

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	An Ghrianán
Centre ID:	OSV-0004656
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bernadette Donaghy
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 May 2017 08:55 To: 08 May 2017 14:30

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 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 this follow-up inspection, the inspector did not meet with the residents residing in the centre as on the day, they were away from the centre. The inspector spoke with two staff members, the person in charge, the assistant director of nursing and the provider as part of the inspection process. In addition, the inspector reviewed documents such as residents' personal plans, risk assessments, fire safety documentation and staff personnel files.

Description of the service:

The centre is a bungalow dwelling located one mile from Sligo town. An Ghrianan provides residential services for up to four adults with learning disabilities. The service can accommodate male and female residents, from the age of 18 years upwards. The person in charge was newly appointed to the role and had the overall responsibility for the centre.

Four female residents were residing in the centre on the day of inspection. These residents' needs ranged from low to medium support needs. Some residents had employment identified and were actively participating in their local community and attended day-care services. The centre was in close proximity to public transport services.

Overall Findings:

This inspection focused on actions the provider had put in place to address the findings from the previous inspection, which occurred on the 6th of February, 2017. The inspector did not look at all aspects of the service, with four outcomes inspected as part of this follow-up inspection.

Since the previous inspection, the inspector found the provider had made significant improvements to the social care and governance arrangements of the centre. A new person in charge was recently appointed to the centre and arrangements were in place to support her to have the capacity to fulfil her role. Additional governance arrangements were also in place to assist in the effective monitoring and review of the service provided.

However, the inspector found that the provider had not addressed all findings within agreed the timeframes from the previous inspection. These findings related to health safety and risk management and workforce. However, the inspector was assured that since the last inspection, the centre had undertaken actions towards regulatory compliance.

The inspector found two outcomes were now compliant, one outcome in moderate non-compliance and one outcome remained in major non-compliance. These outcomes were health safety and risk management and workforce.

The findings are explained under each outcome in 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 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:

This outcome had one action from the previous inspection, and this was found to be satisfactorily completed upon this inspection.

Action 1

The inspector reviewed a sample of residents' personal plans, and found these now included up-to-date information on the progression made by residents to achieve each of their personal goals. The centre had a colour coding system in place to demonstrate the short, medium and long term goals residents wished to achieve. The person in charge informed the inspector that plans were in place to conduct monthly audits on the centre's personal planning system, to monitor the on-going review and updating of personal goals. This was scheduled to commence May 2017.

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):

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

Findings:

This outcome had two actions required from the previous inspection. Since the last inspection, significant improvements were made towards the centre's risk management processes. However, further improvements were required to the additional controls in place to mitigate some risks. Furthermore, improvements were also observed to the centre's fire management system, however some actions were not fully completed upon this inspection.

Action 2

In the action plan response from the last inspection, the provider assured HIQA that the health safety and risk management systems would be reviewed and updated to ensure systems in place for the assessment, management and on-going review of risk. Since the last inspection, a new risk management system was implemented for the review of organisational specific risks. In March 2017, a full revision of the risk register was completed, with all organisational risk assessments maintained under review by the person in charge. The person in charge informed the inspector that she has regular on-site presence in the centre, coupled with a schedule of audits to assist in the monitoring and on-going review of risks. The inspector found that although the revised risk assessments showed the current controls in place to mitigate specific risks, there were gaps in the centre's ability to demonstrate the additional controls required for these risks. In addition, not all risk assessments had review dates in place to guide on how often the management of some risks required to be reviewed.

Action 3

In the action plan response from the last inspection, the provider assured HIQA that all areas identified within this action would be addressed. Since the last inspection, the fire procedure and floor plans for the centre were updated. All fire escape routes were found to be maintained clear, and the side gate was unlocked to allow access to the fire assembly point. Staff who spoke with the inspector informed that the side gate is no longer locked and that regular checks are in place to check fire escapes are maintained clear at all times. Staff were knowledgeable of the fire alarm system and in how they would identify the location of a fire in the centre using the fire alarm. On the day of inspection, works were being completed to provide an additional escape route from the back garden to the fire assembly point. The person in charge informed the inspector that an education session and fire drill was planned with residents to ensure they were informed of the additional fire escape route available. Since the last inspection, additional emergency lighting was provided to the rear of the centre, however adequate lighting was not provided from all exit routes to the fire assembly point.

Judgment:

Non Compliant - Moderate

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:

This outcome had two actions required from the previous inspection and these were found to be completed.

Action 4

In the action plan response to the last inspection, the provider was required to put sufficient systems in place to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Since the last inspection, a new person in charge was appointed to the centre and she demonstrated to the inspector that she had the capacity to visit the centre frequently each week. In addition, the person in charge was supported in her role through the recent appointment of an assistant director of nursing. The assistant director of nursing was based close to the centre and offered both on-site and telephone support to the person in charge as required. The person in charge informed the inspector that she, in conjunction with staff nurses and the assistant director of nursing, was in the process of reviewing all systems in the centre to include risk management processes, audit systems and governance systems. The person in charge was conducting staff meetings on a monthly basis and had plans in place to create an office space in the centre to enable her increase her time spent in the centre.

Action 5

The centre had recently completed a further six monthly unannounced provider audit and a copy was available to the inspector for review. An action plan was in place to demonstrate how the centre planned to address the areas of non-compliance identified. The person in charge demonstrated to the inspectors that areas of improvement that were planned for May, June and July 2017 and that the completion of these would be overseen by her and the assistant director of nursing. The person in charge informed the inspector of the work done to date to address the actions due for completion in May 2017.

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:

This outcome had four actions required from the previous inspection. The inspector found two of these actions were not completed, with improvements still required to the maintenance of Schedule 2 documents and the completion of staff supervision.

Action 6

In the action plan response to the previous inspection, the provider assured HIQA that all rosters would display the commencement and finish times of each shift. A sample of rosters were reviewed by the inspector and this was found to be completed.

Action 7

In the action plan response to the previous inspection, the provider assured HIQA that all information as required by Schedule 2 of the regulations would be updated. The inspector sampled a number of staff files as part of this inspection and found this was not yet complete. Schedule 2 documents found to be outstanding included references from previous employers, garda vetting and full employment histories for staff.

Action 8

In the action plan response to the previous inspection, the provider assured HIQA that all staff would receive supervision. Although staff supervision had commenced, not all staff had received supervision at the time of this inspection. The person in charge informed the inspector of the plans in place to ensure all staff receive supervision on a three monthly basis going forward.

Action 9

In the action plan response to the previous inspection, the provider assured HIQA that all staff would receive up-to-date training in manual handling. The inspector found that this had been completed.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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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-0004656
Date of Inspection:	08 May 2017
Date of response:	30 May 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 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:

The provider failed to put in place systems for the management and on-going review of risk to include:

- identification of additional control measures to mitigate risks
- a system to identify how often risks are required to be reviewed.

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

1. Action Required:

Under Regulation 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 that the Risk assessments will show the current controls in place to mitigate risks and will also demonstrate the additional controls required for these risks. All risk assessments will have a review date to guide how the management of risks are reviewed.

Proposed Timescale: 15/06/2017

Theme: Effective Services

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

The provider failed to ensure adequate emergency lighting was provided to guide staff and residents safely from all fire exit routes at the rear of the centre to the fire assembly point.

2. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The PIC will ensure that adequate emergency lighting will be provided from all exit routes to the fire assembly point.

Proposed Timescale: 03/06/2017

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 that information and documents as outlined in Schedule 2 of the requirements were 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:

The PIC will ensure that all staff files will comply with Schedule 2 required documents including references, police vetting and full employment histories.

Proposed Timescale: Completed 26th May 2017

Proposed Timescale: 26/05/2017

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 staff had received supervision

4. 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:

The PIC has ensured that all staff have had a formal supervision meeting. Formal supervision will be planned throughout the year.

Proposed Timescale: Initial meetings completed since 19th May 2017 and on-going on a three monthly basis.

Proposed Timescale: 19/05/2017