

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Centre 2 - Aras Attracta
Centre ID:	OSV-0004910
Centre county:	Mayo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Warde
Lead inspector:	Michael Keating
Support inspector(s):	Florence Farrelly
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
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 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: 18 August 2015 09:30 To: 18 August 2015 16:30

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

Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management

Summary of findings from this inspection

Between July 2015 and March 2016 inspectors completed a series of inspections at the designated centre and found poor outcomes which had a significant impact on the safety and the quality of life of residents. In October 2015, HIQA required the provider to conduct their own audit of the safety and quality of life of residents to identify their own deficits and develop a remedial action plan.

Subsequent to this HIQA completed inspections in March 2016 to examine whether the actions of the provider had been effective in improving the safety and quality of life of residents. Inspectors found that significant improvements had been achieved and residents were experiencing more positive outcomes as a result. Although improvements have been made, there continues to be areas where further improvements are required and HIQA will continue to monitor compliance at the centre.

This inspection report relates to an inspection that occurred prior to HIQA requiring the provider to undertake their own audit.

This inspection was carried out following the receipt of unsolicited information which related to safeguarding issues, general welfare and protection, medical interventions, and protection of vulnerable adults. In addition inspectors also followed up on actions arising from the previous inspection on the 12 and 13 July 2015. This had been the fourth inspection of this designated centre to be carried out in 2015. The authority had ongoing concerns relating to the management of safeguarding issues in this centre.

Specific concerns raised within the unsolicited information in relation to medical care not being provided in a timely manner could not be substantiated. In general it was found that medical responses when required were timely and appropriate to the needs of individual residents. However, the Authority is concerned that the provider has not given sufficient consideration to the possibility of safeguarding issues. Inspectors found a number of injuries to residents that had not been appropriately reported or investigated. Inspectors requested the provider initiate two separate investigations into the cause of unexplained bruising and injury and requested a preliminary report to be provided to the Authority the findings of which would be considered as part of this monitoring event. The Authority found that the reports did not demonstrate an adequately investigation into the incidents and did not reflect a sufficient regard to the potential safeguarding risks.

Components from three outcomes were considered and reported on during this inspection process. As the inspection was focused upon specific issues, all outcomes were not inspected in their entirety. The outcomes inspected against were health care, safeguarding and safety and governance and management. Some issues were identified in relation to follow up actions and recording/reporting procedures in relation to accidents and injuries. Inconsistencies were identified in relation to the reporting and recording of unexplained bruising and on occasions, these injuries were not reported using the centres accident and incident reporting policy procedures.

Major non compliances were identified under the outcomes of safeguarding and safety and governance and management. Healthcare needs was found to be compliant regarding aspects of the outcome reviewed. The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

As a result of the findings from this, and previous inspections the Chief Inspector deemed it necessary to request the registered provider to enhance their own governance and management monitoring as a formal requirement. They were requested to carry out a programme of auditing in accordance with Regulation 23 (2). This places a legislative responsibility on the provider to carry out unannounced visits to the centre to monitor the safety and quality of care and support provided and as required, to put a plan in place to address any concerns identified during the visit.

The registered provider was also required to prepare a written governance and management report of the visit and to make this report available to the Chief Inspector and on request to relatives and residents. The Authority provided a report template for this purpose and at the time of publication of this report, the registered provider has been requested to complete the unannounced visit and subsequent report on a quarterly basis. One such report has been provided to the chief inspector as requested on 27 October 2015. This plan provided reassurances that noncompliance identified in this report were actively being addressed.

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):

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

Findings:

In general inspectors could not be assured that there were appropriate measures in place to protect residents from being harmed. A numbers of residents care plan identified incidences of unexplained bruising. However, these were recorded in an inconsistent fashion. For example, body mapping was used to record bruises or injuries identified however, in some incidences these injuries were not then recorded within nursing notes or reported through the organisations accidents and incidents reporting forms in line with organisational policy. The issues had not been identified by staff or by management in the centre to be of concern or to warrant an investigation.

Inspectors spoke with staff and reviewed a number of residents files, in two of the files reviewed inspectors found that the extent and pattern of injury was not consistent with any previous behavioural or health related issues for these residents. For example, nursing notes, accident and incident report forms and 'body mapping' recorded minimal incidences of bruising or injuries likely to be caused by self-injurious or persistent falls to either resident. As a result of poor reporting practices, management spoken with during the inspection were not aware of these specific injuries and therefore no investigation had taken place

At the end of the inspection the provider was requested to carry out investigations into how these injuries could have occurred. A copy of the preliminary investigation reports were provided to the Authority post inspection and raised significant concerns in relation to lack of investigation, inaccurate information contained within the reports and lack of evidence indicating that the provider had considered whether there was a safeguarding risk to residents.

The Authority has raised these concerns at national level and requested the provider to ensure that residents within this centre are safe and protected from potential harm or abuse.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

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

Findings:

As referred to in the summary of this report, only components of this outcome relating to the medical responses to accidents and injuries were considered. In this regard it was determined that residents health care needs were met through timely and appropriate access to health care services and appropriate treatments. Residents had prompt access to a general practitioner. Residents were also supported to access acute hospital services as required.

Residents had comprehensive healthcare plans in place which detailed the health care requirements and specific care plans such as in the area of mental health. It was also noted that residents had regular referrals to allied health professionals such as psychology, physiotherapy and dieticians.

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):

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

Findings:

Management systems in place were found to be ineffective to ensure that the service provided was safe, appropriate to residents needs, consistent and effectively monitored. The management system in place had failed to identify and respond appropriately to injuries sustained by residents as detailed under Outcome 8: safeguarding and safety.

Staff spoken with during the inspection referred to specific issues they had raised with their line manager which had not been responded to. For example a staff nurse on duty referred to concerns she had raised in relation to cleaning staff entering residents bedrooms to mop floors while residents were in the room which had the potential to cause a slip/trip hazard. However, inspectors were also concerned that this practice did not take into account the right to privacy for residents.

When inspectors raised this concern with senior management they were not aware of this issue. Therefore, it was found that management and reporting structure were ill-defined with the lines of authority and accountability unclear. For example the staff nurse referred to reported this concern to her clinical nurse manager, who in-turn reports to the person in charge. The person in charge had not been made aware of this concern.

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-0004910
Date of Inspection:	18 August 2015
Date of response:	25 September 2015

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

Investigations had not been initiated in relation to unexplained injuries to ensure residents were appropriately protected from harm or from suffering abuse.

1. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or

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

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:

Protocol on unexplained injuries including bruising has been introduced to ensure that all recording and reporting is adhered to. This also includes the appropriate action to be taken if an injury is observed including the referral to the designated officer to ensure a safeguarding investigation is commenced in a timely manner.

As a follow up to this to ensure that the appropriate action is taken recorded and managed a process has been put in place whereby there is a daily review of all incidents, this reviewed is attended by the Designated Officer Social Worker, CNS in Behaviours that challenge, Studio 111 staff, DoN, CNM3 and CNM2 from Centre 2. All actions taken are thoroughly analysed and reviewed with the sole purpose of ensuring that residents are safe and well cared for.

Weekly Safeguarding meetings are conducted to monitor safeguarding reviews and plans; in addition a monthly strategic safeguarding meeting independently chaired takes place. This to ensure a robust governance and management of all safeguarding.

The Designated officer who is a Social Worker has under taken HSE Safeguarding Team training This has developed the knowledge base with regard to undertaking appropriate safeguarding investigations, developing and reviewing safeguarding plans. The designated officer is providing continuous education to staff on safeguarding and the National Safeguarding policy. The Regional Safeguarding team will be providing support to Management at Aras Attracta and in particular the Designated person.

Clinical Nurse Managers are taking part in HSE Designated Officer training on the 24th & 25th September to support the current designated officer and to further enhance awareness around safeguarding.

An independent review of specific investigations carried out and of the process put in place to safeguard the residents is to be undertaken by the provider at a National Level, this is due to commence on the 28th September.

Proposed Timescale: 30/10/2015

Theme: Safe Services

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

The inconsistent recording and reporting mechanisms in relation to identified injuries is not adequately keeping residents safe or providing reassurance that residents are free from abuse.

2. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Risk manager has provided additional education to the staff in the centre with regard to the incident reporting process

Protocol on unexplained injuries including bruising has been introduced to ensure that all recording and reporting is adhered to. This also includes the appropriate action to be taken if an injury is observed

A memo issued to all staff reinforcing the requirement for hyper vigilance around reporting and recording all incidents appropriately. As a follow up to this to ensure that the appropriate action is taken recorded and managed a process has been put in place whereby there is a daily review of all incident reports, this review is attended by the Designated Officer Social Worker, CNS in Behaviours that challenge, Studio 111 staff, DoN, CNM3 and CNM2 from Centre 2. All actions taken are thoroughly analysed and reviewed with the sole purpose of ensuring that residents are safe and well cared for. Weekly Safeguarding meetings are conducted to monitor safeguarding reviews and plans. In addition a monthly strategic safeguarding meeting independently chaired takes place. This process allows for the audit of all Safeguarding incidences identifying that there is evidence that interventions are ensuring a reduction in the numbers of incidences and that residents are safe. It also ensures robust governance and management of all safeguarding concerns.

The minutes of these meetings are submitted to the Authority

Proposed Timescale: 24/09/2015

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:

Staff concerns in relation to the quality and safety of the care and support provided to residents was not being recorded or responded to as detailed within the body of this outcome.

3. Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

With the introduction of the Clinical Nurse Manager 3 post into the service a new robust reporting structure/framework for staff has been developed. Staff meetings are planned for week beginning the 28th September to formally update the staff on the new structures. Clinical Nurse Manager Grade 3 will work in a supernumerary capacity in Centre 2 with the support of Clinical Nurse Manager Grade 2. To ensure that there is sufficient direct clinical support and supervision in Centre 2 the Clinical Nurse Manager Grade 2 and will also work in a supernumerary capacity. The introduction of this post creates robust management system ensuring that the service provided is safe, appropriate to resident needs and effectively monitored.

Additional emphasises has been drawn to hazards through the daily reviewing of incident reports, analysis of hazards around slips trips and falls is been collated and analysed to identify how these can be alleviated or managed better

A formal support and supervision framework for all staff and managers in the service is due to be introduced commencing in October 2015. This will provide a formal system for staff/management to raise and address concerns and issues to ensure a high standard of safe care for all residents

Proposed Timescale: 30/10/2015

Theme: Leadership, Governance and Management

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

Management systems in place were not ensuring that the service provided to all residents is safe, appropriate to resident needs and effectively monitored.

4. 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:

On the 27th August 2015 the Clinical Nurse Manager Grade 3 took up duty, they will work in a supernumerary capacity in Centre 2 with the support of Clinical Nurse Manager Grade 2. To ensure that there is sufficient direct clinical support and supervision in Centre 2 the Clinical Nurse Manager Grade 2 will also work in a supernumerary capacity. The introduction of the CNM 3 post and the Director of Nursing post creates a robust management system ensuring that the service provided is safe, appropriate to resident needs and effectively monitored. These systems include the introduction of daily reviews of all incident reports, weekly safeguarding meetings and strategic monthly safeguarding meetings.

A formal support and supervision framework for all staff and managers in the service is due to be introduced commencing in October 2015. This will provide a system to ensure a high standard of safe care for all residents

Proposed Timescale: 30/10/2015