance and Management

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

Governance and management arrangements at the centre had not ensured that the findings from the previous inspection report, the unannounced provider visits and the internal quality improvement plan were fully addressed in line with agreed timeframes.

7. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. The Person in Charge will ensure that the house is suitably decorated.
2. The registered provider will ensure that fire door self closure devices are installed.

Proposed Timescale: 1. 30th April 2017 2. 31 May 2017

Proposed Timescale: 31/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff personnel files did not contain all documents required under schedule 2 of the regulations.

8. 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:

1. The person in Charge will ensure that the following documents are obtained for all

Staff working in the designated centre:

- Copies of qualifications
- Photographic identification
- Employment histories
- References

2. The person in charge will ensure that Garda Vetting is completed for all Staff as required under Schedule 2 of the regulations.

Proposed Timescale: 1. To be completed by 7th April 2017

2. To be completed by May 31st 2017

Proposed Timescale: 31/05/2017

Theme: Responsive Workforce

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

Not all staff at the centre had up-to-date training in food and hand hygiene.

9. 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:

The Person in Charge will ensure Care staff have training in food hygiene and that all staff have training in hand hygiene.

Proposed Timescale: 31/05/2017