Health Information and Quality Authority
Regulation Directorate

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

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001781
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	
Number of vacancies on the date of inspection:	

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 following notification of a significant incident or event. 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:
17 June 2014 10:15	17 June 2014 17:00

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

Outcome 08: Safeguarding and Safety
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this centre, which took place following receipt of required notifications submitted to the Authority.

Two outcomes were inspected against on this inspection - safeguarding and safety, and workforce. While the inspector found evidence of good practice in relation to both areas, significant improvements were required to the procedure to be followed in the event of an allegation of abuse. Staffing allocation in the centre also required improvement to ensure safety and protection and that the requirements of 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) were met.

The person in charge and her direct line manager were respectful in their descriptions of care needs. While there was evidence that amendments had been made to the staffing complement and delivery of care to suit assessed needs, advocacy support and communication was not sufficient in the centre.

The findings are discussed further in the report and improvements required and the provider's response are included in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):
This was the centre's first inspection by the Authority.

Findings:
The provider had measures in place in relation to safeguarding and protection however, improvements were required in regards to taking appropriate actions immediately following an allegation of abuse and to the policy and procedure for the prevention, detection and response to abuse on how allegations of abuse are investigated.

Garda vetting was in place for staff working in the centre. The inspector viewed the centre's policy on the prevention, detection and response to abuse and found that it provided clear guidance on the types of abuse, indicators of abuse and the process that staff were to take in the event of suspecting abuse or receiving an allegation of abuse. The policy stated that allegations of abuse which involved a staff member would be investigated in line with a Health Service Executive policy. However, this policy was not available in the centre.

A person participating in the management of the centre told the inspector that the centre's policy on managing investigations was utilised in the event of an allegation of abuse. However, there was no reference to the managing investigations policy in the prevention, detection and response to abuse policy. In addition, while the policy included a flowchart detailing the protection and welfare process, there were no timelines in relation to the investigation of an allegation of abuse.

The policy stated that a staff member would be taken off duty pending an investigation which fell under the category of serious misconduct. There was no definition of serious misconduct in the policy and the inspector was told that the definition was included in the employee handbook. The inspector viewed a copy of the employee handbook and noted that there was reference to 'misconduct/serious gross misconduct', however, the

guidance in the policy was unclear regarding the response to allegations of abuse. The inspector found sufficient evidence to demonstrate that the lack of clarity in the policy regarding the measures to be taken in the event of an allegation of abuse had the potential to impact on the arrangements for the protection of residents. This is discussed further under Outcome 17: Workforce.

All staff had signed a record to indicate they had read the policy on the prevention, detection and response to abuse. Staff had received training on the prevention, detection and response to abuse. In the event of an allegation, staff received additional training. However, staff required further supervision and training in this area to ensure resident safety and protection.

The inspector was concerned about the levels of supports available in the centre. The person in charge informed the inspector that there was no access to independent advocacy services. Family members were the primary advocates. The inspector reviewed records of contact with family members and found that they not been informed about all events in the centre and the subsequent actions and outcome.

Positive behavioural support was not inspected on this inspection.

Judgment:
Non Compliant - Major

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

Findings:
The inspector found that significant improvements were required to recruitment procedures, staff induction, training and staffing levels within the centre to ensure resident safety and welfare was protected and promoted in the centre.

Adequate measures were not in place to respond to allegations. There was insufficient access to staff at short notice to fully implement the arrangements for responding to any allegations of abuse. Staff supervision was not sufficient.

While staffing levels had been adjusted subsequent to an allegation, the inspector noted that inadequate contingencies were in place to cover staff on leave. The person in charge stated that there was a very high turnover of staff in the centre and that staff

members who left employment at the centre tended to leave without sufficient notice.

Documentation viewed showed that supervision was taking place on a regular basis. However, a recent internal report identified that staff issues had not been adequately addressed through supervision meetings and staff members were reported subsequently as having behaved in an inappropriate manner.

Improvements were required to staff training and the inspector found that training was not easily accessible. Some staff required training which had not been provided or which required refreshing. For example, training in manual handling and medication administration was required. Staff had also not received training in administering a prescribed medication to be used in the event of a particular medical emergency. The person in charge stated there was a DVD on administering this medication which was available for staff to watch but stated that she had no way of knowing if staff had watched the DVD. This had not been identified as a risk by the person in charge.

The inspector viewed the staff rota and noted that the actual staff rota did not accurately reflect the staffing levels in the centre on some dates. Unexplained abbreviations were used on the rota.

The inspector viewed a sample of staff files and found improvements were required as the files did not contain all the information specified in Schedule 2 of the Regulations. In addition, the reference forms used did not identify the business of the person providing the reference and therefore it was not clear if all staff files contained a reference from the employee's most recent employer.

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:

Lorraine Egan
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[1]

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001781
Date of Inspection:	17 June 2014
Date of response:	18 November 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Safeguarding and Safety
Theme: Safe Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The policy and procedures in place for the prevention, detection and response to abuse did not give clear guidance regarding the response to allegations of abuse and there were no timelines in relation to the investigation into allegations of abuse. In addition, the policy referenced an external policy which was not available in the centre and did not reference a policy which the inspector was informed would be used in the event of

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

an investigation into an allegation of abuse.

Family members had not been informed about all events in the centre and the subsequent actions and outcome.

Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
All three allegations have been found to be unsubstantiated by three separate investigations which were completed by designated person and included an external investigator to ensure independence in the process.

Policy and Procedure revision: Revisions to the relevant policies have been completed and released to the organisation on 31/10/2014.

Family Informed: The agreement which exists with the family regarding their preferences for communication around incidents and allegations has been followed and the final phase of information was provided to them on 24/06/2014.

Proposed Timescale: 31/10/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff required further supervision and training in relation to safeguarding residents.

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

Please state the actions you have taken or are planning to take:
There was training provided to all staff with regard to particular interactions and respectful engagements. This training was delivered by a Senior social worker in the organisation on 4th June 2014. Staff have had supervision about the issues pertaining to prevention, detection and response to abuse. Additional training by a senior social worker has been requested for the staff in the service.
Training delivered to staff team on 4/06/2014 following the first allegation.
Supervision with staff occurred on 3/07/ 2014.
A Senior Social Worker delivered further training to the staff on 24/07/2014

Proposed Timescale: 24/07/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a high turnover of staff in the centre. Staff members resigned at short notice.

Action Required:
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:
The PIC will document the staff members' reasons for leaving and these will be included in that person's schedule 2 folder with immediate effect from 18/06/2014.

Proposed Timescale: 18/06/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The actual staff rota did not accurately reflect the staffing levels in the centre on some dates and the rota was not clear as there were unexplained abbreviations in use.

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:
Since identified by the inspector a roster which only includes the actual hours worked by staff in the service is being completed and maintained in Schedule 4 folder in the service.

Abbreviations used such as SI = Sleep In and D/O = Day Off are now clearly stated at the bottom of each roster sheet.

Rosters have been modified as per feedback from inspector since 18/06/2014.

Proposed Timescale: 18/06/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all documents required under Schedule 2 of the Regulations were contained in the staff personnel files.

Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
The outstanding gaps identified in Schedule 2 by the inspector have been completed.
The Person in Charge is linking with the HR department to ensure the most recent reference from the last employer is contained in the staff members schedule information.
All Schedule 2 information will be completed and all identified gaps filled by Friday 25/07/2014.

Proposed Timescale: 25/07/2014

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient access to staff at short notice to fully implement the arrangements for responding to any allegations of abuse.

Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and 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:
In order to cover emergencies and long term sick leave we have advertised for relief staff for the service so that there is sufficient cover in those circumstances.
Roster has been reviewed and enhanced to include sufficient cover for emergencies.
Interviews for relief staff completed on 23/07/2014.

Proposed Timescale: 23/07/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training was not easily accessible and some staff required training and refresher training in manual handling and medication administration.

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:
There is a training schedule that runs three times a year which includes both training in

all mandatory and essential training required for staff to undertake. The person in charge, who has just recently returned to work, was scheduled at the time of inspection on June 17th to complete refresher training in manual handling on 25th June and has since completed same.

Refresher Training in Manual handling completed on 25/06/2014 for PIC.

The medication training has been completed for PIC on 27 June 2014.
One staff member completed this training in May 2014.
One staff member completed the training on 21 & 22 July 2014.
The remainder of the staff team will complete a medication training event on 19/11/2014.

Training in administration of the medication to be administered in the event of a specific medical emergency has taken place for the staff team on 26/08/2014.

Proposed Timescale: 19/11/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A recent investigation by the provider identified issues that had not been addressed through supervision.

Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Following the first and second allegations there was training provided to all staff with regard to particular interactions and respectful engagements. This training was delivered by a Senior social worker in the organisation on 4th June 2014. After the third allegation and when staff were available they have had supervision about the issues pertaining to prevention, detection and response to abuse. Additional training by a senior social worker has been completed for the staff in the service.

Training delivered to staff team on 4/06/ 2014 following the first allegation
Supervision with relevant staff occurred on 3/07/2014.
A Senior Social Worker has delivered training relevant to the last allegation to the relevant staff on 24/07/2014.

Proposed Timescale: 24/07/2014